

Collectives Against Conflict: Evaluating School-Based Interventions Against Intimate Partner Violence in Durham, Wake and Orange Counties

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Abstract

This thesis investigates the current status, challenges, and opportunities of school-based intimate partner violence primary interventions in Durham, Wake, and Orange counties. Particular attention is paid to program efficacy and how it is measured. The qualitative research defines the current status, challenges, and opportunities of prevention efforts in the three counties. Thereby, a mixed methods approach employing twelve expert interviews was used for this study. The participant population included experts with nation-wide experiences teaching, facilitating, litigating, and directing intimate partner violence prevention. Findings from a comprehensive literature review were integrated with the findings of the expert interviews. Interviews revealed the significance of community-oriented, well-funded approaches to locale-specific curricula in county schools. The interviews also revealed a discrepancy between the prevention efforts in Durham, as opposed to those Wake and Orange counties as a result of significant resourcing constraints in Durham.

Keywords: intimate partner violence; primary intervention; Durham County; Orange County; Wake County; prevention; crisis centers; non-profit; violence prevention.

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Author's Note

This undergraduate thesis is written for distinction in no sole academic department. For my undergraduate degree I have had the distinct pleasure and honor of designing a multi-disciplinary curriculum titled, Conflict and Negotiation Studies. My course of study has defined conflict on the individual, interpersonal, intergroup, and international levels—recognizing patterns, congruencies, and dissimilarities between these four realms. I have spent the past four years completing coursework in political science, public policy, ethics, evolutionary anthropology, history and law. I have been fortunate to pursue a rigorous academic study of conflict and the practices for its resolution. This thesis is an application of my analytical framework, informed by my studies in various academic fields, to the unique interpersonal conflicts of intimate relationships.

Preventing intimate partner violence (IPV) may be understood with one phrase: teaching healthy relationship skills. I posit that to equip individuals, groups, and institutions with skills for negotiation and paradigms for healthy relationships (intimate or otherwise), is to spawn successful conflict resolution.

I have selected IPV prevention as the subject of this research because this type of interpersonal conflict relates to the individual dimensions of personal conflict and violence to the macro-level conflicts that impinge on institutions created to prevent violence. The institutions that have emerged in recent decades to prevent IPV face a host of challenges as they relate to one another as community stakeholders—governmental and non-governmental, public and private alike.

IPV is grounded in the unique interplays of power and control—wherein coercion and threats, intimidation, emotional abuse, leveraging of gender privilege and children, minimizing,

denying and blaming, and isolation serve to maintain power and assert control. IPV is a particularly piercing form of violence as it often is perpetrated by loved ones. Humans are naturally social beings who crave belonging and intimacy. When these needs and desires are exploited for physical and psychological violence, the trauma perpetrated can last long after physical wounds.

Over the past four years, as I have pursued my study of conflict, I have been acutely aware of the role of my institution, Duke University, in the Durham community. Given my citizenship in Durham county and involvement as a volunteer at the Durham Crisis Response Center, it was only natural to direct my study on the community in which it was birthed.

The challenges of non-profit work are well known by public and private sector actors alike. So why dedicate my undergraduate thesis to asking service providers, local and state-wide coordinators, legal experts and professors about IPV prevention? By critically examining the perspectives of IPV prevention experts, I seek to uplift their insights and contribute well-grounded, comparatively-informed findings on the nature of their very work in promoting conflict resolution.

At its essence, primary prevention work to prevent IPV is about equipping the most malleable members of our population with the proper toolkit to resolve conflict in their lives, both presently and in the future. In both public and private spheres, individuals are continuously required to work in team settings in order to achieve mutual goals. Teaching elementary, middle, and high school students about the basics of interpersonal communication and respecting boundaries is not only about preventing IPV. These skills and strategies serve to prevent harmful work and social environments from forming as well. School-based IPV interventions prepare students for healthy intimate relations, in addition to educating them on the dynamics and skills

necessary for establishing and maintaining healthy relationships broadly. As youth and adolescents learn through invaluable experiences that define latter encounters with conflict, school-based primary interventions, I believe, are a gateway to improved citizenship globally.

Chapter 1: Introduction

“The most common way people give up their power is by thinking they don’t have any.”
– Alice Walker¹

“Love is never any better than the lover. Wicked people love wickedly, violent people love violently, weak people love weakly, stupid people love stupidly, but the love a free man is never safe. There is no gift for the beloved. The lover alone possesses his gift of love. The loved one is shorn, neutralized, frozen in the glare of the lover’s inward eye.” – Toni Morrison.²

“She could just pack up and leave, but she does not visualize what's beyond ahead.”
– Núria Año³

Why would one wish to hurt a *loved* one? The world may never know. Unfortunately, the history of humankind offers a rich abundance of case studies—stories of betrayal, family vengeance, and the complete and utter deficiency of human conscience. Violence between human beings is as old as civilization itself. The first war recorded in history took place in Mesopotamia in 2700 BC.⁴ The violence erupted after Sumerian ruler Sargon of Akkad attempted to conquer the resistant Elamites.⁵ While this may be the first recorded conflict in history, Sargon of Akkad’s first intimate encounters may have easily begun before he first stepped onto a battlefield, and even before his marriage to Tashlultum.

Violence, behaviors or exercises of force intended to hurt, damage, or destroy, takes a unique form in the context of personal relationships, ranging from short-term dating relationships to life-long marriages. In these intimate spheres, humans have repeatedly exerted power to assert and maintain control over other members of humankind. Throughout history and into the present

¹ Walker, Alice. “Quotes.” 2019. Goodreads.

² Morrison, Toni. *The Blueset Eye*. New York: Plume Book, 1994.

³ Año, Núria. “Presage.” *When Women Waken*. 30 November 2013. Retrieved from <http://www.whenwomenwaken.org/presage-by-nuria-ano/>

⁴ Mark, Joshua J. “War in Ancient Times.” 2 September 2009. Retrieved from <https://www.ancient.eu/war/>

⁵ “Chapter 2: The World’s First Armies: The Armies of Sumer and Akkad, 3500-2200 BC.” United States Air Force. Retrieved from <http://www.au.af.mil/au/awc/awcgate/gabrmetz/gabr0004.htm>

day, violence in intimate relations has arguably killed millions. The United Nations reported that among women in 2017 alone, 50,000 individuals were killed by intimate partners or family members.⁶

Physical and non-physical violence, through words and actions, can stab at the crux of an individual's sense of personhood. This violence, also known as intimate partner violence (IPV), is a form of psychological, physical, or sexual harm that is inflicted by a current or former intimate partner. It is an indiscriminate display of violence that affects individuals of all races, ages, socioeconomic statuses, educational backgrounds, and generations. The causes for IPV have been studied scientifically, culturally, politically, and economically for decades.⁷ They boil down to attributes of individuals who desire, consciously and sometimes subconsciously, to assert and maintain control through demonstrations of power. If all members of humankind did not abuse one another in this form, the world may begin to imagine a significantly lower incidence—if not complete erasure—of all abuse in society, on the individual and structural levels.

Educating children on how to respect the boundaries and autonomy of others is not the ultimate “cure” to this pervasive and detrimental fault that generations upon generations of human kind have passed down. No, this distorted thinking, rooted in a violation of basic respect for others, is reinforced through the media, celebrity culture, gender norms, and general societal expectations. However, this mentality of disrespecting the most fundamental aspects of humanness, can be curtailed and unlearned easiest, if not best, through a focus on children.

⁶ “Home, the most dangerous place for women, with majority of female homicide victims worldwide killed by partners or family, UNODC study says.” 25 November 2018. UNODC. Retrieved from <https://www.unodc.org/unodc/en/press/releases/2018/November/home--the-most-dangerous-place-for-women--with-majority-of-female-homicide-victims-worldwide-killed-by-partners-or-family--unodc-study-says.html>

⁷ Wolfe, D. A., & P. G. Jaffe. (1999). Emerging Strategies in the Prevention of Domestic Violence.” *The Future of Children*, 9(3): 133-144.

IPV is an issue that affects every society in the world, and the specific causes for it range from specific context to specific context. Likewise, the means for its prevention vary. This study of IPV prevention is a Western-centric examination of IPV prevention mechanisms in three isolated U.S. public institution with geographical parameters: Durham, Wake, and Orange counties in North Carolina.

In the United States, violence and security risks are situated within the realms of health and criminal justice. For this reason, the U.S. Congress allocates funding to two institutions that address IPV in various ways: The Department of Health and Human Services (HHS) and the Department of Justice (DoJ). The Centers for Disease Control and Prevention (CDC) falls under HHS, while the Office of Violence Against Women and Office of Justice Programs, which houses the Office of Victims of Crime, all fall under DoJ. Other support for IPV prevention comes from state-level institutions and private corporations and citizens.

The CDC, as the official national health protection agency, “saves lives and protects people from health threats.”⁸ According to the CDC, “whether disease start at home or abroad, are chronic or acute, curable or preventable, human error or deliberate attack, CDC fights disease and supports communities and citizens to do the same.”⁹ Importantly, the CDC’s National Center for Injury Prevention and Control names intimate partner violence as a form of violence it seeks to prevent. The CDC situates IPV within the public health context and defines primary interventions as strategies to prevent IPV before it begins.¹⁰

⁸ “Mission, Role and Pledge.” 2019. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/about/organization/mission.htm>

⁹ “Mission, Role and Pledge.” 2019. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/about/organization/mission.htm>

¹⁰ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). 2010 Summary Report. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report.

According to the CDC, adolescence is a critical development period for the prevention of IPV in adulthood, and primary interventions can both prevent IPV from occurring and lessen its harm on survivors. While primary interventions aim to reduce the incidence of IPV, secondary and tertiary preventions respectively aim to minimize or reduce severity of the violence in its early signs and minimize or reduce the severity of the violence when it is already causing harm.¹¹

Purpose

The purpose of this research is to examine preventative school-based intimate partner violence interventions in three North Carolina counties—Durham, Wake, and Orange counties. The definition of IPV, as opposed to domestic violence, has evolved over the years. The National Institute of Justice clarifies that “domestic violence” is the term used to describe IPV historically. UNICEF also uses the terms “domestic violence” and “intimate partner violence,” or IPV, interchangeably.¹² IPV can occur in heterosexual and same-sex couples, regardless of marital status or living situation. For the purposes of this research, “intimate partner violence” will encapsulate all forms of domestic violence referenced in the literature, excluding biological relations which may include child abuse perpetrated by a parent or guardian, and elderly abuse that may occur in private spheres.

In North Carolina, community agencies rely on federal, state, and local donations to support their IPV primary prevention efforts. These agencies serve thousands of North Carolina residents through both responding to IPV (including support for housing relocation, immediate shelter needs, and counseling) and preventing IPV. According to the 2017-18 statistical brief of

¹¹ Wolfe, D. A., & P. G. Jaffe. (1999). Emerging Strategies in the Prevention of Domestic Violence.” *The Future of Children*, 9(3): 133-144.

¹² UNICEF Child Protection Section. (2006). Behind Closed Doors: The Impact of Domestic Violence on Children. UNICEF. Retrieved from <https://www.unicef.org/media/files/BehindClosedDoors.pdf>

the North Carolina Council for Women and Youth Involvement, North Carolina domestic violence agencies served 52,187 clients in-person in a six-month period; 7,000 educational presentations and professional trainings were conducted around the state from July 2017 to June 2018.¹³ Figure 1 shows the distribution of services provided by North Carolina intimate partner violence agencies between July 2017 and July 2018.

Durham County, Wake County, and Orange County are connected as political and geographical entities in several ways. In addition to their proximity as counties in central North Carolina, the three counties are central members of the Research Triangle Park (RTP), the largest research park in the United States. RTP is home to over 250 companies, with over \$300 million invested in the region by various industries. The park is anchored by three research universities: Duke University (located in Durham County), the University of North Carolina at Chapel Hill (located in Orange County), and North Carolina State University (located in Wake County).¹⁴ The Triangle's mission is trifold: facilitate collaboration between area universities, promote university-industry cooperation, and create a positive impact for North Carolina residents. Additionally, the Research Triangle Regional Public Transportation Authority, also known as GoTriangle, connects the three counties. As a result of these economic, political, and social interdependencies, the scope of this research is limited to the three counties.

In examining the service providers in this tri-county area, I seek to provide a comparative analysis of the school-based IPV prevention services offered in Durham County, with a 2017 population of 311,640.¹⁵ Durham County has one agency dedicated to IPV—the Durham Crisis

¹³ "2017-2018 Statistical Brief." NC Council for Women and Youth Involvement. Retrieved from https://files.nc.gov/ncdoa/cfw/documents/FY2017-2018_Statistical_Brief.pdf

¹⁴ "Overview." The Research Triangle Park. 2019. Retrieved from <https://www.rtp.org/about-us/>

¹⁵ "Quick Facts: Durham County, North Carolina." 2019. U.S. Department of Commerce. Retrieved from <https://www.census.gov/quickfacts/fact/table/durhamcountynorthcarolina,US/PST045218>

Response Center. In Wake County, the only IPV agency is InterAct, while Orange County has two agencies—the Orange County Rape Crisis Center and the Compass Center.

The research involves qualitative interviews with the experts, defined as individuals with authoritative knowledge on the subject of matters related to IPV and/or IPV prevention, from each of the IPV prevention service providers in Durham, Wake, and Orange counties. A comparative review of the work and challenges with outcomes measurement found in each of the county IPV prevention efforts, will further shed light on opportunities and shortcomings of IPV prevention work in Durham County.

Significance of the Present Study

The findings of this study will contribute to an insufficient body of literature on IPV prevention work more generally, and particularly in schools. Non-profit organizations, schools, public officials, private corporations, and private citizens will play an important role in preventing violence and equipping current generations of young people with the knowledge, tools, and resources to respect one another, resolve conflict healthily, and intervene appropriately for themselves and for others experiencing conflict in interpersonal relations. The schools and prevention agencies that apply the best practices and holistically understand the micro and macro level obstacles to their work will be better able to direct their efforts.

Furthermore, Generation Z, individuals born approximately between 1995 and 2010, now have access to transformative technologies that allow young people to transcend previous barriers to human interaction. According to the management consulting firm McKinsey & Company, the exposure to social networks and mobile technology “has produced a hypercognitive generation very comfortable with collecting and cross-referencing many sources

of information and with integrating virtual and offline experiences.”¹⁶ New conduits for relationships are fundamentally defining Generation Z’s new way of relationships-building and maintenance. Additionally, this generation’s database of reference for relationship behaviors is expanding. Several accounts of IPV have reached the mainstream media in the past few years, unlike ever seen before in the U.S. Consequentially, this generation requires new adaptive models for teaching interpersonal skills. Internationally, schools are already reconfiguring curricula to adapt to the new learning needs of Generation Z; leaders of school-based IPV prevention efforts must follow suit. Thus, new methods for a better adaptive and attuned model of primary IPV prevention may be arrived at.

Research Questions

The research questions take the form of two parts: first, to establish the present work of IPV experts interviewed, and second, to identify key elements related to challenges with outcomes measurement that determine the efficacy of school-based IPV interventions.

Research Question 1. What, if any, are specific challenges and opportunities that exist for Durham County IPV prevention efforts, compared against prevention efforts in Orange and Wake counties?

Research Question 2. What elements of primary school-based interventions are successful and unsuccessful for prevention aims?

Research Question 3. What are specific challenges and opportunities in outcomes measurement?

¹⁶ Francis, T. & F. Hoefel. “‘True Gen’: Generation Z and its implications for companies.” McKinsey & Company. November 2018. Retrieved from <https://www.mckinsey.com/industries/consumer-packaged-goods/our-insights/true-gen-generation-z-and-its-implications-for-companies>

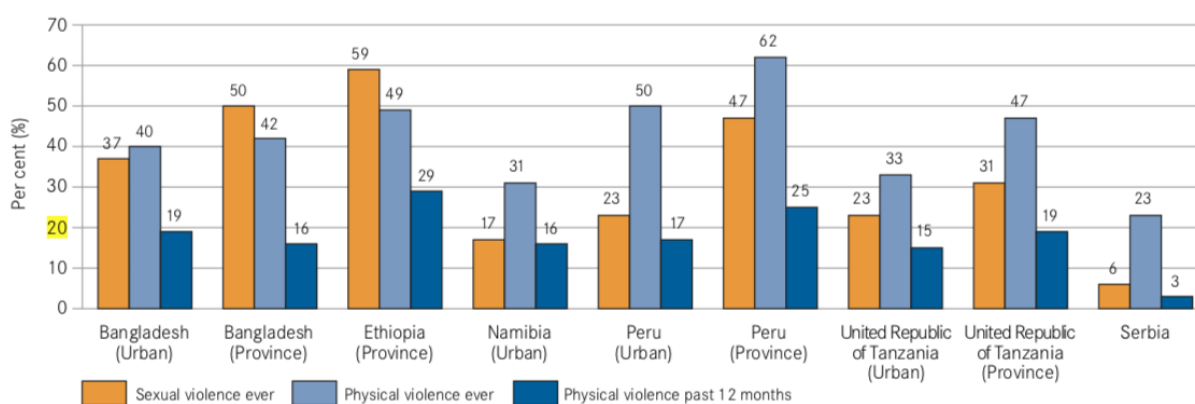
The research will consist of twelve expert interviews with individuals with direct experience preventing intimate partner violence in Orange, Wake, and Durham counties, in addition to a Washington D.C.-based Community Initiatives Manager for a national youth IPV prevention non-profit, author of the widely-used Shifting Boundaries program and a Director of an Austin, Texas agency that serves survivors of domestic violence.

Chapter 2: Literature Review

Background to Intimate Partner Violence

Intimate partner violence (IPV) is an indiscriminate form of violence that affects individuals around the world. IPV occurs in all settings and affects all socio-economic, racial, cultural, and religious groups. While all genders are affected by intimate partner violence, women are more likely to be victims. Violence against women is most often perpetrated by a current or former intimate partner, while men are far more likely to experience violence from strangers than from someone they know, according to a 2012 report of the World Health Organization (WHO). A 2005 WHO multi-country study on women's health and intimate partner violence found that 13-61% of women who have ever been in an intimate partnership had experienced physical violence. 20-75% of women surveyed reported experiencing at least one emotionally abusive act from a partner in their lifetime.¹⁷ These ranges (13-61% and 20-75%) are notably wide due to the variance in the measured countries, as reflected in Figure 1.

Figure 1: Percentage of ever-partnered women reporting physical and/or sexual IPV by type and when the violence took place, WHO multi-country study



¹⁷ Understanding and addressing violence against women: Intimate partner violence. (2012). *World Health Organization*. Retrieved from http://apps.who.int/iris/bitstream/handle/10665/77432/who_rhr_12.36_eng.pdf;jsessionid=BD2A10CB94347849D3822AAB1910724B?sequence=1

Theoretical Perspectives on Intimate Partner Violence

According to the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), over one in three women and one in four men have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime. Further, nearly one in four adult women, and nearly one in seven men in the U.S., report having experienced severe physical violence from an intimate partner. Psychological aggression, which includes behaviors such as insults, humiliation, demanding the whereabouts of a partner, are one manifestation of psychological and emotional abuse. 48.4% of all women and 48.8% of all men in the U.S. have experienced psychological aggression by an intimate partner in their lifetime.¹⁸ Further, on average in the U.S., in every minute, 20 people are physically abused by an intimate partner, according to the National Coalition Against Domestic Violence.¹⁹ The public health model of prevention is the most commonly-used model of intervention against youth IPV.²⁰

The CDC has identified four forms of IPV, to which stalking may be included:

- Physical violence – the intentional use of physical force with the potential to cause death, disability or injury
- Sexual violence – physical force to compel engagement in a sexual act, a sexual act carried through without consent, or abusive sexual contact
- Threats – the use of messages, in the form of words, gestures, or weapons, to communicate intent to cause injury.

¹⁸ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). 2010 Summary Report. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report.

¹⁹ Domestic Violence. (2014). National Coalition Against Domestic Violence. Retrieved from https://www.speakcdn.com/assets/2497/domestic_violence2.pdf

²⁰ Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior*, 12(3), 364-375.

- Psychological/emotional violence – acts, threats of acts, or coercive tactics that traumatize a victim.

WHO has offered a moderation of this list: physical violence; sexual violence; emotional or psychological abuse; and controlling behaviors. The latter of the list includes behaviors such as manipulation to isolate, monitor, and restrict a victim, their relationships, and/or resources.

Consequences of IPV include physical injury, mental health problems, suicide, sexual and reproductive health problems (that include sexually transmitted diseases, pregnancy complications, unwanted pregnancy, unsafe abortion, and more), homicide or other immortality, as well as a second-hand effect on children. WHO reports that IPV increases the risk of a woman committing suicide, and 40-70% of female murder victims globally were killed by a current intimate partner. Both perpetrators and victims of IPV report lower than average levels of self-esteem, self-worth, and higher than average self-blame, anger, hurt, and anxiety.²¹ Societally, there are several economic implications of IPV. The NCADV estimates that IPV costs the economy between \$5.8 billion and \$12.6 billion annually, and that 21-60% of victims lose their jobs due to reasons related to the abuse they face.²²

Not all statistics on IPV illuminate the extent of the problem. While the National Intimate Partner and Sexual Violence survey reports that in 2010 there were an estimated 660,000 victims of rape, physical violence, and/or stalking by an intimate partner in North Carolina alone,²³ some communities do not publicize IPV statistics in fear that reporting will perpetuate harmful

²¹ Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior*, 12(3), p.365.

²² Domestic Violence. (2014). National Coalition Against Domestic Violence. Retrieved from https://www.speakcdn.com/assets/2497/domestic_violence2.pdf p.2.

²³ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). 2010 Summary Report. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report.

stereotypes and prejudices, and isolate IPV as a “minority problem.”²⁴ This issue is relevant to data in North Carolina, where nearly 40% of the population is comprised of non-white “minorities.”²⁵ Critical race theorist Kimberlé Crenshaw argues that a paradox exists within the IPV prevention community as it relates to this issue: while data is needed to offer credence to the extent of IPV, where there is limited data on violence, IPV is less likely to be treated as a serious issue.²⁶

Theoretical Perspectives on School-Based Primary Prevention

Background to Youth Preventative Interventions

Research points to several reasons for the specific benefits of interventions that target the adolescent population. A 1997 study found that 80-90% of teens begin dating by age 16, suggesting primary prevention would be most successful at this age. Furthermore, according to UNICEF, every year hundreds of millions of children are exposed to intimate partner violence. This exposure is a direct threat to the developmental needs of children to have safe and secure homes, and senses of love, protection, and stability. When children are exposed to intimate partner violence between their caregivers, they are at an increased risk of becoming victims of abuse themselves in addition to harm to a child’s physical, emotional, and social development. 40% of victims of child abuse report exposure to IPV at home. Additionally, children exposed to IPV are fifteen times more likely to be physically and/or sexually assaulted than the national

²⁴ Crenshaw, K. W. (1994). Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color. *The Public Nature of Private Violence*. New York: Routledge, p. 97.

²⁵ North Carolina population estimates. (2017). United States Census Bureau. Retrieved from <https://www.census.gov/quickfacts/nc>

²⁶ Crenshaw, K. W. (1994). Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color. *The Public Nature of Private Violence*. New York: Routledge, p. 93-118.

average.²⁷ In their review of the literature on primary and secondary prevention programs, Tara Cornelius and Nicole Resseguie write that “adolescent groups form an at-risk subsample of the population and are a potentially fruitful target for preventative and intervention efforts.”²⁸ The CDC National Intimate Partner and Sexual Violence Survey Report states that “prevention efforts should start early by promoting healthy, respectful relationships in families by fostering healthy parent-child relationships and developing positive family dynamics and emotionally supportive environments.”²⁹

School-based interventions are effective to deliver content to a large and captive audience that have yet to or are just beginning intimate relationships. Since all U.S. states have compulsory schooling laws, in 2018, 56.6 million children enrolled in elementary and secondary schools.³⁰ Very few exemptions exist for mandatory children’s schooling in the U.S., for example for Amish children past eighth-grade and instances of home schooling where public school standards are met.³¹ In addition, because a majority of children’s social learning occurs in schools, school-based interventions are an appropriate venue to deliver IPV-related content.³²

²⁷ UNICEF Child Protection Section. (2006). Behind Closed Doors: The Impact of Domestic Violence on Children. UNICEF. Retrieved from <https://www.unicef.org/media/files/BehindClosedDoors.pdf>

²⁸ Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior*, 12(3), 364-375.

²⁹ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). 2010 Summary Report. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. p.4.

³⁰ Back to School Statistics. (2018). National Center for Education Statistics. Retrieved from <https://nces.ed.gov/fastfacts/display.asp?id=372>

³¹ Compulsory Education Laws: Background (2018). *Find Law*. Retrieved from <https://education.findlaw.com/education-options/compulsory-education-laws-background.html>

³² Sudermann, M., Jaffe, P., & Hastings, E. (1995). Violence prevention programs in secondary (high) schools. In E. Peled, P. Jaffe, & J. Edleson (Eds.), *Ending the cycle of violence* (pp. 232–254). Thousand Oaks, CA: Sage.

Researchers have found experiences of intimate partner violence in youth to be correlated with incidents of intimate partner violence in adulthood.³³ Other public health modeled preventive interventions that target youth vary between children at various ages. In the infancy to five-year period, primary interventions include home visitations from trained professionals. In the six to twelve-year period, school and communities teach violence awareness and conflict resolution skills, and for adolescents to adults (thirteen to eighteen), these programs are enhanced to relate directly to IPV. For adults, a primary public health intervention uses public education, such as media campaigns for awareness of the issue and resources on how to respond.³⁴

IPV prevention programs face various obstacles. Increased funding from the Victims of Crime Act (VOCA) fund, which provides financial assistance to victims of crime and victim service organization, allowed programs nationwide to hire 2,025 staff to offer critical services. However, in 2016, the National Network to End Domestic Violence reported that many programs that did not receive VOCA funding laid off critical staff. With staffing cuts, 14% of the positions laid off or left unfilled in 2017 were in prevention.³⁵

In 2017 the National Network to End Domestic Violence (NNEDV) 90% of all U.S. domestic violence programs.³⁶ These programs provide advocacy, emergency shelter, transportation, transitional and other housing, counseling, and prevention or education programs and services. The NNEDV found that on one single day, across the country, advocates provided

³³ Stanley, N. et al. (2015). Preventing domestic abuse for children and young people: A review of school-based interventions. *Children and Youth Services Review*, 59(1): 120-131. Retrieved from <https://www.sciencedirect.com/science/article/pii/S0190740915300876>

³⁴ Wolfe, D. A., & P. G. Jaffe. (1999). Emerging Strategies in the Prevention of Domestic Violence." *The Future of Children*, 9(3) p.137.

³⁵ 12th Annual Domestic Violence Counts Report. (2017). *National Network to End Domestic Violence*. Retrieved from <https://nnedv.org/mdocs-posts/2017-report/>

³⁶ Ibid.

1,240 trainings to 24,030 students, parents, teachers, law enforcement officials, mental health professionals, attorneys, child protective services employees, and other professionals.

School-based curricula are one form of preventive interventions. Several researchers argue that school-based interventions are the most widely tested approach and are widely implemented in several countries.³⁷ The CDC has defined six strategies for preventing IPV: 1) teach safe and healthy relationship skills; 2) engage influential adults and peers; 3) disrupt the developmental pathways toward domestic violence; 4) create protective environments; 5) strengthen economic supports for families; 6) support survivors to increase safety and lessen harms.³⁸

Cases for School-Based Interventions

There are several benefits to school-based interventions. School-based strategies operate in two contexts: interventions to prevent intimate partner violence, and interventions to improve school climate and safety. Shifting Boundaries, Safe Dates, Fourth R, and Expect Respect Support Groups are four examples of curriculum-based programs that the CDC evaluates on three objectives: 1) teach safe and healthy relationship skills, 2) disrupt the developmental pathway toward partner violence, and 3) create protective environments. Safe Dates was first published and studied by curriculum author Vangie Foshee in 1998.³⁹ The Shifting Boundaries curriculum, authored by Nan Stein and Bruce Taylor, first received funding in 2005. Previous research has found a positive relationship between school-based interventions and increased

³⁷ Stanley, N. et al. (2015). Preventing domestic abuse for children and young people: A review of school-based interventions. *Children and Youth Services Review*. 59(1): 120-131.

³⁸ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). 2010 Summary Report. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report.

³⁹ Foshee, V, Bauman, K.E., Arriga, X.B., Helms, R. W., Koch, G. G., and Linder, G.F. (1998). "An evaluation of Safe Dates, an adolescent dating violence prevention program," *American Journal of Public Health*. 88(1): 45-50.

knowledge about and positive attitudes regarding relationships (Jones, 1991; Jaffe et al. 1992; Krajewski et al. 1996; Lavoie et al. 1995).

Cases Against School-Based Interventions

IPV has both long and short-term consequences. Witnessing or experiencing past abuse is a strong risk factor among adult victims and perpetrators of intimate partner violence. As such, experts have argued that school-based interventions are insufficient to holistically prevent the incidence of IPV and suggest that resources be directed towards counseling and training for teachers and others to properly recognize warning signs and intervene at the individual level. Several studies on the long-term impact of prevention interventions have been unable to find lasting impacts for school-based interventions. Numerous studies have reported little to no anecdotal evidence that prevention programs affect either attitudes or behaviors.⁴⁰ In a 2013 study of educational and skills-based interventions in adolescents that tested thirty-eight intervention studies against a control group, no statistically significant differences by intervention were found on incidence of IPV, changes in attitudes, behaviors, and skills related to IPV.⁴¹ De La Rue et al. have found that IPV interventions have no effect on teen dating violence victimization, or treatment of someone cruelly or unfairly.⁴²

School-Based Intervention Objectives, Outcomes, and Measures

The CDC sets the following desired outcome for preventative interventions:

⁴⁰ Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior*, 12(3), p.372.

⁴¹ Fellmeth G.L.T., Heffernan, C., Nurse, J., Habibula S., and Sethi, D. "Educational and skills-based interventions for preventing relationship and dating violence in adolescents and young adults. *Cochrane Database of Systematic Reviews*. 2013(6).

⁴² Practice Profile: School-Based Interventions to Reduce Dating and Sexual Violence. (2018). *National Institute of Justice*. Retrieved from <https://www.crimesolutions.gov/PracticeDetails.aspx?ID=63>

“To teach safe and healthy relationship skills, engage influential adults and peers, strengthen economic supports for families, and support survivors to increase safety and lessen harms” (National Center for Injury Prevention and Control, 2017).

The measured outcomes across primary interventions may generally be categorized into two categories: attitudinal changes and behavioral changes.

Comparing and Contrasting School-Based Interventions

Descriptions of various school-based curricula can be found in Appendix C. These are curriculums that are frequently used with middle and high-school students. IPV has both long and short-term consequences. Witnessing or experiencing past abuse is a strong risk factor among adult victims and perpetrators of intimate partner violence. Several studies on the long-term impact of prevention interventions have been unable to find lasting impacts for school-based interventions, specifically with regards to behavioral changes. However, research has proven there to be positive short- and long-term consequences of primary school-based interventions, particularly in the realm of attitudinal changes.

Resourcing Prevention Work

In the fiscal year 2019 operating plan, the Centers for Disease Control and Prevention allocated \$102,381,000, or 15.8% of its total budget for Injury Prevention and Control to intentional injury efforts that include responses to domestic violence, sexual violence, youth violence prevention, domestic violence community projects, and rape prevention (Appendix F).

A Comparative Approach: Durham, Wake, and Orange Counties

Durham County Public Schools district is one of the top ten most-populous in North Carolina and serves over 32,000 students.⁴³ In 2017, Durham had a total population of 311,640

⁴³ “About Durham Public Schools.” (2019). Blackboard, Inc. Retrieved from <https://www.dpsnc.net/domain/127>

and an under-eighteen population of 66,067.⁴⁴ This would indicate a high percentage of students in private schools in Durham county. There are fifty-three Durham Public Schools: thirty elementary schools, nine middle schools, two secondary schools (grades six through twelfth), ten high schools, one alternative school, and one hospital school. The student racial composition of Durham Public School students, Wake County Public Schools students, and the general populations of Durham, Wake, and Orange counties can be found in Appendix I. In Durham, the IPV agency is the Durham Crisis Response Center (DCRC). In Wake County the IPV agency is InterAct, while in Orange County, the IPV-related agencies are the Orange County Rape Crisis Center (OCRCC) and the Compass Center.

In 2017, the U.S. Census estimated a total Wake County population of 1,072,203, and an under eighteen population of 25,947,312 minors.⁴⁵ In the same year, the U.S. Census estimated a total Orange County population of 144,946, and an under eighteen population of 28,699 minors.⁴⁶ Additionally, Orange County is comprised of two school districts: Chapel Hill-Carrboro City Schools and Orange County Schools.

Causes

According to UNICEF, the best predictor of a child becoming a perpetrator or victim of IPV is whether they were raised in an environment where they were exposed to IPV.⁴⁷ The widespread ecological model of violence uses a networked approach to examine the influences

⁴⁴ “Quick Facts: Durham County, North Carolina.” 2019. U.S. Department of Commerce. Retrieved from <https://www.census.gov/quickfacts/fact/table/durhamcountynorthcarolina,US/PST045218>

⁴⁵ “Quick Facts: Wake County, North Carolina.” 2019. U.S. Department of Commerce. Retrieved from <https://www.census.gov/quickfacts/fact/table/wakecountynorthcarolina,US/RHI125217>

⁴⁶ “Quick Facts: Orange County, North Carolina.” 2019. U.S. Department of Commerce. Retrieved from <https://www.census.gov/quickfacts/fact/table/orangecountynorthcarolina,US/RHI125217>

⁴⁷ UNICEF Child Protection Section. (2006). Behind Closed Doors: The Impact of Domestic Violence on Children. *UNICEF*, p. 7.

of violence in public policy, institutional, interpersonal, and intrapersonal levels.⁴⁸ Figure 2 summarizes the risk factors for both perpetrators and victims of IPV.

Figure 2: Intimate Partner Violence Risk Factors

	Victim Risk Factors	Perpetrator Risk Factors
Individual level factors	<ul style="list-style-type: none"> • Low level of education • Poverty • Exposure to violence between parents • Sexual abuse during childhood • Acceptance of violence • Exposure to other forms of violence • Young age (69% of female victims and 53% of male IPV victims report some form of IPV before they reach age twenty-five)⁴⁹; age at marriage is not a factor⁵⁰ 	<ul style="list-style-type: none"> • Young age • Poverty • Heavy alcohol consumption • Low level of education • Witnessing or experiencing violence as a child • Personality disorder • Acceptance of violence a social norm • Past history of abusing partners
Interpersonal level factors	<ul style="list-style-type: none"> • Conflict or dissatisfaction in the relationship • Gendered dominance in the family • Economic stress • Man having multiple partners • Disparity in educational attainment 	<ul style="list-style-type: none"> • Conflict or dissatisfaction in the relationship • Gendered dominance in the family • Economic stress • Man having multiple partners • Disparity in educational attainment
Intergroup/social factors	<ul style="list-style-type: none"> • Gender-inequitable social norms • Poverty • Low socioeconomic status • Weak legal sanctions against IPV in marriage • Lack of women's civil rights 	<ul style="list-style-type: none"> • Gender-inequitable social norms • Poverty • Low socioeconomic status • Weak legal sanctions against IPV in marriage • Lack of women's civil rights

⁴⁸ McLeroy, K., Bibeau, D., Steckler, A., & Glanz, K. (1988). An Ecological Perspective on Health Promotion Programs. *Health Education Quarterly*, 15(3): p. 355

⁴⁹ Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). 2010 Summary Report. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report.

⁵⁰ Martin, S.L., Tsui, A.O., Maitra, K., & R. Marinshaw. (1999). Domestic violence in Northern India. *Am J Epidemiol*, 150(4): 417-426.

	<ul style="list-style-type: none"> • Social acceptance of violence as a tool of conflict resolution • Armed conflict and high general levels of conflict 	<ul style="list-style-type: none"> • Social acceptance of violence as a tool of conflict resolution • Armed conflict and high general levels of conflict
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Figure 3: Power and Control Wheel
 Source: National Center on Domestic and Sexual Violence

The National Center on Domestic and Sexual Violence has published and distributed the Power and Control Wheel diagram widely among IPV program communities. The diagram conveys the overall pattern of abusive and violent behaviors as an interplay of reinforcing acts and behaviors of batterers who establish and maintain control over their partners. The eight forms of violence are: coercion and threats; intimidation; emotional abuse; isolation; minimizing; denying and blaming; using children; economic abuse, and; male privilege.⁵¹ The wheel is shown in Figure 3.

Four common theories of IPV are outlined in Wolfe et al.'s 1999 report on emerging strategies of IPV prevention: a lack of understanding around IPV; the multitude of variables at play with IPV; the condoning of IPV in the public domain; and childhood trauma as an influencer. Researchers have previously linked trauma of early exposure to chronic violence with violent behavior as an adult.⁵²

Importantly, few social and demographic characteristics define risk for IPV. There is a nonlinear relationship between women's empowerment—educationally, economically, and socially—and her risk of violence. A crisis of male identity is another risk factor, though it is frequently defined by poverty or an inability to control women.⁵³ Previously, belonging to a minority ethnic group was thought to be associated with IPV, but associations have since been rightfully explained by education and income disparities.^{54 55}

⁵¹ Domestic Abuse Intervention Project. (n.d.) Power and Control Wheel. National Center on Domestic and Sexual Violence. Retrieved from <http://www.ncdsv.org/images/PowerControlwheelNOSHADING.pdf>

⁵² Perry, B.D. Incubated in terror. Neurodevelopmental factors in the "cycle of violence." In Children in a violent society. J.D. Osofsky, ed. New York: Guilford Press, 1997, pp. 123-49.

⁵³ Jewkes, R. (2002). Intimate partner violence: causes and prevention. *The Lancet*. 359(9315): 1423-1429.

⁵⁴ Dearwater, S.R., Coben, J.H., Nah, G. et al. (1998). Prevalence of domestic violence in women treated at community hospital emergency department. *Journal of the American Medical Association*, 480(1): 433-438.

⁵⁵ Jones, A.S., Campbell, J.C., & Schollenberger, J, et al. (1999). Annual and lifetime prevalence of partner abuse in a sample of female HMO enrollees. *Womens Health Issues*, 9(1): 295-305.

Chapter 3: Research Methodology

Purpose

The purpose of the thematic approach to this qualitative research is to harness the unique, distinct, and direct-experienced-informed insights of the experts who comprise the participant population. Semi-structured interviews were used for this cross-sectional qualitative study. Specifically, narrative and ethnographic approaches were employed, as this research sought to respectively collect participants' experiences and explore the phenomena that define their experiences as IPV prevention coordinators, facilitators, and curricula developers.

The research questions of this study surround the challenges and opportunities for IPV prevention facilitators and schools: (1) What, if any, are specific challenges and opportunities that exist for Durham County IPV prevention efforts, compared against prevention efforts in Orange and Wake counties?; (2) What elements of primary school-based interventions are successful and unsuccessful for prevention aims?; and, (3) What are specific challenges and opportunities in outcomes measurement?

Participants

Intimate partner violence is a difficult issue to talk about. Interviews ran the risk of triggering a negative response due to any previous related trauma or incident with one or more interviewees. I will mitigate this risk in focusing the interview around the structural and policy-related mechanics of these school-based programs, avoiding personal questions such as why an expert is interested in their specific work. On November 30, 2018, I received protocol approval from the Duke University Campus Institutional Review Board. I proposed to evaluate the various means in which intimate partner conflict is prevented.

I interviewed experts from a wide discipline of backgrounds—(2) Social Work MA; (1) Human Resources MA; (3) Public Health MA; (1) Public Administration MA; (1) Doctor of Education; (1) Liberal Studies MA; (1) Art Therapy MA; (1) Art Education Ph.D.; (1) Juris Doctorate (J.D.); and, (1) Psychology Ph.D. Together, the participant population consisted of representatives from each of the direct IPV-related agencies in Durham, Wake, and Orange counties through representatives from DCRC, InterAct, and the Orange County Rape Crisis Center and the Compass Center, respectively.

The participants in the population were 12 adult experts in the intimate partner violence prevention space:

- (1) Shereka Dunston, Rape & Education Coordinator at Durham Crisis Response Center;
- (2) Hailey Levia, Prevention Coordinator at Orange County Rape Crisis Center;
- (3) Rachel Valentine, Executive Director at Orange County Rape Crisis Center;
- (4) Brianna Clarke, Director of Training, Engagement and Prevention at InterAct;
- (5) Valerie Sauer, Director of Education Programs at Compass Center for Women and Families;
- (6) Baonam Giang, Community Initiatives Manager at Break the Cycle;
- (7) Nan D. Stein, author of Shifting Boundaries curriculum;
- (8) Ada Gregory, former co-director of Durham Crisis Response Center (2000-06) and Victim Services Planner of North Carolina Governor's Crime Commission (1996-98);
- (9) Barbara Ball, Director for Evaluation & Training, Expect Respect at SAFE Austin;
- (10) Deena Fulton, Programs Director at North Carolina Coalition Against Domestic Violence;
- (11) Karla Fischer, Professor at University of Illinois College of Law; and

(12) Rachel Galanter, Executive Director at Exchange Family Center.

The following contacted individuals were unavailable for an interview: Sgt. R.D. Fountain IV; Rebecca Swofford, Prevention Coordinator at North Carolina Coalition Against Domestic Violence; Aryana Ainolhayat, Youth Education Coordinator at Orange County Rape Crisis Center; Tracey Miller, Community Education Director at Orange County Rape Crisis Center.

The following did not respond to contact: Sgt. R. Wiggins and Cpl. J. Salmon, Durham Police Department Domestic Violence Unit; Cecile Noel, Commissioner of the NYC Mayor's Office to End Domestic and Gender-Based Violence; Aliana Long, at NYC Mayor's Office to End Domestic and Gender-Based Violence; and, Claire Crooks, Director of the Western University Centre for School Mental Health. Reasons for this may include incorrect or outdated contact information for the initial contact emails.

Interview Procedures

After determining the individuals who would be contacted for the research study, participants were contacted via email addresses available online. Interviews were then scheduled in-person and over the phone depending on availability of both interviewer and interviewee. The interviews were semi-structured and were structured in two parts: 1) collecting information on the specific roles and responsibilities of the individual with respect to IPV; and, 2) collecting information on challenges and opportunities identified generally, with specific focus on outcomes measurement and assessments on the efficacy of prevention work generally.

Analysis

After completing the semi-structure interviews, notes of the qualitative data were transcribed and grouped into major elements that comprised the variables of this research. Themes were defined as patterns that reveal significant or interesting information on the experts interviewed and/or research questions. Each result was color coded, and these were further grouped together around broader variables herein defined as “elements.” The themes were predominantly descriptive, providing insight or raising questions on the institutions, policies, and programs surrounding IPV prevention, both in schools and broadly.

I employed a thematic analysis approach to identify patterns and themes within the qualitative data—the interview transcripts from the twelve expert interviews. After the denoted themes were demarked and codified, the seven core elements were interpreted. Quotes relevant to each theme were sorted into 290 entries that corresponded to the seven elements.

Chapter 4: Results

This qualitative study addressed the following three research questions:

Research Question 1. What, if any, are specific challenges and opportunities that exist for Durham County IPV prevention efforts, compared against prevention efforts in Orange and Wake counties?

Research Question 2. What elements of primary school-based interventions are successful and unsuccessful for prevention aims?

Research Question 3. What are specific challenges and opportunities in outcomes measurement?

Part one of the analysis provided the details on the specific individual role-challenges of the participant population. Part two of the analysis yielded seven elements that attempt to categorize key patterns and findings that relate to school-based prevention work in the three counties.

Part One: Participant Population Overview

Each of the twelve expert interviews revealed several distinct and invaluable insights informed by their respective positions within the various IPV-related organizations they are presently or were formerly involved with. Part one of the interviews involved collecting information on the respective roles and responsibilities of the participant population. Below are summaries of part one of the expert interviews.

Shereka Dunston, Rape & Education Coordinator at Durham Crisis Response Center

Shereka Dunston is the Rape & Education Coordinator at the Durham Crisis Response Center (DCRC). In 1999, the Rape Crisis of Durham (RCD) and the Orange-Durham Coalition for Battered Women agencies merged to form DCRC, “the only agency in Durham dedicated to

providing advocacy, shelter and support services to victims of domestic and sexual violence.”⁵⁶

DCRC provides counseling, legal advocacy, support groups, and shelter to survivors of domestic and sexual violence. DCRC also provides prevention workshops and trainings to community groups, including religious entities, schools, and professional organizations.

In 2013, DCRC had a Community Education staffer who conducted outreach and education, with no focus on prevention, according to Dunston. In 2014, Dunston was hired part-time as a result of funding from the Durham ABC board, which had prevention funds and had never funded an agency like DCRC in Durham to facilitate programs related to teen dating violence, substance abuse, and sexual violence. Then the focus was on how drugs and alcohol play a role in perpetrating the aforementioned violence, according to Dunston. The ABC Durham grant expired in the summer of 2018. In February 2018, DCRC successfully applied for the RPE grant that allowed the agency to hire Dunston full-time for work in Prevention and Education. In January 2019, RPE was the only prevention grant offered to the DCRC that allowed for the continuation of prevention programs.

As the sole Rape & Education Coordinator, Dunston heads prevention efforts for the sole entity in Durham County dedicated to intimate partner violence prevention. Dunston began work at DCRC in 2013. Dunston has facilitated an estimated 35 sets of Safe Dates series and an estimated 8 Shifting Boundaries series in her career in intimate partner and sexual violence prevention. Dunston estimates she has facilitated hundreds of one-time programs on dating and sexual violence, and sexual harassment, which are make-shift offerings workshops informed by information available in formal curricula and available data. In 2018 Dunston facilitated an estimated 50 one-time prevention programs.

⁵⁶ “About Us.” Durham Crisis Response Center. 2019. Retrieved from <https://www.durhamcrisisresponse.org/about-us>

In 2018, Dunston has reached an estimated 300 students in Durham County through the Shifting Boundaries and Safe Dates curricula, and an estimated 200 students from one-time programs. To develop relationships with schools where DCRC is able to facilitate the intimate partner violence curricula, Dunston described that “Typically it starts out by me reaching out to the school counselors. At one point [she] was able to reach out to them all-at-once at one of their professional developments.”⁵⁷ After describing prevention services and providing her contact information, counselors were invited to reach out to DCRC.

Now, health and P.E. teachers, counselors, and school social workers, among other school staff, reach out to Dunston in search of intimate partner violence prevention programs. Dunston described that “middle schools are happy to have anyone” offer the school-based intimate partner violence prevention programs.⁵⁸ According to Dunston, other organizations working with children, including non-profits, church youth organizations, and after school programs, call DCRC to ask for educational prevention services.

In the past DCRC had the capacity to advertise prevention services; DCRC no longer advertises: “People learn about us and reach out to us.” “Every now and then,” DCRC will partner for specific promotion.⁵⁹ For example, for sexual assault awareness month, Dunston partnered with an immigrant services specialist to create a flyer to distribute in Spanish-speaking populations for a targeted Spanish-language program.

The decision-making process of schools, to choose Safe Dates, which offers a flexible ten-session structure for 8th-through-12th grade students, over Shifting Boundaries, which offers a four-class series for 6th graders and six-class series for 7th graders, is driven by scarcity of

⁵⁷ Shereka Dunston, interview by author, January 18, 2019.

⁵⁸ Ibid.

⁵⁹ Ibid.

personnel available to deliver content to students at all age groups. The two programs target distinct age groups. In January 2019, Dunston was facilitating both Safe Dates and Shifting Boundaries in Brogden Middle School and Lucas Middle School – each school has four classes at each grade level per academic year. Dunston facilitated 6 Shifting Boundaries sessions and 9 Safe Dates sessions, involving over 40 lessons in a 6-week period. She typically tells schools that DCRC offers one for 7th grade students and one for 8th grade students.

“I think they’re just happy to have someone come in, willing to teach anyone. Sometimes Durham schools will ask for offerings targeted at 6th grade students, but Dunston at DCRC chooses to not offer prevention programs for 6th grade students. Dunston waits those students are in 7th grade because at 6th grade they are “so young and just getting to middle school.”⁶⁰

Dunston evaluates her implementation of Safe Dates and Shifting Boundaries, and the evaluation process changed in 2018 because of terms of the new grant. Pre and post-tests evaluate learning, and there is always an increase in knowledge, in Dunston’s six-years of experience in prevention in Durham County. According to Dunston, male-identified students, as opposed to female-identified students, have more growth in regard to knowledge measured before and directly after the conclusion of the prevention curricula. In Dunston’s observations, female-identified students tend to score higher in the pre-test survey, “but there is always growth” in knowledge measured in the post-test. After facilitating programs, Dunston has had students who offer positive comments about their experiences: “I have had students who ended up saying ‘I learned so much’ ... ‘I didn’t know this was dating violence’ ... ‘no one has ever told me this’ ‘I thought that was normal.’”

⁶⁰ Ibid.

Dunston, who is the only IPV prevention coordinator in Durham, has not facilitated other curricula school-based interventions in the past six years, which would suggest no other curricula, such as the Fourth R curricula, have been implemented in Durham Public Schools.

Dunston believes the Safe Dates curriculum, “it should be more interactive,” through hands-on activities; currently, “there is a lot of reading and discussing with Safe Dates and that does not keep students attention, especially middle school students, and ten-weeks is a little long. Typically schools don’t have that much time to give someone to come in. Safe Dates comes with recommendations to shorten the curriculum to 6-weeks, which is typically what Dunston facilitates, “because no one has that much time to give me.”

On a scale of 1, as no impact, to 10, as transformative, Dunston would evaluate the impact of the Safe Dates program in preventing future abuse by addressing potential perpetrators of intimate partner violence as a six. On a scale of 1, as no impact, to 10, as transformative, Dunston would evaluate the impact of the Safe Dates program in preventing future abuse by powering otherwise potential victims of intimate partner violence as a seven.

According to Dunston, Safe Dates has a lot of information – and the list of warning signs of/for abuse is much longer for victims than it is for perpetrators. There is a lot of emphasis on “friends” – “there is not a lot of time spent on focusing on everyone.” “Knowledge itself is very empowering,” and the Safe Dates scenarios portray diverse types of violence but are limited in the types of relationships they portray, according to Dunston, who noted that there is no same-sex couple or transgender-identified individuals in the Safe Dates program.

Dunston believes that Shifting Boundaries, with a six-session timeline, is the “perfect amount of time.” Shifting Boundaries is interactive, with videos, hands-on measuring of personal space, and describe the entire curriculum as “perfect.” On a scale of 1, as no impact, to 10, as

transformative, Dunston would evaluate the impact of the Shifting Boundaries program in preventing future abuse by addressing potential perpetrators of intimate partner violence as a seven. Dunston does not believe a curriculum that has a transformative impact on preventing abuse by addressing potential perpetrators could exist; “I can’t imagine what that would look like.” On a scale of 1, as no impact, to 10, as transformative, Dunston would evaluate the impact of the Shifting Boundaries program in preventing future abuse by powering otherwise potential victims of intimate partner violence as a seven.

To deliver transformative results, Dunston believes it begins with family interventions, because sexual violence, dating violence, and domestic violence are taboo topics that make it difficult for individuals to seek answers and help for. Reflecting on her experience as Rape and Education Coordinator at DCRC, Dunston claims there are a lot of families that don’t know where to get help or are scared to get help.” “School is a great place to reach young people, but most schools [i.e. elementary and preschools] don’t talk about this kind of thing,” so there needs to be a way to reach the actual families, Dunston noted; “*that* would be awesome.”

Dunston has had children tell her, during or after a primary intervention program, “that’s not true, that’s not what that is, it is okay to do that to your partner, and it’s hard to compete against those messages when they’ve been reinforced.” We cannot expect students to attend one six or ten-week program and retain all that knowledge; “it has to be reinforced somewhere, at some point.” One church in Durham has come to DCRC – but since DCRC is only capable of delivering Safe Dates, Shifting Boundaries, and the one-off programs, the students in the church program were unable to build on their prior learning with any new information or new activities. “I’m not sure what their health teachers are telling them [as reinforcement], and if it’s a day or two, is that real reinforcement?” Typically, intimate partner violence prevention curricula are

taught in health class in only one of a high school student's four years in high school, which further contributes to limited reinforcement of the school-based prevention intervention.

DCRC receives funds “for the small things” such as DVDs and “lunch and learns” where Dunston screens a documentary and hosts a discussion with a small group of students. “There’s money for the small things, but without the manpower to go out into the community and engage more schools and more agencies, and just other individuals, it’s not going to help. We need manpower, we need to be able to hire other people to do this work, so that we can do all the cool things.” “I can put on a whole screening, but I don’t have time to do that because I’m the one in the schools... I shouldn’t be the one in the schools. We just need more people, and we need younger people involved.” The DCRC has a new Youth Advisory Council that is getting off the ground [est. November 2018], and Dunston claimed that the high school students involved have the best ideas.” “We need to be able to reach parents.” With more resources Dunston would look favorable upon a coordinator who could liaison specifically with community parents. “Parents play such a huge role and they have no idea.”

Hailey Levia, Prevention Coordinator at Orange County Rape Crisis Center

Hailey Levia is the Prevention Coordinator at the Orange County Rape Crisis Center (OCRCC). She first became involved with the center when she completed her first-year internship there as part of her master's in social work at the University of North Carolina at Chapel Hill. As prevention coordinator, she facilitates the OCRCC's SafeTouch and StartStrong curricula. Some weeks she moves around various schools to present, while other times she meets with student groups and facilitates parent programs.

The SafeTouch and StartStrong curricula are unique to OCRCC and have existed for over 30 years.⁶¹ The SafeTouch curriculum (for pre-Kindergarten through fifth grade) is divided into sessions ranging from twenty minutes to sixty minute lengths for various age groups: for ages 3-6, the program is titled “You Are A Special Person”; for ages 6-8, the programs available are titled “What To Do” and “Someone to Talk to; for ages 8-10, the program is titled “Yes You Can Say No”; for ages 9-12, the program is titled “Internet Safety & Cyberbullying”; and, for ages 9-12, the program is titled “Preventing Sexual Bullying.”⁶² Unlike the SafeTouch program, the StartStrong program consists of multiple sessions that meet national and school personal safety education requirements. The StartStrong curriculum (seventh and ninth grades) is divided into two programs: (1) “Flirting, Not Hurting,” four 50-minute sessions; and (2) “Only Yes Means Yes,” two 50-minute sessions.⁶³

Every public school in Orange County receives the SafeTouch curriculum for pre-Kindergarten through fifth grade students and the StartStrong curriculum for seventh and ninth grades. Sixth and eighth grade StartStrong programming is offered through the Compass Center, the other IPV agency serving Orange County. Levia described the distinction between OCRCC’s seventh and ninth grade programming and the Compass Center’s sixth and eighth programming by stating that the OCRCC curricula focuses on matters related to sexual harassment, flirting and dating, whereas the Compass Center relates more intentionally to teaching healthy relationship skills.

⁶¹ “Purple Ribbon on Excellence.” 2019. Orange County Rape Crisis Center. Retrieved from <http://ocrcc.org/tag/start-strong/>

⁶² “SafeTouch Curriculum.” 2019. Orange County Rape Crisis Center. Retrieved from <http://ocrcc.org/services/programs/safetouch-curriculum/>

⁶³ “StrongStrong.” 2019. Orange County Rape Crisis Center. Retrieved from <http://ocrcc.org/services/programs/startstrong-curriculum/>

In addition, OCRCC is a partner of Boomerang, an Orange County non-profit that offers a “Positive Alternative to Suspension Program” to middle school students in both of Orange County’s school districts, as well as a “Continuing Connections After School” program for ages individuals ages eleven to twenty.⁶⁴ OCRCC partners with Boomerang to present a session on healthy relationships; Levia presented at Boomerang as an intern and continues to present as a Prevention Coordinator. OCRCC also offers a “Standing Side by Side” program for parents that addresses sexual violence and sexual harassment. Additionally, Levia supports the Youth Against Rape Culture collective at East Chapel Hill High and offers miscellaneous one-off presentations. OCRCC also offers various trainings—for community educators and for new volunteers. There are currently six volunteers at OCRCC.

Levia articulated that she is actively brainstorming ways in which to better facilitate correspondence with teachers. Since Levia entered her role in the middle of the school year, she has no experience or basis for establishing relations with the schools in which she may facilitate the SafeTouch and StartStrong curricula. She described the process with uncertainty: “I am still kind of coming up with a system for this because of a lot of trial and error. But what I did this time around was I sent a Google [form survey] for [teachers] to sign up themselves. But that worked for some people and didn’t work for [others].”⁶⁵ The email was sent to all the teachers in the district for which OCRCC had contact information for, with the district health coordinator copied.

Many factors that are critical to the curricula implementation are determined by the teachers. Levia asks teachers, “when would you like me to come?” and “would you still like me

⁶⁴ “About the Organization.” 2019. Boomerang. Retrieved from <https://boomerangyouth.org/whoweare/>

⁶⁵ Hailey Levia, interview by author, January 30, 2019.

to come? How often do I need to come?”⁶⁶ Levia described “pretty good feedback from teachers” who have expressed appreciation for the curriculum.”

Focal Point: Candor of Youth Against Rape Culture (YARC) Members at Chapel Hill High School

“I really enjoy having actual relationships with individual kids or young people because that's hard to do in a big classroom. And I'm bound to this sort of, professionalism thing, especially with like, cause there's teachers and other adults around. But yeah, in the smaller groups, I get more invested in what's actually going on at school and there's things they don't talk about it in front of teachers which they do when it's just them and me. And they'll talk about problems they have with administration and things they're up against in that sense. Like Youth Against Rape Culture they have a period locker and administration and doesn't want them to have that where people can get pads and tampons and stuff and they're like, “we don't want that out in the open.” That's the kind of stuff you hear that you don't hear in a classroom. It was definitely different in that way.”

Hailey Levia, interview by author, January 30, 2019.

Rachel Valentine, Executive Director at Orange County Rape Crisis Center

Rachel Valentine had served as the Executive Director of the Orange County Rape Crisis Center for six months at the point of the interview. She also wrote most of the StartStrong curriculum. Her responsibilities include management and supervision of OCRCC's teams. According to Valentine, Orange County is at near 100% saturation for IPV prevention programs. There are two public high schools in the County, and one has opted out. Valentine believes that one of the biggest barriers to OCRCC's prevention work is the fact that prevention education is not mandated—individual teachers determine whether or not to welcome OCRCC into their classrooms. Valentine claims that “education has always been a core part of [OCRCC's] mission.”⁶⁷

⁶⁶ Hailey Levia, interview by author, January 30, 2019.

⁶⁷ Rachel Valentine, interview by author, January 30, 2019.

OCRCC strategically responds to the needs of particular regions of Orange County, as well as underserved populations. OCRCC does not have the capacity for significant work with Burmese and Curran refugees and Valentine reported that “African American survivors and rural survivors are [OCRCC’s] most underserved populations in the community.”⁶⁸

SafeTouch was developed in the late 1970s, while StartStrong, which targets seventh and ninth graders in Orange County, was developed in 2001. Valentine shared that “because the program has been going on for so long, we don’t really have a comparison to before we did programming.”⁶⁹

Brianna Clarke, Director of Training, Engagement and Prevention at InterAct

Brianna Clarke is the Director of Training, Engagement and Prevention at InterAct, the only IPV service provider in Wake County. In her capacity, Clarke runs four programs: (1) the internal training of staff and volunteers (which consists of roughly 200 active volunteers at any given time); (2) the volunteer program; (3) the community engagement program; and (4) the Youth Education Services (YES) program. According to Clarke, when InterAct was founded,

“North Carolina didn’t have the population it does have now. It’s really exploded in the past 10-15 years. We alongside that growth, have growth. The organization is one of the larger service providers in the state, both staff size, client numbers, as well as our education services.”⁷⁰

According to Clarke, in 2018, InterAct taught about 10,000 students through the three-person staff, with the YES program that is the primary prevention program that works directly in

⁶⁸ Rachel Valentine, interview by author, January 30, 2019.

⁶⁹ Rachel Valentine, interview by author, January 30, 2019.

⁷⁰ Brianna Clarke, interview by author, February 6, 2019.

schools. In addition to Wake County public schools, InterAct serves private schools and community groups, particularly those that work with vulnerable populations.

Similar to Orange County, which uses homegrown curricula for IPV prevention in classrooms, in Wake County, public schools partnered with InterAct participate in a curriculum developed by InterAct. According to Clarke, in 1993, “[InterAct] started working with Wake County public schools and there was no set curriculum, and was being introduced for the first time.”⁷¹ Due to the requirements and concerns of various schools, Clarke described “creative amendments” within the curriculum, such as for programs for Christian private schools. As a professional, Clarke acknowledged, “not being able to say certain things is harming the vulnerable students whose parents are upset because they don’t want their kid to hear about same sex relationships or something.”⁷²

InterAct has a memorandum of agreement with Wake County public schools that serves as “an open door to reach out to school.”⁷³ Clarke described that if InterAct did not have the memorandum, “it might be a little trickier to work with certain schools.”⁷⁴ Additionally, InterAct has the capacity to supplement existing partnerships with schools with blind outreach.

“We definitely have schools or even just specific classes that we've been working with for a long time because their teacher really loves us or their counselors are really invested in this work, but when it comes to building new relationship, we really have to do pretty targeted outreach.”⁷⁵

⁷¹ Brianna Clarke, interview by author, February 6, 2019.

⁷² Ibid.

⁷³ Ibid

⁷⁴ Ibid

⁷⁵ Ibid.

A specific challenge for her work that Clarke articulated concerned the capacity to measure program success.

“A lot of the research that has been done is pretty recent and the expectation for nonprofits that have very limited resources, you just suddenly drop everything, and change is extremely unrealistic. I would say fairly small organization working in a fairly small limited community, this program has been very strong thus far, but it can absolutely be better.”⁷⁶

Valerie Sauer, Director of Education Programs at Compass Center for Women and Families

Valerie Sauer is the Director of Education Programs at the Compass Center for Women and Families in Orange County. In Sauer’s position, she oversees the full-time Teens Climb High Director and part-time Teens Climb High Assistant. Teens Climb High is a comprehensive sexual health program that is funded through the Department of Health and Human Services (HHS) Teen Pregnancy Initiative. Through the initiative, HHS provides \$100 million in grants to non-profits, school districts, universities, and others for research and demonstration projects, and replication of program models determined to be effective.⁷⁷ Sauer described this program that encourages students “to at least start thinking about the decisions that they’d like to make, sort of what expectations they have around healthy relationships and healthy sex.”⁷⁸ The evidence-based curriculum used for the Teens Climb High is called Making Proud Choices. In addition, the Compass Center offers the StartStrong two-day curriculum for sixth and eighth graders. In addition, Sauer oversees volunteers who work with data entry for the programs. Sauer also offer community education for interested community members and professional training. For example,

⁷⁶ Brianna Clarke, interview by author, February 6, 2019.

⁷⁷ “Teen Pregnancy Prevention Initiative.” 2019. Youth.gov. Retrieved from <https://youth.gov/evidence-innovation/investing-evidence/teen-pregnancy-prevention-initiative>

⁷⁸ Sauer, Valerie. February 2019. Interview with author.

every fall and spring, the Compass Center is invited to present on interpersonal violence at a crisis intervention training for first responders, emergency medical services, and the police. Lastly, as Director at Compass Center, Sauer serves as backup for the 24/7 Compass Center crisis line, as do all full-time Compass Center staff.

Between July and December 2018, Sauer delivered eleven agency services presentations, reaching a total of 147 individuals, reached roughly 150 students through the StartStrong curriculum, and reached 122 individuals through the community/prevention training. Sauer approximated reaching 750 students through StartStrong programs facilitated by the Compass Center in 2018 and reaching 500 students through the Making Proud Choices curriculum. The Compass Center has a memorandum of agreement with Chapel Hill and Carrboro City Schools for both StartStrong and the Making Proud Choices curriculum. Although this provides administrative approval, Sauer described that it is still up to the Compass Center “to educate the health teachers in whose classes [Compass Center] deliver[s] these presentations.”⁷⁹

Sauer began in her role in July 2018, and thus, similarly to Hailey Levia of OCRCC, has not been able to teach for a full school year and is unable to speak to what the results from the pre- and post-test surveys delivered after each school curriculum program reveal. “In general, students are really receptive to this,” claimed Sauer, who added that in her experience thus far, when she explains the purpose of the programming to parents, “they are enthusiastic that they are also getting such comprehensive factual information.”⁸⁰ In addition, Sauer claimed to have witnessed a “light bulb moment” for students who are both potential perpetrators of IPV and potential victims of IPV, when they learn about behaviors that constitute abuse and the

⁷⁹ Sauer, Valerie. February 2019. Interview with author.

⁸⁰ Ibid.

relationship between gaining and maintaining power and control.⁸¹ Outside of prevention, the Compass Center receives funding from the Governor’s Crime Commission for two programs: one that supports IPV survivors who have experienced housing instability, and the other that allows the Compass Center to provide mental health services for IPV survivors and their families.

Baonam Giang, Community Initiatives Manager at Break the Cycle

Baonam Giang is the Community Initiatives Manager at Break the Cycle, a non-profit founded in 1996 out of Los Angeles, California, to serve young people experiencing abuse in dating relationships. In 2004, Break the Cycle began to expand, and in 2019, had staff in the District of Columbia and Austin Texas. According to the organization’s website, “Break the Cycle inspires and supports young people to build healthy relationships and create a culture without abuse.”⁸² In his day-to-day work in 2019, Giang partners with teachers for three summits for practitioners in the field as they seek to increase capacity for serving young people. Giang also oversees all of Break the Cycle’s contract works with new organizations that reach out to seek training, and offers community education, such as school presentations that schools request.

Baonam Giang joined Break the Cycle as Capacity Building Coordinator in December 2016. In January 2018 he took the position of Community Initiatives Manager. Giang approximated that in his two years at Break the Cycle he has facilitated ten to fifteen programs. Unlike the Safe Dates and Shifting Boundaries curricula, that are offered in Durham through the DCRC, or SafeTouch, StartStrong, and Making Proud Choices curricula that are offered in Orange County, or the Youth Education Services program ran by InterAct in Wake County,

⁸¹ Sauer, Valerie. February 2019. Interview with author.

⁸² “About Us.” 2019. Break the Cycle. Retrieved from <https://www.breakthecycle.org/about-us>

Break the Cycle offers online curriculum that schools can use.⁸³ Schools or programs log into the Start Talking online curriculum, which comes in the form of ten online modules and include a facilitator guide that teachers use to walk through the lessons for high school and early college students.

According to Giang, “Start Talking was formed by a partnership with Break the Cycle and the National Domestic Violence Hotline. It used to be “Love is Respect,” what was a program that [Break the Cycle] ran in conjunction with the National Domestic Hotline until a separation in 2013. Break the Cycle partners with schools in two ways: first, as technical assistant (TA) provider for the Office of Violence Against Women, and second, as a receptor of school outreach. As TA a provider, Break the Cycle works with every grantee receiving funds from OVW to provide youth expertise. Other times, schools reach out to purchase the online curriculum. As a TA provider, Break the Cycle is “focused on building the capacity of organizations that are still growing, so that doesn’t necessarily mean [the organizations] have to use the Start Talking curriculum, it can be whatever program they want to use in their own communities.”⁸⁴ As an individual who had worked at Break the Cycle for two years at the point of the interview, Giang described himself as a “newer staff” —a position that lent itself to making astute observations on the nature of the non-profit’s work:

“Joining the organization, it’s already had these networks and relationships built in place between different organizations and has a national platform. I do agree it’s important to go to conferences and network and present on the work that you do mean to build traction on it, but I think more importantly it’s about, building out a network of organizations that

⁸³ Baonam Giang, interview by author, January 24, 2019.

⁸⁴ Ibid.

are doing similar work in different communities and seeing what dynamics work for each, because every community's different.”⁸⁵

Nan D. Stein, Senior Research Scientist at the Wellesley Center for Women

Nan D. Stein is the author of *Shifting Boundaries*, a widely used school-based IPV prevention program. For over three decades, Dr. Stein has researched teen dating violence prevention. In collaboration with Bruce Taylor, Ph.D., Stein has conducted numerous studies to help prevent IPV through school-based curricula and evaluate the efficacy of multi-level IPV prevention approaches.⁸⁶

Stein noted that a 2014 report prepared by the White House Task Force to Protect Students from Sexual Assault was a momentous occasion for requests for *Shifting Boundaries*. The Centers for Disease Control and Prevention published a report in April 2014 titled “Preventing Sexual Violence on College Campuses: Lessons from Research and Practice.” In it, Sarah DeGue of the Division of Violence Prevention reported:

“Only two programs have rigorous evidence of effectiveness for preventing sexual violence: Safe Dates and the building-level intervention of *Shifting Boundaries*. Both were developed with middle/ high school students but may provide useful models for the development of college prevention strategies.”⁸⁷

Stein’s “myopic approach” is to focus on schools given her background as a teacher.

Community-wide interventions that Stein would like to see explored as mechanisms for

⁸⁵ Baonam Giang, interview by author, January 24, 2019.

⁸⁶ “Dating Violence Prevention Programs in Public Middle Schools (*Shifting Boundaries*).” 2019. Wellesley Center for Women. Retrieved from <https://www.wcwoonline.org/Active-Projects/dating-violence-prevention-programs-in-public-middle-schools>

⁸⁷ Centers for Disease Control and Prevention (2014). Preventing sexual violence on college campuses: Lessons from research and practice. Retrieved from <https://www.notalone.gov/schools/>.

prevention work include work with Boys and Girls Clubs, city-run athletic opportunities, religious authorities, and law enforcement.⁸⁸

In 1994, Stein received funding from the National Education Association, the largest teachers' union in the U.S. In 2004, Stein first applied for funding for the Shifting Boundaries study but was rejected. After including more urban schools to participate in the study, armed with support from interested superintendents in Ohio, Stein and Taylor's grant application was accepted by the U.S. Justice Department in 2005.

As a curriculum developer, the nature of Stein's involvement with direct school-based primary interventions is unique:

“The public health staff who administer the Rape Prevention and Education money know the research about Shifting Boundaries and Safe Dates and everything else. That's how I have relationships.”⁸⁹

Ada Gregory, Associate Director at the Kenan Institute for Ethics

Ada Gregory served as co-director of the Durham Crisis Response Center from 2000 to 2006, and Victim Services Planner of North Carolina Governor's Crime Commission from 1996 to 1998. In the former position, Gregory facilitated the merger between the Orange-Durham Coalition for Battered Women and the Durham County Rape Crisis Center. Additionally, from June 2008 to November 2013, Gregory worked as Director of the Duke University Women's Center, with a staff of four full-time employees, sixteen interns, and a \$500,000 annual budget.

In 1998, the first study to assess the effects of the Safe Dates program on primary and secondary prevention of IPV was published by the curriculum author Vangie Foshee. Although Gregory was aware of the curriculum's ensuing development at the UNC Gillings School of

⁸⁸ Stein, Nan. January 2019. Interview with author.

⁸⁹ Stein, Nan. January 2019. Interview with author.

Global Public Health, the curriculum was “not really out and about at the time” of her leadership at the crisis center.⁹⁰

The crisis center “had one person that [was] in charge of prevention that would do the prevention work for the schools, for churches, for community members. They would do the work with training police and magistrates and 911 operators. When you realize you have one person doing that, there's no way that you can actually do all those trainings.”⁹¹

On her work in this period, in a resource-constrained environment, Gregory claimed that that “My job when I was director of a non-profit was trying to work myself out of a job, I wanted the police department to respond well without me. I wanted 911 operators to respond well without us pressuring them. I wanted schools to provide what they need to, to students without need us. I wanted the courts to respond to battered women the way they should without having to have an advocate sit beside them.”⁹²

While Director of the Duke Women’s Center, Gregory oversaw the introducing of Prevent Act Challenge Teach (P.A.C.T.) bystander training, which was based on the New Hampshire evidence-based program called Bringing the Bystander. This work was tailored directly to the community needs—in response to the high prevalence of sexual assault involved with Greek life. The Women’s Center was able to integrate sexual assault prevention in the alcohol training spearheaded by the Duke University Wellness Center. Additionally, some of the Women’s Center men’s engagement work was prevention based.

Barbara Ball, Director for Evaluation & Training, Expect Respect at SAFE Austin

⁹⁰ Ada Gregory, interview by author, February 6, 2019.

⁹¹ Ibid.

⁹² Ibid.

Barbara Ball serves as Expect Respect Director of Evaluation and Training at SAFE Austin, where she began working in the late 1960s. SAFE Austin, an acronym for Stop Abuse For Everyone, is a merge between Austin Children’s Shelter and SafePlace—organizations that service survivors of IPV. SAFE Austin was involved with the CDC program that set up some of the preliminary evaluation conducted by the SAFE Austin. Ball reported that “because [the] program is very large, [SAFE Austin] work[s] in up to 40 schools with school programs for both boys and girls.

SAFE Austin has a multitude of program components. The Expect Respect program has various components that work in a support-group model. Since 1989, the organization has worked with approximately 500 students per year in counseling over two school districts. The Youth Leadership Academy is ran in conjunction with community partners. Another program the theater program wherein twenty-five to thirty students work on writing plays in the fall, and put on performances in middle schools during the day, reaching approximately 3,000 students per year. SAFE Austin’s 24-week curriculum program meets on a weekly basis. To Ball, SAFE’s advantage is that “we have the experience and know how to engage high risk youth in these conversations. We’re not creating a culture so it’s in a vacuum.

In addition, SAFE Austin has a charter school for elementary through high school aged children—according to Ball, there are roughly eighteen to twenty-five students enrolled in the school at any time. Support groups are provided to the charter school students; however, this represents a small portion of the Expect Program, which works mostly with public schools and public charter schools. SAFE Austin programs reaches hundreds of children directly per year;

Ball remarked that “I don’t know how else we would reach them in these numbers if not at school.”⁹³

Ball has published a controlled outcome evaluation with the CDC and supervises many facets of SAFE Austin’s work. The senior director is the founder of the program. The staff also includes one counseling manager who oversees three male and three female counselors who work in schools. There are two prevention staff members—the Educational Theater Coordinator and the Prevention Coordinator.

Deena Fulton, Programs Director at North Carolina Coalition Against Domestic Violence

After working as Prevention Coordinator from September 2015 to December 2018, Deena Fulton became Programs Director in December 2018. Previously overseeing primary prevention work, Fulton now oversees that prevention work as well as the North Carolina Coalition Against Domestic Violence’s (NCCADV) economic justice and housing work. NCCADV is the leader of North Carolina’s efforts to end IPV and enhance work with survivors.⁹⁴ As a state-wide organization, NCCADV partners with one local agency to fund prevention in Wilmington, North Carolina using the Safe Dates and Shifting Boundaries curricula. Other prevention funding goes towards funding two main projects: the first involves a health impact assessment of paid family leave, and the second involves a project called Trauma Informed Organizational Policies, through which NCCADV partners with human service organizations to ensure organizational policies are as trauma informed as possible. This primary intervention is offered through the CDC’s 2018-2023 iteration of the DELTA Impact grant. NCCADV also offers state-wide training and technical assistance.

⁹³ Barbara Ball, interview by author, February 1, 2019.

⁹⁴ “North Carolina Coalition Against Domestic Violence.” 2019. NCCADV. Retrieved from <https://nccadv.org>

NCCADV is funded by the Offices of Victims of Crime in the U.S. Department of Justice, the Blue Cross Blue Shield Foundation, the Allstate Foundation, among other sources of funding that include unrestricted funds from private donors as well. Fulton described several frustrations with IPV primary prevention: “there needs to be a stronger funding infrastructure for prevention work [...] part of the reason prevention is harder to fund is because it’s not easy to show concrete indisputable evidence of preventing violence. If you prevent violence, then there’s nothing to measure”; “another major challenge is both the lack of strong evidence base for prevention, and the kinds of programs that get funding for evaluation and for research.”

Karla Fischer, Professor at University of Illinois, College of Law

Karla Fischer, holder of both PhD and JD degrees, completed her dissertation on the effectiveness of court orders of protection and their impact on the victims who receive them. When she moved to Durham for work as a new faculty member at Duke University from 1993 to 2000, Fischer contacted the local crisis center and asked, “how can I be helpful to you?”⁹⁵ Not long after she began participating in the volunteer training did other responsibilities emerge.

At first, Fischer did work with the team on the Marital Rape Exemption Act in North Carolina, which was the last state to not allow husbands to be charged for their rape of their partners. The prior law restricted rape to someone who is not your wife. Although there were members of the state legislature who opposed the measure, Fischer and her team were ultimately successful. Additionally, Fischer worked on a legal defense of an Orange County legal defense advocate who was charged with illegal practice of law for helping people fill out their restraining order forms.

⁹⁵ Karla Fischer, interview by author, March 28, 2019.

Fischer admits having limited recent exposure to school-based prevention curricula; however, she recalled that the curricula she has seen offer “too much” “planned programming, and not enough on just creating an atmosphere where students can talk.”⁹⁶ However, Fischer offered suggestions for where prevention curricula should be developed: “I think we should have kids develop the curriculum for kids [...] I think it has to start with the kids, where they’re at, what they think, what they see, what they’ve experienced...”⁹⁷

A core tenant of Fischer’s research has been the steadfast finding and believe that teachers treat sexual harassment in schools the way police respond to battered women: “I think that schools are a training ground for domestic violence victims. I think that girls learn in school that it is not safe to stand up for yourself. I think boys learn in school that they can get away with pressuring girls. I don’t think that the prevention programs go deep enough.

Rachel Galanter, Executive Director at Exchange Family Center.

The Exchange Family Center is a Durham-based non-profit that has existed in the community for over twenty-five years. The Center aims to “help keep children safe and families together” and does this work through three main programs: Early Childhood Outreach (EChO), Family Support Program (FSP), and the Parenting of Adolescents (POA) program.⁹⁸ As Executive Director, Rachel Galanter oversees all three programs and participates in community conversations, which includes her role in helping write the grant application for the Durham Integrated Domestic Violence Response System Program. Galanter began working at the Exchange Family Center in 2000 as Family Support Specialist and Program Manager.

⁹⁶ Karla Fischer, interview by author, March 28, 2019.

⁹⁷ Ibid.

⁹⁸ “Our Agency.” 2019. The Exchange Club’ Child Abuse Prevention Center in Durham, Inc. Retrieved from <https://www.exchangefamilycenter.org/our-agency/what-we-do>

The Durham Integrated Domestic Violence Response System Program is funded through a \$466,041 federal Health and Human Services grant to the Durham Department of Social Services (DSS) in collaboration with the Exchange Family Center, DCRC, Duke Center for Child and Family Health, and Duke Center for Child and Family Policy. According to Galanter the goal for the project “is to improve Durham’s response to abusive parents and their children, coordinate the provision of evidence-based services to children and youth exposed to domestic violence or family violence, and enhance the capacity of the system to mitigate the risk to children and youth.”⁹⁹ Through the grant, the Exchange Family Center has additional capacity to provide mental health services and early childhood mental health consultations to individuals referred through DSS. The Center for Child and Family Health developed the training and provisions the training to first responders, as well as some clinic-based services. According to Galanter, “the Center for Child and Family Policy is doing the evaluation associated with these efforts.”¹⁰⁰ The DCRC allocation of the grant is directed to counseling services provided through the Children Services Coordinator.

When Durham began developing its system of care model, which focuses on the needs of the affected individual includes all members of their ecology, according to Galanter, different units of the county more intentionally sought to assess the blind spots and foster better communication for various sectors—from the criminal justice system to schools. Family Connects Durham (formerly Durham Connects) is an example of one such system of care-modeled-initiative.¹⁰¹ To define how the Exchange Family Center has been able to build and maintain relationships with community allies, Galanter claims “that when that system of care

⁹⁹ Galanter, Rachel. April 2019. Interview with author.

¹⁰⁰ Galanter, Rachel. April 2019. Interview with author.

¹⁰¹ “Durham Connects.” 2019. Center for Child and Family Center. Retrieved from <https://childandfamilypolicy.duke.edu/project/durham-connects/>

model started getting less attention, [Exchange Family Center] continued to participate in anything that brought lots of people to the table.”¹⁰² Notably, the Durham Network of Care, “a one-stop resource directory to help [Durham community members] locate needed services and supports” continues to operate as an online resource.¹⁰³

Part Two: Element Breakdowns

Thematic qualitative analysis yielded 290 entries that corresponded to one or more of the elements defined after all interviews. Figure 4 captures the frequencies of statements that arose in the semi-structure interviews relating to the seven elements. (Note: entries were cross-listed if related to multiple elements).

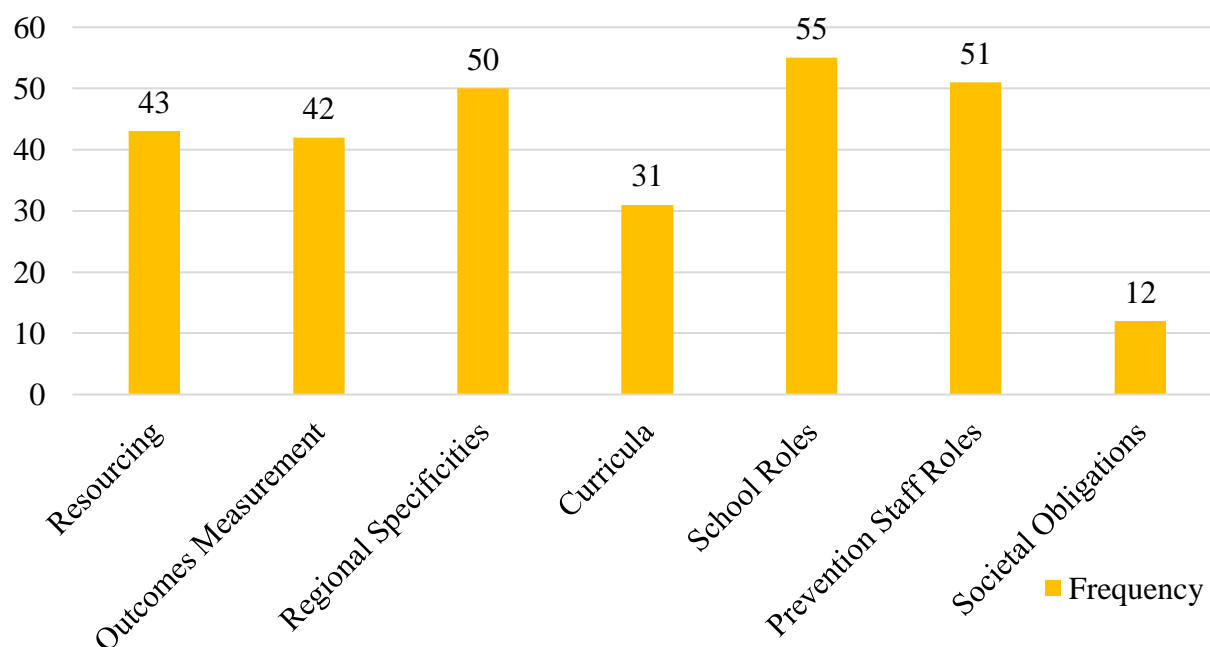


Figure 4: Bar graph revealing frequency of elements raised in expert interviews

¹⁰² Galanter, Rachel. April 2019. Interview with author.

¹⁰³ “Bull City Online Resource Guide: Durham Network of Care.” 2019. Trilogly Integrated Resources. Retrieved from <http://durham.nc.networkofcare.org/mh/>

Element 1: Resourcing: Current Status, Challenges, and Opportunities

In each of the twelve interviews, several ideas arose surrounding limited resources that detrimentally restrain the capacity of non-profit organizations and schools in the prevention space. Not a single interviewed participant described sufficient resourcing to IPV prevention work.

The individuals implementing the curricula in schools directly expressed a need for increased “manpower;” Shereka Dunston of DCRC articulated, “We need to be able to hire other people to do this work [...] I’m the one in the schools... I shouldn’t be the one in the schools. We just need more people, and we need younger people involved.”¹⁰⁴ The author of a widely-used school-based curricula lauded by the White House Task Force to Protect Students from Sexual Assault, *Shifting Boundaries*, stated that “staff turnover is a huge problem at rape crisis centers because it’s such draining, low paid work.”¹⁰⁵ Hailey Levia facilitates the StartStrong and SafeTouch in both of Orange County’s school districts—Orange County Schools and Chapel Hill-Carrboro school districts. Levia described that with greater resources, the facilitators would be able to hire individuals to enter schools for longer periods of times. OCRCC currently uses volunteers who are unable to have four days in a row open at the same time to facilitate a four-session program in schools. The former director of the DCRC stated, “when you have people that are different every time calling, you’re never going to establish the kind of relationship and trust that you need to work with the

Focal Point: Rape Prevention and Education Funding in Durham, Wake, and Orange counties

“Orange County Rape Crisis Center and Durham Crisis and Response Center both receive \$65,000 a year for 3 years to do SV Primary Prevention work. Most of the applicants who submit applications have about a 33% chance of being funded, as there are on average, about 30 applicants and 10 are funded each 3-year cycle.”

Glorina Stallworth, interview by author, April 1, 2019.

¹⁰⁴ Dunston, Shereka. January 2019. Interview with author.

¹⁰⁵ Stein, Nan. January 2019. Interview with author.

community in that way.¹⁰⁶ According to the experts interviewed, with greater resources for staffing, IPV prevention agents would be able to reach out to parents, program with religious institutions, daycare and community centers, and market more services. Furthermore, staff members who are hired over longer periods are able to develop relationships with schools that last school-years and foster trust between the prevention agencies and the schools that host them for curricula implementation.

Other limitations imposed upon IPV prevention agencies and schools due to limited resources impedes evaluation efforts. InterAct does not have a data analysis team, and most of InterAct's grants do not require detailed evaluations of program outcomes. One IPV agency executive stated, "we are kind of missing an evaluation opportunity because we've made the choice to focus on saturation rather than evaluation."¹⁰⁷ Interviews reported difficulty keeping up to date with up-to-date research on school-based IPV prevention.¹⁰⁸

Regarding the current status of IPV prevention funding in Durham, Wake, and Orange counties, several facts and ideas became apparent. According to the North Carolina Rape Prevention and Education Program Manager Glorina Stallworth, OCRCC and DCRC are the only recipients of IPV-prevention funding. The RPE grant is currently the only source of IPV prevention funding in Durham County through a non-profit. OCRCC and DCRC both receive \$65,000 a year for 3 years (2018-2021) to do sexual violence primary prevention work.¹⁰⁹ North Carolina organizations applying for the RPE grant face a 33% acceptance rate.¹¹⁰

¹⁰⁶ Ada Gregory, interview by author, February 2019.

¹⁰⁷ Rachel Valentine, interview by author, January 30, 2019.

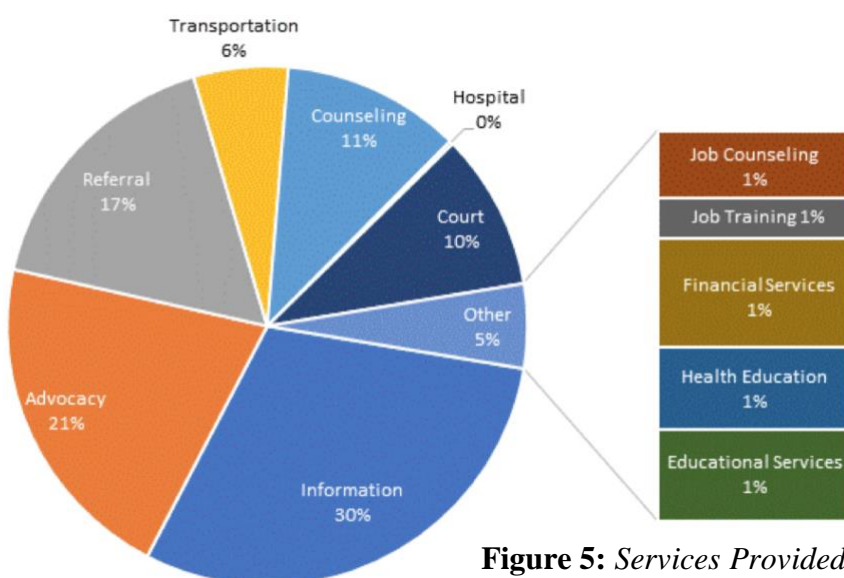
¹⁰⁸ Brianna Clarke, interview by author, February 6, 2019.

¹⁰⁹ Glorina Stallworth, personal communication, April 1, 2019.

¹¹⁰ Ibid.

Several experts who had applied for RPE funding cited common trends they had evaluated amongst successful RPE applications. These include (1) making the case for how IPV prevention is related to community development, (2) a clear demonstrated understanding of primary prevention, (3) proposals for intensive multi-session work with groups of students (as opposed to one or two sessions in every class in a school district, (4) data citations for the impact of IPV (i.e. rate of sexually transmitted infections and teen pregnancy rates) and (5) connecting the work to educating students on the relationship between IPV and the communities they inhabit. On point (4) on data citations for the impact of IPV, as a strategy for success in a grant application, Baonam Giang of Break the Cycle stated, “I guarantee that the numbers [on cost of prevention programs] are going to be significantly smaller than the criminal justice response.” Other general fundraising ideas proposed included panels where students speak on their own experiences and the importance of prevention, and incentivizing donors by focusing on the demonstrated impact of a donation on an individual school level.

Sources for funding of prevention services at agencies tackling intimate partner violence come from private donors, donations from corporations, fundraising, the U.S. Department of



Justice’s Office of Victims of Crime, the U.S. Department of Health and Human Services, and the Centers for Disease Control and

Figure 5: *Services Provided by North Carolina Domestic Violence Agencies in 2017-18*
 Source: NC Council for Women and Youth Involvement

Prevention (CDC).¹¹¹ The CDC provides two types of prevention grants: the Rape Prevention and Education (RPE) grant that was established in 1994, and DELTA FOCUS (previously the DELTA project that ended in 2013). None of the experts interviewed reported that IPV agencies in either Durham, Wake, or Orange counties receiving DELTA grant funding. The Teens Climb High program out of the Compass Center is funded by the Department of Health and Human Services. The former director of the DCRC stated that “there was a period in which prevention [work] in schools was popular;” however, when this lost popularity amongst funders, without funding for prevention work, agencies were forced to cut down prevention efforts.¹¹²

Deena Fulton, a director at the North Carolina Coalition Against Domestic Violence, specifically spoke to the distribution of prevention funding in North Carolina. In 1994, the U.S.

Congress passed the Violence Against Women Act to establish the Rape Prevention and Education program at the CDC. According to the CDC, the program, which takes a public health approach to IPV, “seeks to develop and strengthen sexual violence prevention efforts at the local, state, and national level.”¹¹³ Activities funded through RPE include “delivering school-based primary prevention programs that educate youth on healthy relationships” and “training students from middle school to

Focal Point: Crisis Center, Mutual Harm?

“It's not sexy, but I just wish that our partnerships were more authentic. You know, it's not my advice for grant writing because then you don't get the grant because you've been too honest about what's possible and what's not possible, but that, that's where our funding needs to go. Gosh, I just see ridiculous things proposed for grants, not even here. I mean here sometimes I'm sure, but I've seen ridiculous grant proposals at other places, and if you do that to yourself, maybe you'll get the money, but then down the line you're going to have to make sacrifices to try to figure out how to make the things you promised to come true... and sometimes it's not worth it.”

Brianna Clarke, interview by author, February 6, 2019.

¹¹¹ Deena Fulton, interview by author, March 28, 2019.

¹¹² Ada Gregory, interview by author, February 14, 2019.

¹¹³ “Violence Prevention: Rape Prevention and Education (RPE).” Centers for Disease Control and Prevention. March 2019. Retrieved from <https://www.cdc.gov/violenceprevention/sexualviolence/rpe/index.html>

college to intervene when they see someone engaging in unhealthy behaviors.”¹¹⁴ RPE provides funding to all 50 U.S. states and state health departments are responsible for overseeing the distribution of funding to RPE recipient agencies and/or community groups. The RPE grant is offered on a three-year cycle. Glorina Stallworth is the RPE Program Manager in the North Carolina Division of Public Health Injury and Violence Prevention Branch.¹¹⁵ In Orange, Wake, and Durham counties, for the 2018-21 cycle of RPE funding, the only service providers to receive RPE funding were the Durham Crisis Response Center (DCRC) and the Orange County Rape Crisis Center (OCRCC); both received \$65,000 for 3 years of sexual violence prevention work.¹¹⁶ InterAct and Compass Centers, in Wake and Orange counties respectively, were not RPE for the 2018-21 grantees. Staff of the OCRCC reported that RPE funding is the only source of prevention funding for the DCRC.¹¹⁷ In North Carolina, Stallworth reports a 33% acceptance rate for RPE grant applications – “there are on average, about 30 applicants and 10 are funded each 3-year cycle.”¹¹⁸ Previously, DCRC received funding for the 2009-2011 cycle of RPE funding; between 2011 and 2018, however, DCRC did not receive the necessary scoring to receive the funds in the competitive process.

¹¹⁴ “Violence Prevention: Rape Prevention and Education (RPE).” Centers for Disease Control and Prevention. March 2019. Retrieved from <https://www.cdc.gov/violenceprevention/sexualviolence/rpe/index.html>

¹¹⁵ “Violence Prevention: Grantee Profiles.” Centers for Disease Control and Prevention. 26 March 2018. Retrieved from https://www.cdc.gov/violenceprevention/sexualviolence/rpe/states.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Frpe%2Fstates.html

¹¹⁶ Glorina Stallworth, personal communication, April 1, 2019.

¹¹⁷ Shereka Dunston, interview by author, January 18, 2019.

¹¹⁸ Glorina Stallworth, personal communication, April 1, 2019.

Focal Point: On the Significance of Embedded Community Partners

“But, [for example,] we got a request from the faculty at the School of Medicine to do something about sexual harassment in the academics, and we were like, okay, we have some, we have some expertise around the dynamics of sexual harassment and the dynamics of how we work to prevent it. But we know nothing about the academy. When we have situations like that, we have to find a partner, find a partner who is embedded in that community and gets what we do so that we can collaborate to create something.

Rachel Valentine, interview by author, January 30, 2019.

The Domestic Violence Prevention

Enhancements and Leadership Through

Alliances (DELTA) Impact program funds state coalitions “to implement strategies and

approaches designed to prevent intimate partner

violence while also funding local communities to

do the same,” according to the CDC.¹¹⁹ The

North Carolina Coalition Against Domestic

Violence (NCCADV) receives the DELTA

Impact funding for North Carolina. DELTA

Impact is the only source of primary prevention

funding for the NCCADV.¹²⁰ The DELTA program seeks to increase protective factors and decrease IPV risk factors through a community-centered approach. According to Fulton, “the way the [DELTA] grant is structured, some of the money goes to [NCCADV], and some money goes to either one or two local domestic violence service providers”; the one local service provider receiving DELTA prevention funding in North Carolina is in Wilmington, NC—over one hundred miles from Durham, Wake, and Orange counties.¹²¹

¹¹⁹ “Violence Prevention: DELTA Impact.” Centers for Disease Control and Prevention. 27 March 2018. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/delta/impact/index.html>

¹²⁰ “Prevention.” North Carolina Coalition Against Domestic Violence. 2019. Retrieved from <https://nccadv.org/our-services/prevention>

¹²¹ Fulton, Deena. March 2019. Interview with author.

Element 2: Outcomes Measurement: Current Status, Challenges, and Opportunities

For the most part, the participant population was on consensus on the challenges surrounding measuring the impact of school-based IPV programs in Durham, Wake, and Orange county schools. In Durham County schools where IPV prevention programs are implemented by the DCRC, the facilitator described a general trend that male-identified (as opposed to female-identified) students show greater growth in knowledge measured directly before and after the curricula in the form of surveys. “There is always growth,” expressed Shereka Dunston of DCRC.¹²² Dunston defined the objectives of her IPV prevention intervention through Shifting Boundaries and Safe Dates as, for students to be aware of sexual health, recognize others’ boundaries and how to respect those boundaries, learn the distinction between health and abusive relationships, and appropriately intervene in circumstances of abusive relationships involving their friends. In Orange County, the OCRCC facilitator of StartStrong and SafeTouch described the goals of equipping students with concrete skills in bystander intervention, and robust understandings of the interplay between gender, gender roles, sexual violence, and power.

The sentiment of, “it’s hard to measure when it comes to prevention because how do you know if something is not happening” was raised in several interviews.¹²³ The executive director of OCRCC described the organization as “not an evaluation-focused organization” and noted that “we are kind of missing an evaluation opportunity because we’ve made the choice to focus on saturation rather than evaluation.”¹²⁴ Currently, OCRCC “[does] a sort of pretty basic analysis” on its programs after-the-fact, and relies on the North Carolina Coalition Against Sexual Assault

¹²² Shereka Dunston, interview by author, January 18, 2019.

¹²³ Hailey Levia, interview by author, January 30, 2019.

¹²⁴ Rachel Valentine, interview by author, January 30, 2019.

(NC CASA) organization, which is the RPE grant technical assistance provider, for the analysis that is sent to HHS. As technical assistance provider, NC CASA aggregates data to make the case on the impact of RPE prevention funding in North Carolina. At InterAct in Wake County, the Director of Training, Engagement and Prevention, claimed that prior to September 2018, the system in place for outcome measurement did not measure outcome: “it was measuring knowledge, but in a quiz format, “dud you learn this information,” not “did it shift your values or core knowledge.”¹²⁵

The national non-profit Break the Cycle takes a different approach to outcome measurement than any other IPV prevention agency in Durham, Wake, or Orange county. Break the Cycle seeks to measure an increase in access to services, which they believe should correspond to more students seeking their services and user engagement... “because what we want is for them to actually be empowered and knowledgeable before they ever become a victim or survivor.”¹²⁶

Shifting Boundaries curriculum author Nan Stein noted challenges to outcomes measurement in both Shifting Boundaries and Safe Dates—the two curricula implemented in Durham County Public Schools by DCRC and the two curricula highlighted in the 2014 White House Report as the only two programs at the time to show “rigorous evidence of effectiveness for preventing sexual violence.”¹²⁷ Stein noted that initially, the Safe Dates post-curriculum surveys did not make a distinction in asking students the gender of the perpetrator, nor did the survey instrument ask students to specify a number of incidents. The Shifting Boundaries team published the evidence for the curriculum in 2005; Stein claimed that the team improved the Safe

¹²⁵ Brianna Clarke, interview by author, February 6, 2019.

¹²⁶ Baonam Giang, interview by author, January 24, 2019.

¹²⁷ Centers for Disease Control and Prevention (2014). Preventing sexual violence on college campuses: Lessons from research and practice. Retrieved from <https://www.notalone.gov/schools/>

Dates survey instrument “quite a bit.”¹²⁸ Stein also highlighted that efficacy of school programs through research can only address the specific school district in which the research was conducted.

Members of the participant population also articulated a few testaments to the success of their outcome’s measurement for school-based IPV curricula. For example, agencies can focus on student access to services after the curricula as a measure. Larger programs with separate schools, such as SAFE Austin which director Barbara Ball reported as working in as many as 40 schools at the same time, are able to measure large participant group samples: “because our program is so large for all these years, we are able to conduct this evaluation on the necessary scale.”¹²⁹ Of the agencies involved in the participant population, SAFE Austin was the only service provider to internally work with other coalitions to compile data on access and utilization.

The cyclical patterns of funding for prevention work can also negatively impact the capacity for outcomes measurement. Notably in Durham, after the RPE grant to DCRC expired in 2011, and before the Durham ABC Board contributed funds to DCRC in 2014, for several years the only IPV agency in Durham County did not receive prevention funding. With every grant can come modifications to requirements and the strategies that providers and the NCCADV can focus on. With the five-year CDC DELTA Impact grant that does not fund any prevention work in Durham, Wake, and Orange counties, NCCADV director expressed that “[NCCADV is] accountable to the goals of the outcomes [they] set for each five-year period, rather than over time. This trend of cyclical grants with variances in requirements is applicable to all prevention grants.

¹²⁸ Nan Stein, interview by author, January 22, 2019.

¹²⁹ Barbara Ball, interview by author, February 1, 2019.

An example of the difficulties with outcome measurement due to staff turnover and changes in prioritization between grants can be understood by the example provided by Fulton. In 2009, Leah Perkinson, then Prevention Coordinator at the NCCADV published a “Catalog of Evidence-Based and Promising Practices” to address intimate partner violence primary prevention work in North Carolina. The report was funded in part through the DELTA

Focal Point: Parents as a Vehicle for Promotion

“There’s a lot of word of mouth involved. It’s a lot of, “I’ve heard this is what’s happening here,” or parents heard about their friend’s kid who got it and their kids didn’t do, [and now] they want us to come to their kid’s school. Just generally, it’s, it’s a lot of unexpected sort of entryways I would say, but when we get those, we really, really leverage them, and try to make the most of building those connections and those relationships with an individual who becomes a champion for us in the school.”

Rachel Valentine, interview by author, January 30, 2019.

program and outlines prioritized goals and outcomes across various strategic directions of NCCADV. The two education outcomes were outlined as, “by 20XX¹³⁰, increase by the number of schools in NC which utilize the intimate partner violence prevention curriculum endorsed by NC DELTA State Steering Committee by XX% as compared to the number of endorsed programs reported in the 2006 HB 1354 study conducted by the NC Department of Social Services and Duke University” and “by 20XX, the number of protocols that increase IPV prevention and healthy relationship building content in secondary educational institutions (including college and universities, community colleges and technical schools) will increase by XX% over baseline.”¹³¹ According to the report, “committee members [NCCADV, NC DELTA State Steering Committee, and the University of North Carolina School of Public Health] used this catalog when developing North Carolina’s 10-Year Plan to Prevent Intimate Partner

¹³⁰ The year “20XX” is redacted or unspecified in the publically available report.

¹³¹ Perkinson, Leah. “Catalog of Evidence-Based and Promising Practices.” North Carolina Coalition Against Domestic Violence.

Violence to inform their recommendation of dating violence prevention and healthy relationship promotion programming for use in community, faith and school-based settings.”¹³² Due to the fact that several individuals had served in Perkinson’s role before her, Fulton was unable to specify the redacted percentages and years from the public report and reported never having worked on the plan set forth by Leah since working at NCCADV.¹³³ (See Appendix H for an example of NCCADV’s state-level outcome measurements).

Element 3: Regional Specificities: Current Status, Challenges, and Opportunities

Several of the experts interviewed commented on specific challenges that distinguish Durham, Wake, and Orange county prevention efforts. Figure 6 reveals the percentage of public middle school students reached by agency multi-session IPV prevention curricula. Notably, DCRC reaches the smallest percentage of middle school students attending public schools in the county.

Durham County: Current Status and Challenges

In Durham, limitations of the organizations dedicated to preventing and supporting victims of IPV create specific challenges for the school-based interventions. Shereka Dunston, the only facilitator of school-based curricula through DCRC in Durham County, chooses which grades to offer schools curricula. Although curricula for sixth grade students does exist, Dunston made the decision to not offer prevention programs for sixth grade students in the schools she works with. Another expert interview added that the fact that Durham County does not have

¹³² Perkinson, Leah. “Catalog of Evidence-Based and Promising Practices.” North Carolina Coalition Against Domestic Violence.

¹³³ Deena Fulton, interview by author, March 28, 2019.

comprehensive sex-education is also undermining prevention efforts and the efficacy of school-based curricula.¹³⁴

Figure 6: Table showing the proportion of public-school students reached by school-based IPV curricula in Durham Wake, and Orange counties

Host	County	Public School Population (2017)	County Population (2017) ¹³⁵	# of Middle School Students in Multi-Session IPV Prevention Program (2018)	# of Middle School Students Reached/County Public School Population
Durham Crisis Response Center	Durham	33,072 ¹³⁶	307,007	300 ¹³⁷	0.0997%
Compass Center	Orange	7,557 ¹³⁸	142,830	1,250 ¹³⁹	16.54%
Orange County Rape Crisis Center	Orange	7,557 ¹⁴⁰	142,830	1,500 ¹⁴¹	19.85%
InterAct	Wake	160,429 ¹⁴²	1,052,120	10,000 ¹⁴³	0.95%

The same expert, former Durham non-profit director and member of the Durham Police Department added that, "When kids don't have lunch and you know, are homeless and all kinds of issue that are highly concentrated in the Durham public schools, this seems less of a priority."

¹⁴⁴ Another challenge in Durham concerns the population. One Durham non-profit director commented that the people her organization serve are poorer than Durham County and

¹³⁴ Ada Gregory, interview by author, February 14, 2019.

¹³⁵ "Annual County Population Totals, 2010-2019." North Carolina OSBM, Standard Population Estimates, Vintage 2017 and Population Projections. Retrieved from https://files.nc.gov/ncosbm/demog/countytotals_2010_2019.html

¹³⁶ Source: "Membership by Grade: 2017-2018 Month One." Durham Public Schools. 2019.

¹³⁷ Shereka Dunston, interview by author, January 18, 2019.

¹³⁸ "Search for Public Schools Districts: Orange County Schools." National Center for Education Statistics. U.S. Department of Education.

¹³⁹ Valerie Sauer, interview by author, February 12, 2019.

¹⁴⁰ Ibid.

¹⁴¹ Rachel Valentine, interview by author, January 30, 2019.

¹⁴² Hui, T. Keung. "Wake County usually grows by thousands of students annually. This year it grew by 42." The News and Observer. 26 December 2018.

¹⁴³ Brianna Clarke, interview by author, February 6, 2019.

¹⁴⁴ Ada Gregory, interview by author, February 14, 2019.

Caucasians are underrepresented in who the organization serves. She also noted that she does not believe that the Durham Public school population is reflective of Durham overall.

The dynamics of other non-profit and research entities within Durham also reflect a uniquely Durham reality to prevention work. One such insight came from Rachel Galanter, the Executive Director of the Exchange Family Center, the over twenty-five-year-old non-profit dedicated to supporting child and families and preventing child abuse and neglect. Galanter claimed that she has never seen a person from the DCRC at community efforts that are aligned with IPV prevention, including economic justice initiatives and coalitions promoting healthy family dynamics. According to Galanter, “I see people there from the Center for Child and Family Health and from medical providers and from the East Durham’s Children’s Initiative and from Together for [Resilient] Youth. It would be good to have more balance within DCRC but also to join in with other community efforts that are really aligned.”¹⁴⁵ Galanter noted that she feels as though, “one of the hard things is that sometimes domestic violence agencies don’t have the same

Focal Point: Duke: A mini-city

As an institution, Duke University is very similar to cities, with various public services provided by the entity and attempts at prevention. When evaluated a mini-city, Duke University’s IPV prevention work mirrors the challenges of counties with regards to integration difficulties and resource allocation stressors.

“I think that Duke has a very insulated response to sexual assault. We have our own police department, we have our own health clinic, we have our own counselors, we have our own judicial process for handling complaints, and so it's difficult. I think one to sort of bring someone who was working in the community into that space because it's an entirely different, it's like working in another city. I don't know if there's a lot that can be done in that way. And as far as, the Women's Center sort of working in the community, I don't think there's enough resources.”

Ada Gregory, interview by author, February 14, 2019.

¹⁴⁵ Rachel Galanter, interview by author, April 5, 2019.

opportunities to participate in some of those more collaborative efforts.”

Additionally, the Durham Integrated Domestic Violence Response System Program is heavily supported by the Center for Child and Family Health—a center dedicated to children health and safety, founded by a collaboration between UNC Chapel Hill, Duke University, and North Carolina Central University (a historically black university in Durham). The Center for Child and Family Health developed the first responder training, provisions the training to first responders, and provides additional clinic-based services to families, as part of the program.

Notably, while the North Carolina Coalition Against Domestic Violence (NCCADV) is housed in Durham, the interviewed representative from NCCADV did not describe any benefits for Durham as a result of the coalition’s location. The representative described:

“We have some connections to work in Durham, but we don’t specifically privilege organizations or work happening in Durham, over anywhere else in the state. It’s about if the work we are doing is in alignment with the allies we have here in Durham. It is about the right partner for the work and that’s where we’ll do that bit of work.”¹⁴⁶

One expert offered praise Durham County’s current approach to violence prevention:

“If you look at what is going on in Durham holistically, with respect to prevention, there is a lot happening in prevention. Durham has an Early Childhood Mental Health Task Force that really focuses on children and their caring adults, and talks about all different kinds of issues related to insuring children’s needs are met, which includes that their adults aren’t in violent relationships, adults aren’t using substances, their adults are in stable housing, [and] that their adults are not in poverty, which creates extra stress for [the adults and children].”¹⁴⁷

¹⁴⁶ Deena Fulton, interview by author, March 28, 2019.

¹⁴⁷ Rachel Galanter, interview by author, April 1, 2019.

Wake County: Current Status and Challenges

In Wake County, InterAct is the only IPV service provider. The organization faces a gap between the quantity and quality of services delivered in rural, as opposed to urban areas of the County. The organization was founded when North Carolina had a significantly different population than it does presently, according to Brianna Clarke, a director at InterAct. Clarke noted that the organization is one of the largest service providers in North Carolina, in terms of staff size, client number, and extensiveness of education services. Due to the strong rural-urban divide, schools in Wake County are congested in Raleigh and Cary, then dispersed in more rural areas. Clarke noted that because of the central location of InterAct in downtown Raleigh, InterAct is an iconic organization in the County.

Orange County: Current Status and Challenges

Of the three counties studied for this research, Orange County is the only to have more than one IPV service providers: OCRCC and the Compass Center. Together, the

Focal Point: Catering to Spanish-Speaking Populations

“[InterAct in Wake County tends] to have a much higher level of participation from Spanish speaking parents because we offer all, we offer our programs, bilingually and we offer our parent open houses bilingual as well. I suspect that because there are not a lot of, family focused opportunities that are offered in Spanish that when they get the invitation, it's, you know, it seems like a worthwhile thing to participate in. Whereas English speaking families who are saturated with all kinds of opportunities see it and they're like, that's just another thing. I don't know if I need to go to that.”

Valentine, Rachel. January 2019. Interview with author.

organizations serve three schools in Durham County and additionally serve private and independent schools in Orange, Durham, and Chatham counties.¹⁴⁸

¹⁴⁸ Rachel Valentine, interview by author, January 30, 2019.

Focal Point: “It’s a Chapel Hill Thing”

“We presented [...] at a conference once and we were like, “the hardest part is getting to the adults “and we had people in the room that said, “that has not been our experience.” “We are in school districts where the teachers are hungry for professional development and they want it,” and we are having a hard time letting [adults] let us talk to the kids.

I think it's a Chapel Hill thing. It's like an Orange County, Chapel Hill thing. We take very seriously the education of our children, but I think we have a little bit of a chip on our shoulders about the quality of professionals that we hire. They don't need any more training. They're perfect. They're wonderful. Well we don't need to worry. We don't need to look over here. We don't need to worry about them.”

Rachel Valentine, interview by author, January 30, 2019.

In Orange County, the challenge frequently raised by the experts interviewed concerned the rural-urban divide, as well as the highly educated and relatively wealthy population of Orange County. Several of the interviews pointed out the differences in service delivery to rural parts of the County, constraints on the curricula can be imposed by parents. At the same time, they pointed to the fact that progressive parents often support IPV prevention work in Orange County. One

school curricula facilitator stated that she receives more feedback from parents in rural areas, because “we’re just starting from a different place from them.”¹⁴⁹ On the contrary, she claimed that the more highly educated population, which often includes children of college professors, can be more supportive and understanding of the school-based IPV interventions. One expert, a non-profit director in Orange County, stated: "Orange County, generally speaking, is actually [in North Carolina] and even across the county, even when we talk about the rural districts, is a generally pretty progressive community."¹⁵⁰

Additionally, one expert added that Myanmar and Curran refugees remain an underserved community within the county. Also, the two IPV service providers have made the strategic

¹⁴⁹ Hailey Levia, interview by author, January 30, 2019.

¹⁵⁰ Rachel Valentine, interview by author, January 30, 2019.

decision to divide teaching of the various IPV-related curricula to students in Orange County schools: Compass Center teaches 6th and 8th on healthy relationships, and OCRC teaches seventh and ninth on healthy flirting and harassment.

Focal Point: Research by Trial-and-Error: Evaluating Eight Grade Students

The Shifting Boundaries curriculum is designed for sixth and seven grade students. During the interview, Dr. Stein shared the unplanned manner through which decisions to determine future courses of study can be made:

“Bruce [Taylor] and I initially started with sixth and seventh graders and they said to us, well, because we had focus groups with kids, the kids said to us, well, you got to do the eighth graders because they rule the building. So Aha! So, the next time we submitted a proposal, we included eighth graders. That's an immediate impact. We don't have to wait five years to see how these kids behaved in high school or when they got out of high school. I'm happy enough to have impact the next year. This isn't medical, this isn't like testing at cancer drug. This is a pretty quick impact, you know, immediate impact, not long-term impact.”

Nan Stein, interview by author, January 22, 2019.

Element 4: Current Curricula: Challenges, and Opportunities

Several of the experts interviewed outlined challenges and opportunities with how school curricula are designed and implemented. They expounded upon limitations to current school IPV prevention curricula, advantages to certain types of school IPV prevention curricula, and the complexities of *how* schools integrate the curricula into their schools.

Gaps Within Current Curricula

The experts that were interviewed expressed three general ideas on the current curricula used: the curricula are out of touch from students' lived experiences; the curricula fail to mention same-sex couples even though research has shown that the rate of IPV in same-sex relationships

Focal Point: “We have kids who cry in our classes”

“We have kids who cry in our classes because when we go through the pyramid of the abuse, and we start talking about emotional abuse, verbal abuse...they don't even realize that that is happening to them until someone says it out loud. They don't think that they're in an unhealthy relationship because they have no idea that what's happening to them is controlling, abusive, behavior.”

Brianna Clarke, interview by author, February 6, 2019.

is equal if not higher than IPV in heterosexual relationships; and, the curricula can and should be integrated in non-conventional ways.¹⁵¹This latter point raises numerous questions on the future of school-based IPV prevention.

Due to the young age at which youth develop dating relationships, the media, and other social forces, several young people already understand what behaviors constitute unhealthy relationships.

The challenge lies in presenting paradigms for

healthy relationships. One expert interviewed, lawyer and professor Karla Fischer, stated her preference for curricula: curricula developed for kids. Fischer continued to claim that these curricula could do a better job at showing to students how schools can facilitate dynamics whereby boys pressure girls or girls are unable to stand up for themselves.

Another common criticism raised by IPV curricula facilitators in both Durham and Orange counties was that many curricula do not mention same sex couples. One national non-profit manager stated that ultimately, he has noticed that young people do not conform nor buy into the gender binaries that are enforced by curricula that were designed with strictly heterosexual relationships in mind. The Safe Dates curriculum was developed in Orange County at the UNC Gillings School of Public Health and is not implemented in any Orange County schools according to the county's IPV service providers interviewed for this research. DCRC's Shereka Dunston uses the evidence-based Safe Dates to teach Durham public school students that she is

¹⁵¹ “Domestic Violence and the LGBTQ Community.” NCCADV. 6 June 2018. Retrieved from <https://ncadv.org/blog/posts/domestic-violence-and-the-lgbtq-community>

able to reach with the Safe Dates curriculum, which is used and celebrated nationwide. However, According to Dunston, “there is no same-sex couple or transgender-identified individuals in the Safe Dates program,” which is non-inclusive and potentially alienating to LGBT students.¹⁵² Additionally, Dunston, the only facilitator of Safe Dates interviewed, claimed that the curriculum “should be more interactive.”¹⁵³ Nan Stein, author of the other widely used and critically acclaimed Shifting Boundaries curriculum, stated other reservations on the content of the Safe Dates program: “it’s been reported to me by rape crisis center staff that a lot of people among rape crisis center staff feel that Safe Dates puts the onus on girls to stop the potential sexual

Focal Point: Curriculum Author on Fundamental Difference Between Safe Dates and Shifting Boundaries

“We use the notion of boundaries as kind of a stand in to talk about law, because laws are a notion of boundaries, right? Think about a stop sign or saying “get out of my room,” you know, to your sibling or get, you know, “take your hands off me.” We use the notion of law as it’s embedded in boundaries came the concept of boundaries. We want to instill in kids that: you embody law and you embody rights and you are entitled to assert your rights. We do not take a public health perspective which Safe Dates does. So there is your fundamental difference.”

Nan Stein, interview by author, January 22, 2019.

abuse.”¹⁵⁴

Advantages of Adapting Curricula to Community Needs

In Wake and Orange counties, IPV prevention agencies use internally developed curricula to teach young people the skills of healthy relationships and other information related to preventing IPV from both the standpoints of potential perpetrators and potential victims. In Wake County, InterAct uses the Youth Education Services (YES) program to reach elementary, middle, and high

¹⁵² Shereka Dunston, interview by author, January 18, 2019.

¹⁵³ Ibid.

¹⁵⁴ Nan Stein, interview by author, January 22, 2019.

school students with trainings on an array of topics.¹⁵⁵ In Orange County, the Compass Center uses the Teen Climbs High and Start Strong curricula, while OCRCC uses the same Start Strong and Safe Touch. Rachel Valentine, who was interviewed, wrote most of the Start Strong curriculum.¹⁵⁶ Valentine explained that in the middle school level, the curriculum is embedded with anti-oppression language that connects gender stereotypes and gender oppression, and connects to homophobic oppression as well. This has been instilled in OCRCC in part because NC CASA, the technical assistance provider for the Rape Prevention and Education grant, “is really interested in seeing that [grant applications] have a social justice framework,” according to Valentine.¹⁵⁷

One of the experts interviewed that an advantage of homegrown curricula is that they can be adaptable to community needs and preferences. A facilitator of school-based curricula in Orange County described that this is done because the crisis center straddles Chapel Hill and rural Orange County:

“We want to be able to adapt to different communities. And if a video we’re playing doesn’t land with more rural communities, we can switch that out or be adaptive in that way. [...] We don’t have to answer to anyone as far as fidelity to the model or things like that cause it’s ours. But we still have the advantage of like it being really similar to those programs. Its still evidence informed. We’re hitting a lot of the same stuff. Rachel [Valentine] always says those programs are just boring too. We try to keep it fun.”¹⁵⁸

¹⁵⁵ “Youth Education Services.” 2019. InterAct. Retrieved from <https://interactofwake.org/whatwedo/youth-education-services/>

¹⁵⁶ Ibid.

¹⁵⁷ Ibid.

¹⁵⁸ Ibid.

Another example of a homegrown curricula on IPV prevention that is successful in being both palatable to the audience and effective in message delivery, is the Our Whole Lives curriculum, which Valentine described as a comprehensive sexuality education program that came out of the Unitarian Universalist Church.”¹⁵⁹ Additionally, these homegrown programs that are able to adapt to community needs, are able to adapt in a way that builds on student knowledge. The goal described by one non-profit executive director is for young people to integrate the curriculum’s vocabular and lessons into their everyday lives.

School Integration

Nan Stein of the Wellesley Center for Women has extensively studied school-based IPV interventions and found that school-wide interventions are more effective than classroom interventions. The research also indicated that when both entire-school and classroom-specific interventions are ran concurrently, both types of interventions are most effective.¹⁶⁰

Focal Point: SAFE Austin’s Support Group-Modeled Curriculum

Barbara Ball, director at SAFE Austin, called the curriculum at the non-profit “more creative,” “flexible,” “creative, and flexible.” “We want to get youth’s voices to the forefront,” Ball described.

“We’re informed in research and strategies, particularly in terms of trauma informed care, to emphasize certain aspects, but it’s also very much a practice-based curriculum. [...] We try to create a space of calm and reflection so that participants can sort of process things that are going on currently on in the past.”

Ball added that she has found it particularly important that we provide space to the violence that is occurring, in a group setting.

Barbara Ball, interview by author, February 1, 2019.

Prevention curricula facilitator Shereka Dunston echoed this statement, noting that Shifting Boundaries has a unique component that asks students to identify “hot spots” where sexual assault is most likely to happen, on maps of the student’s school.

¹⁵⁹ Ibid.

¹⁶⁰ Nan Stein, interview by author, January 22, 2019.

When it comes to repurposing school-based intervention, one expert interviewed conceded that despite limitations to this curriculum, with limited resources, agencies can swiftly implement a set curriculum in a school. “You don’t have to make adaptations, you can really just go by the script,” explained Fulton.¹⁶¹

National IPV prevention non-profit Break the Cycle uses its own homegrown online curriculum called Start Talking to teach students about skills, knowledge, and resources related to IPV prevention. (See Appendix E). Unlike all other curricula raised in the interviews, Start Talking is online and comes with a lesson plan for ease of repeatability.

Element 5: Defined Roles of Schools in Primary Prevention

Five key trends emerged with respect to how schools—including the teachers, counselors, administrators, and even students that define them—integrate curriculum programs into existent programming. First, in several cases raised throughout the interviews, schools demonstrate a hunger for prevention curricula. Second, how the relationship between the school and prevention agency is formed and maintained is a particularly consequential attribute. Third, in several circumstances, schools have taken discrete measures to thwart the efforts of prevention agencies. Fourth, teachers, counselors, and parents can serve as especially important allies for justifying an IPV services provider for being present in schools. Lastly, relationships between providers and schools take years to cultivate as schools have less turnover than prevention agencies

School ‘Hunger’ for Primary Prevention

¹⁶¹ Deena Fulton, interview by author, March 28, 2019.

In Durham, DCRC facilitator Shereka Dunston described that “middle schools are happy to have anyone” offer the school-based intimate partner violence prevention programs. With Break the Cycle, a non-profit that offers online modules as well as in-person community engagement presentations, schools reach out only to purchase the curriculum. In those cases, the schools take on the role of buyers or otherwise private consumers. In Austin, Texas, one non-profit claimed that it was not till 1980 when teen dating violence curricula became part of school programs. Back then “teen dating violence prevention didn’t yet exist per say,” according to Barbara Ball.

The Many Forms of Outreach

The nature and confines of relationships between prevention agencies and teachers is very complicated. Healthy positive relationships between the prevention agents and the school leadership teams both lead to productive engagements and implementation of school-based curricula. Memorandums of Agreement between schools and prevention agencies offer an “open door” for the prevention staff to reach out to schools.” They added, “if we didn't have that, it might be a little trickier to work with certain schools .”¹⁶² Generally, facilitators will open the school years and/or semesters by emailing as many teachers as possible to let them know about the curricula available. Prevention agency staff will also work with professional learning teams, which may include gym teacher and other non-admin staff.

In other occasions, schools reach out to prevention agencies. One expert shared that a feminist club at East Chapel Hill High School called Youth Against Rape Culture corresponds with her as the facilitator to advise the group of students. According to OCRCC director, usually

¹⁶² Brianna Clarke, interview by author, February 6, 2019.

requests from schools are because an individual, likely a teacher or counselor, is familiar with the IPV agency and advertises the curriculum to other school by word-of-mouth.¹⁶³

School “Brick walling”

Despite a general desire for outside support from prevention agencies, several of the interviewees shared a common thread of examples of circumstances where schools have constrained the opportunity and capacity for IPV agencies to enter their schools to facilitate the curricula. The first reason why a prevention agency may be “brick walled” by a school is because schools do not have enough time to invite in an outside speaker. Due to constraints that teachers face with their existing programming, it can be difficult to find space to add the multi-session programs into their schools. Fortunately, the wholly ten-session Sade Dates comes with a six-week shortened version that Dunston uses to serve schools in Durham Public Schools. A second reason for getting “brick walled” is because of the difficulties in maintaining relationships with schools because of the high staff turnover. The executive director of the OCRCC claimed:

"But whenever we raise the issue of providing more training or support or technical assistance to the adults in the school and to the system for creating policies and procedures, we get totally brick walled [by schools]."

"We need to be doing things a lot differently in terms of the quality of relationships among adults in the school and modeling and hiring, [but the schools are] not interested in that conversation at all."¹⁶⁴

¹⁶³ Rachel Valentine, interview by author, January 30, 2019.

¹⁶⁴ Rachel Valentine, interview by author, January 30, 2019.

According to Nan Stein, in fact, the author of Safe Dates “kind of abandoned working in schools” when the Safe Dates author chose to work with court IPV prevention efforts, instead of school-based interventions.

Stein has written multiple papers on schools as avenues for delivering retrenched ideas of entitled masculinity to students, stated Stein, who added, “I’ve always thought that schools were the training ground for domestic violence.”¹⁶⁵ Exchange Family Center executive director Rachel Galanter proposed a partnership approach where adults in every building are trained on IPV.

Alliances with teachers, counselors, and parents

The facilitators for the school-based curricula described an ad hoc process for engaging schools in partnerships. Emails from a list of teachers is gathered and contacted each year/semester. Teachers vary on their responsiveness with respect to setting a time and date for the agency representative to come into their classrooms to facilitate. Counselors are key allies who can support efforts greatly when savvy the counselors are savvy and able to raise those concerns with school administrators. According to one interview:

“Social workers and counselors end up being our best allies at every level. Every time we have a problem in a school, every time there's a school that wants the [curriculum], a new school that wants programming, it's the social workers and counselors who are the ones leading the charge for the most part. There are our main contacts in the schools

Hailey Levia, a facilitator in Orange County added that when teachers and other adults show engagement in IPV work, this can have a positive impact on kids who are more likely to buy in as well. OCRCC hosts parent open houses for schools to have a preview of the material to

¹⁶⁵ Nan Stein, interview by author, January 22, 2019.

come in the curricula their students will be receiving. While attendance is low for such open houses, the open houses offer an opportunity for parents to ask questions and learn more. It was confirmed in the interviews that in Orange County, Compass Center's Teens Climb High program meets the North Carolina Central Teaching Standards.

Prolonged Relationship Building with Schools

Most of the interviewees made comments along the general lines of explaining the significance of maintained relationships between IPV agencies and schools over time for continued prevention work. A few of the collaborations mentioned in this project include those that are longest in duration. The executive director of an Orange County IPV center claimed that the organization "got in on the ground floor" over forty years prior when OCRCC had no mandate for this kind of education. At the time of the interview, one expert from InterAct in Wake County added that the agency is beginning to explore how deep relationships with schools might potentially lead to programmatic quality differences.

A radical idea was raised in the interview with Ada Gregory, Duke Women's Center director. In using the example of IPV prevention efforts internally within Duke University, Gregory claimed:

"My ideas [...] is much more tying the future of Duke and its students to the community and extending the university's membership into, into the schools, into our communities that are surround us, and coming up with much more collaborative solutions to how we fix these really intractable problems. But that's hard work. And I think that most academicians are not particularly trained in how to do that work in that way."¹⁶⁶

¹⁶⁶ Ada Gregory, interview by author, February 2019.

Gregory went on to add:

“As long as it's a curriculum that someone else's bringing in, I actually think that's not going to work. It needs to be where the schools feel like it's their responsibility.”¹⁶⁷

Element 6: Role of Prevention Staff: Current Status, Challenges, and Opportunities

The participant population provided three core takeaways on the reality of their work in the specific context of serving as prevention agents in their respective community. First, the experts generally agreed that prevention staff generally take on the responsibility of reaching out into the community. Second, prevention staff generally take a pivotal role in educating and mobilizing the public. Lastly, prevention agencies end up spending time making the case for how prevention is a superior strategy to risk reduction strategies, as opposed to executing the primary prevention programs.

Pros and Cons of Connectivity

As mentioned earlier, prevention staff largely take responsibility for cultivating their relationships with schools, which make the implementation of the school-based curricula possible. Under-resourced non-profits with over-worked staff leads to a multitude of issues and constraints on capacity. Unfortunately, the logistics of the power dynamic that exists between schools and prevention agencies reveals harsh realities on the nature of non-profit work. With the hyper-connectivity that non-profits must maintain in order to deliver services and meet set grant outcomes, organizations risk prioritizing the professionalization of their work treating symptoms over treating the root causes, according to one former IPV non-profit director.¹⁶⁸ This is

¹⁶⁷ Ibid.

¹⁶⁸ Ada Gregory, interview by author, February 14, 2019.

otherwise known as the non-profit industrial complex, whereby non-profits became part of the system to justify their own existence and maintain their jobs, rarely intentionally.

However, the burden of maintaining entrenched community partnerships can also pay off for the few agencies able to do so. In North Carolina, only one local IPV agency receives federal funding from the DELTA Impact grant on IPV prevention, which works through national coalitions. Deena Fulton of the North Carolina Coalition Against Domestic Violence added that the one agency selected to receive this funding year after year has been able to do so because it had a head start, has better laid the infrastructure for executing the program goals, and maintains the necessary relationships with schools year after year. One may easily argue that the community partnerships that the one NC DELTA Impact recipient local provider has fostered could exist anywhere in the state if the funding was offered consistently enough over a long period of time.

Educating and Mobilizing the Public

One of the protective factors for preventing IPV according to the CDC is having a “coordination of resources and services among community agencies.”¹⁶⁹ Along these lines, all of the facilitators from IPV agencies in Durham, Wake, and Orange counties explained various community engagement efforts. These engagements include general presentations about the agencies’ services, and professional training. Several of the interviewees raised the comparison of IPV prevention work to transformative population-level change. Baonam Giang called it “a systematic change [...] if you have an extension of the curriculum implemented in a school, it’s causing systemic in a school or in the side, in a single school or in a single classroom versus an

¹⁶⁹ “Risk and Protective Factors.” 2019. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

individual.¹⁷⁰ The experts also commented on the criticality of building out networks of communities that support one another in the violence prevention and housing inequality spaces, as well as intentionally learning and growing from one another. Barbara Ball from SAFE Austin related housing to job development to counseling to shelter to parenting skills and legal supports. Several experts also raised the idea of mobilizing parents as important allies of this work.

Re-shaping Perspectives

Generally, the interviews provided evidence for the claim that IPV-related non-profits face the additional burden of convincing the public and public officials of the importance of prevention work. The OCRCC receives many requests from a risk reduction perspective that the agency tries to reframe towards a prevention approach, according to its executive director.¹⁷¹ Simultaneously, all the subjects for the interviews were open to criticism of school-based IPV interventions. The general shared sentiment to emerge is best summarized by Brianna Clarke of Wake County's InterAct: "I do sort of resent people who say, "Well, this isn't going to work." Well, this [school-based intervention] is a piece of a very big puzzle."¹⁷²

¹⁷⁰ Baonam Giang, interview by author, January 24, 2019.

¹⁷¹ Rachel Valentine, interview by author, January 30, 2019.

¹⁷² Brianna Clarke, interview by author, February 6, 2019.

Two of the individuals interviewed offered contrarian perspectives. Karla Fischer believed that the first priority of IPV prevention should be supporting victims, because “battered women’s organizations are really for the survivors... they’re not for anybody else.”¹⁷³ Former co-executive director of the DCRC Ada Gregory claimed, “I don’t think the problem is that people don’t think it’s a problem. I think it’s not a priority. I don’t think saying numbers makes people think it’s a priority.”¹⁷⁴

Focal Point: Prevention Work Can Be Inspired by Tragedy

Barbara Ball has worked at SAFE Austin for over fifty years. In the interview, Ball shared that at times, tragedy is the motivator for action regarding IPV prevention. According to Ball, the first school-based curriculum on IPV prevention in Austin, which became the model for the state of Texas, was written in response to a series of tragic incidents.

“We go to schools and we ask, “how can we help you?” It’s sad but there’s also response to tragedy. There was one young woman who was murdered with an ex-boyfriend or a boyfriend she was trying to break up with at school. Then another young woman only a year later was also murdered by an ex-boyfriend, that was just outside of school, but she was a high school student. People realized that they were not prepared, there were many signs that things were dangerous for these young women, nobody intervened for the young women, and no one was able to intervene or put the dots together.”

Barbara Ball, interview by author, February 1, 2019.

Element 7: General Societal Obligations

Additionally, several interviewees made note to the current status of society’s understanding of IPV and expectations for prevention work. These comments related to four general categories: the current status of youth relationships; situating school-best interventions in

¹⁷³ Karla Fischer, interview by author, March 28, 2019.

¹⁷⁴ Ada Gregory, interview by author, February 14, 2019.

context of broader social forces; the need for networked, community-led change; and, comments on the leaders of IPV prevention.

The experts interviewed offered insight into the younger and younger ages at which youth begin to enter dating relationships. The accessibility and pervasiveness of social media has allowed young people to learn about celebrities in abusive relationships, with the example of singer-song writer Chris Brown's assault of singer-actress Rhianna noted. Additionally, Giang noted that, "a lot of memes this day [are] about jealousy, being "side pieces" or "mains," a lot of things are being normalized on social media. Those are mixed messages that are normalizing those behaviors for young people. A lot of boys I've worked with say, "Oh, I've heard that if a girl says no, you can just keep going until she says yes." So those are mixed messages that are being communicated to young boys and girls."¹⁷⁵

Several of the interviewed experts referenced the overwhelming social forces that can undermine efforts to teach young people about healthy relationships and IPV. One expert noted, "as soon as you leave the building, everything else is coming at them."¹⁷⁶

Regarding community led change, several experts noted that integrated social movements are the best instruments for progress with respect to IPV prevention. They highlighted that it is rare if not impossible for any one individual or even institution to lead sweeping social-level change. Two quotes from the interviews demonstrate this point:

"It has to be the people that are involved that care about it and want to make a difference."¹⁷⁷

¹⁷⁵ Baonam Giang, interview by author, January 24, 2019.

¹⁷⁶ Rachel Valentine, interview by author, January 30, 2019.

¹⁷⁷ Ada Gregory, interview by author, February 14, 2019.

"It does require structural change in how people do their work. It's embedding this work in the very practice of how people come to work every day, how they do that work, and seeing it as a responsibility of their job, which I'm not sure that teachers do."¹⁷⁸

Simultaneously, several members of the participant population commented on the power of motivated and committed individuals to galvanize change. Examples from the work of facilitators working in schools across various North Carolina testifies to their extraordinary capacities. Several of the experts interviewed also expressed a need for introspection and self-driven work that is required to carry on progress with IPV-prevention work. Dunston stated, "we need to ask, when did my generation of people learn, because we are parents now and we have children in elementary, middle and high school."¹⁷⁹

Focal Point: IPV Prevention Research Under Trump Administration

According to *Shifting Boundaries* author Nan Stein, research for her longitudinal studies on the efficacy of prevention programs has come from the federal government. Whereas her research has come from the U.S. Justice Department, Vangie Foshee, author of *Safe Dates*, the other curriculum offered in Durham County Public Schools through the Durham Crisis Response Center, was funded through the Department of Health and Human Services.

"All of these long-term studies come from the federal government caring about the wellbeing of its people, which is certainly not anything that we're finding under the Trump administration, so it's not going to happen in the next two years."

Stein, Nan. January 2019. Interview with author.

¹⁷⁸ Ada Gregory, interview by author, February 14, 2019.

¹⁷⁹ Shereka Dunston, interview by author, January 18, 2019.

Chapter 5: Discussion

Conclusions

Several factors contribute to unhealthy behaviors in all relationships. Some have argued that because conflict is a “natural” phenomenon that is ubiquitous throughout cultures and civilizations, the behaviors that escalate conflict are justifiable. The danger with these behaviors, that are informed by thought patterns and deficiencies in specific conflict resolution skills, is that those behaviors frequently lead to silently devastating harm. IPV is a widely prevalent form of violence that affects millions of Americans each day. In the U.S. alone, every minute, twenty-four people are victims of physical violence or stalking by an intimate partner.¹⁸⁰

School-based preventative IPV interventions offer one attempt at teaching young people about IPV and preventing IPV by targeting both potential perpetrators and potential victims. School-aged students are a vulnerable demographic to both the unhealthy and abusive relationships they witness at home, and the social forces that model and validate negative relationship behaviors. School-based interventions are not the “solution” to IPV—the experts interviewed indicated that no such thing may exist. Rather, through collaborative systematic efforts that challenge the status quo, unteach harms, and engrain healthy relationship behaviors, does the incidence of IPV lessen.

In her memoir and workbook for other victims of sexual abuse, Christina Envelodsen wrote that:

¹⁸⁰ “Statistics.” 2019. The National Domestic Violence Hotline. Retrieved from <https://www.thehotline.org/resources/statistics/>

“In an abusive system, vulnerability is dangerous. It is considered a weakness, which acts as an invitation for more mistreatment. Abusive people feel a surge of power when they discover a weakness. They exploit it, using it to gain more power.”¹⁸¹

This is a direct articulation of the widely-accepted power and control theory model of abusive relationships. How do teachers, counselors, parents, peers, friends, non-profits, legislators, and others band together to prevent the inextricable power plays that define IPV? The avenues are innumerable but inevitably return to this critical dynamic of a desire for individuals to gain and maintain power over others (for reference, see Figure 3). School-curricula confront this by teaching youth about respecting boundaries and modeling healthy relationships in a pre-existing learning environment.

The range of experts interviewed for this study, with their winding roles and responsibilities in adjacent organizations, testifies to the power of social mobilization. Unfortunately, as this study reveals, non-profits that deliver curriculum programs in schools face many obstacles. Nationally, staff turnover and variant expectations of schools that host the IPV service providers can lead to issues, amongst other concerns enumerated in the elements section of this study.

A key finding of this study concerns how the cyclical patterns of funding can leave gaps in time frames wherein an IPV agency does not have the resources to offer prevention work. This has been most apparent in Durham County, where only one individual delivers program throughout the County with a public-school population of 33,072 students. The seven elements defined in the data analysis portion of the study are supplemented by the extracted case studies that reflect various anecdotes and takeaways from the expert interviews.

¹⁸¹ Enevoldsen, C. (2014). *The Rescued Soul: The Writing Journey for the Healing of Incest and Family Betrayal*. Scottsdale, AZ: Overcoming Sexual Abuse.

Policy Recommendations

The policy recommendations from this study fall into three related categories: recommendations for all school-based IPV prevention efforts, recommendations for prevention work removed from schools, and recommendations for Durham County in particular. First and foremost, policymakers must consider the unique challenges faced by school-based IPV prevention efforts and take steps to lessen the impact of these challenges that may obfuscate IPV prevention efforts. Funding for several IPV prevention efforts comes from federal teen pregnancy prevention initiatives. In 2017, the Trump administration announced that the five-year pregnancy prevention grants offered to agencies around the country would be reduced to only last three years. Then in April 2018, the Trump administration published an HHS funding announcement that prioritized abstinence programs above all other prevention efforts. The Trump administration is directly undercutting sexual health prevention programs and the future of IPV prevention funding is far from secured. Therefore, it is incumbent upon all stakeholders to resist such efforts should the Trump administration attempt to cut federal funding for non-abstinence-oriented pregnancy prevention programs.

Second, policymakers and civil society alike can consider ways in which to radically transform how individuals and institutions, alike, think about IPV prevention. The ease in repeatability and transferability of set school-based curricula programs provides evidence to support the application of such curricula in non-U.S. contexts. The evidence base on school-based curricula, however, is limited, despite millions that are funded nationally through the Department of Justice and Department of Health and Human Services for prevention efforts. Additionally, the role of private donors and corporate supporters cannot be understated. Meanwhile, it is important that non-profit organizations are examined critically in their outcomes

measurements, grant applications, and potential disposition towards validating their own existence when the ultimate goal should be to not need such IPV agencies. Furthermore, societally, there are several economic implications of IPV. The NCADV estimates that IPV costs the economy between \$5.8 billion and \$12.6 billion annually, and that up to 60% of victims may lose their jobs due to reasons related to the abuse they face.¹⁸² While an “economic justice” approach was raised by IPV service providers in Orange County and at SAFE Austin in Texas, an economic justice approach to IPV prevention was not apparent in the agencies examined for this study.

Lastly, there are a few Durham County-specific concerns worthy of note. Policymakers must first only begin to accept and realize these gaps before they design comprehensive reforms. Durham County falls behind in terms of both reach and capacity of its IPV prevention coordinator, who manages both school and community-wide interventions. Relative to the prevention resources available in Wake and Orange counties, Durham County is severely limited in its capacity to deliver content. Primary prevention in Durham County is not catered to specific community needs, as shown to benefit Orange County. Policymakers must critically assess the status of funding for primary prevention in Durham, which is presently limited to the CDC Rape Prevention and Education grant. Specifically, policymakers nationwide must critically consider the specific challenge of inconsistent prevention funding, which undermines the ability for community partners to develop the relationships necessary for partnering with schools to deliver curriculum programs. As Durham County struggles to match its neighbors in primary prevention—even with geographic and population variances accounted for—policymakers must critically reconsider Durham’s current response-focused approach. In January 2019, Durham

¹⁸² Domestic Violence. (2014). National Coalition Against Domestic Violence. Retrieved from https://www.speakcdn.com/assets/2497/domestic_violence2.pdf

County approved a \$466,041 grant for IPV first responder training.¹⁸³ Meanwhile, \$65,000 has been allocated for Durham IPV prevention work from 2018-2021.¹⁸⁴

According to an investigation from Durham local newspaper INDY Week, yearly case totals from the Durham Police Departments Domestic Violence Unit have shown “a moderate increase trend of domestic violence calls since the unit’s creation in 1997.”¹⁸⁵ With the North Carolina Violent Death Reporting System finding that IPV is the cause of 50% of female homicides, state and local officials must ensure thoughtful and effective preventive and responsive approaches to this endemic violence.

Limitations of the Research

Although I was able to interview a representative from each of the domestic violence agencies in Wake, Orange, and Durham counties, and specifically the staff on prevention, a limitation of this research was the small sample size (n=12) that constrains generalizability of the results. However, as this research presents a qualitative study, I was able to glean insights on Durham, Wake, and Orange counties, and extract insights from representatives of the IPV agencies in the three counties as well as two others located outside of North Carolina.

There are also specific contextual limitations to the field of study. This research strictly considered the professional insights of experts in the IPV field working in North Carolina, a state in the U.S. South. Additionally, in recent years North Carolina has experienced a downward trend in its national rankings on public education. According to the 2018 Quality Counts, North

¹⁸³ “Minutes.” The Board of County Commissioners, Durham, North Carolina. January 7, 2019. Retrieved from <https://www.dconc.gov/home/showdocument?id=27521>

¹⁸⁴ Glorina Stallworth, personal correspondence, April 1, 2019.

¹⁸⁵ Brocklin, E.V. (14 March, 2013). “Domestic violence incidence reports rise as community struggles to meet victims’ needs.” INDY Week. Retrieved from <https://indyweek.com/news/durham/domestic-violence-incidence-reports-rise-community-struggles-meet-victims-needs/>

Carolina's C- grade scoring placed it at 40th out of the fifty U.S. states and District of Columbia. Specifically, according to the assistant director for Education Week Research Center, "school Finance is really where North Carolina struggles [...] it's 45th in the nation for its school finance grade."¹⁸⁶ Across all U.S. states, North Carolina spends \$9,217 per student, below the national average of \$12,526. 97.5% of school districts in North Carolina spend less than the national average.¹⁸⁷ In other words, North Carolina schools already face immense resourcing constraints that may be affecting the quality of the educational experiences of students. This would suggest that the findings on school-based IPV prevention curricula in the three examined North Carolina counties are not reflective of other school interventions in other states.

Implications for Future Research

Several gaps remain in the literature concerning intimate partner violence prevention, the challenges of non-profit work, and life skills training in school curricula broadly. The CDC reports that there is less evidence of effective prevention strategies for IPV, as opposed to youth violence or child maltreatment. The World Health Organization reports that the comprehensive programs that are key to long-term prevention of intimate partner violence are "the most under-researched."¹⁸⁸ Little research has been conducted on the impact of who delivers the primary intervention programs—be they trained professionals, crisis center staff, counselors, teachers, or others. Diverse outcome variables and instrumentation, participant demographics, program structure and length all contribute to the difficulty in comparing primary interventions and

¹⁸⁶ Hui, T. K. (18 January 2018). "North Carolina slips in national ranking on public education." Raleigh News & Observer. Retrieved from <https://www.newsobserver.com/news/local/education/article195365259.html>

¹⁸⁷ Ibid.

¹⁸⁸ Understanding and addressing violence against women: Intimate partner violence. (2012). *World Health Organization*.

ultimately determining best practices among them. Furthermore, there are few curricula programs that have been critically examined to determine their efficacy and means for implementation. North Carolina Coalition Against Domestic Violence director Deena Fulton references Safe Dates, Shifting Boundaries, The Fourth R, and Green Dot as the *entire* evidence base for school-based curricula. To quote Fulton, this “is quite limited.”¹⁸⁹ Additionally, there remains a significant gap in the literature on evidence regarding community and societal level factors in IPV prevention. Globally, more research is required to explore the potential efficacy of IPV prevention curricula in non-school contexts; in countries with low school-enrollment, health service providers may be able to reach adolescents with healthy relational skills training.

The arguments for primary school-based interventions are clear and understood widely, though there is a subtle debate that exists on the key focal points for these programs. Rachel Jewkes and others argue that primary interventions should focus on improving the status of women and reducing norms of violence, poverty, and alcohol consumption.¹⁹⁰ Cornelius and Resseguie argue that prevention programs should prevent the immediate display of violence in youth relationships and circumvent a possible future trajectory toward violence and violent relationship. These recommendations vary in scope, appropriateness for school contexts, and target audience: potential victims versus potential perpetrators.

A recurrent challenge for researchers of school-based interventions has been the use of formalized assessment to determine the efficacy of the programs. Researchers have found few program reviews that did not use self-report, which has limitations due to the various biases that may affect the results.¹⁹¹ Furthermore, the use of social desirability measurements is difficult to

¹⁸⁹ Deena Fulton, interview by author, March 28, 2019.

¹⁹⁰ Jewkes, R. (2002). Intimate partner violence: causes and prevention. *The Lancet*, 359(9315): 1423-1429.

¹⁹¹ Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior*, 12(3): 364-375.

give credence to, due to the same threat of biases. Additionally, research has suggested that 55% of IPV victims do not willingly disclose their abuse to anyone, further raising questions on the feasibility of any measure to comprehensively measure the efficacy of primary school-based interventions.¹⁹²

Nearing the end of the 20th century, North America was at the starting gate of IPV prevention efforts.¹⁹³ Limited information existed on what works with primary interventions, amidst the increased number of IPV programs at the time. Today, school-based interventions are found throughout schools around the world. Still, the measured outcomes of these programs remain especially varied. While studies have found school-based interventions successful in changing attitudes, for example reaching the belief that pushing or slapping in an argument is never acceptable, attitudes on IPV are starkly different from the underlying aforementioned causes that lead perpetrators to abuse. None of the school-based primary interventions studied here explicitly aim to prevent perpetrators from perpetrating. A growing body of literature seeks to explore the efficacy of prevention programs. Still, questions remain on the efficacy of school-based interventions for enacting behavioral change that would prevent potential perpetrators from abusing their partners. As such, the areas for potential reform to these interventions remains vast, as do the varied desired outcomes and measures of school-based primary intervention programs.

Lastly, an area for further study is the psychological and physiological implications of this work for the individuals working in the field of IPV prevention. This study involved interviews with twelve such individuals, though hundreds exist throughout the U.S. Preventing

¹⁹² Jackson, S. M., Cram, F., & Seymour, F. (2000). Violence and sexual coercion in high school students' dating relationships. *Journal of Family Violence*, 15(1): 23–36.

¹⁹³ Wolfe, D. A., & P. G. Jaffe. (1999). Emerging Strategies in the Prevention of Domestic Violence.” *The Future of Children*, 9(3): 133-144.

violence in interpersonal relationships is a daunting and quite possibly impossible undertaking. Still, every day, individuals around the country take it upon themselves to research and develop programs for students, reach out to schools, submit grant applications to keep operations afloat, coordinate amongst diverse stakeholders, and find time to measure the efficacy of the programs. IPV prevention is a noble undertaking and though the challenges of the taxing work are numerous, the work goes on. Ideally, and perhaps one day, we will have structured programs in all schools that treat interpersonal conflict resolution skills as a core curriculum component. Life skills need to be incorporated into school curricula, alongside math and English classes. Elsewise, the media, unhealthy relationship models, the patriarchy, and other forces will continue to perpetuate the teaching of unhealthy relationship behaviors. Not all students will need to understand the geography of their home states, but they all certainly will enter relationships, intimate or otherwise.

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Appendices

Appendix A: Institutional Review Board Approval Email

From: Campus IRB <campusirb@duke.edu>

Subject: Campus IRB: (2019-0231) - [Protocol Approval]

Date: November 30, 2018 at 4:44:35 PM EST

To: Sabriyya Pate <smp63@duke.edu>

Protocol: 2019-0231 Preemptive Approaches to Violence in Domestic to Public Spheres:

Evaluating Educational Preventative Interventions in the North Carolina Public School System

Researcher(s): Beardsley, Kyle – Advisor, Pate, Sabriyya - Undergraduate student researcher -

Lead

Expiration Date: 11/29/2019

The researchers listed on this protocol agree to:

1. Conduct the research in accordance with the approved protocol.
2. Secure approval before making any changes to the protocol, such as adding a new source of funding, adding a subject population, revising procedures, modifying the informed consent process, or replacing or adding investigators.
3. Renew the protocol within thirty days prior to the expiration date noted above.
4. Report any unanticipated risks to the research subjects or deviations from the procedures described in the protocol to the IRB Staff as soon as they are identified.
5. Notify the IRB Staff when the research is completed.

6. Retain your original research data and signed consent forms for at least five years, in accordance with Duke's Policy on Research Records, Sharing, Retention, and Ownership.

(Faculty Handbook, Appendix P)

The form, Request to Renew an Approved Protocol, can be accessed from our website.

Appendix B: Informed Consent

Consent Form to Participate in Research

This research study is conducted by undergraduate Sabriyya Pate at Duke University.

Why is this study being done?

The purpose of this study is to find out more about preventative school-based programs that address intimate partner violence.

What will I be asked to do?

If you choose to take part in this study, you will be participating in an interview in which you will be asked both qualitative and quantitative questions about your experience(s) working with curricula that seek to prevent intimate partner violence.

How long will I be in the study?

I expect your participation in the study to last roughly 45 minutes.

What are the risks and inconveniences and benefits of this study?

There are no expected risks or benefits to you for participating in this research study.

Compensation:

You will receive no compensation for participation.

Confidentiality:

I will need your name to be included as part of the public record for this research on experts and elites in intimate partner violence prevention field. For the purposes of accurate notetaking, I will be audio recording the interview. However, the recording will not be made public.

Voluntary nature of participation:

Participation in this study is voluntary. You can choose not to participate at any point. If you agree to be in the study, you may withdraw at any time for any reason.

Whom do I call if I have questions or problems?

For questions about the study, contact Sabriyya Pate at 571-526-8457 during regular business hours, or the supervising faculty member, Kyle Beardsley (kyle.beardsley@duke.edu). For questions about your rights as a participant in this research study, contact the Duke University IRB at 919-684-3030 or campusirb@duke.edu.

If you agree to take part in the study, please sign and date below.

Subject's Printed Name and Signature

Date

Permission to Use Recordings

Subject: Release for Research on School-Based Intimate Partner Violence Prevention Curricula

Location: _____

I grant permission Sabriyya Pate the right to make audio recordings of her interview with me in connection with her senior thesis project at Duke University.

I authorize Sabriyya Pate to use the audio recordings for the sole purpose of accurate notetaking. The recording will not be made public.

I agree that the above identified persons may use the transcript, not the audio recordings of me, with or without my name and for any lawful purpose including teaching and further research.

I have read and understand the above:

Signature _____

Printed name _____

Date _____

Organization Name (if applicable) _____

Address _____

Appendix C: Overview of School Based-Primary Prevention Programs

Shifting Boundaries

- This program is a six-session curriculum program that emphasizes the consequences of IPV, gender roles, and healthy relationships.
- A follow-up study measured knowledge, attitudes, behavioral intentions, intentions to intervene as a bystander, peer and dating partner physical and sexual violence, and sexual harassment.
- Compared to the control group, the intervention group demonstrated increased knowledge and likelihood in perpetrating violence immediately after the intervention.
- At the six-month follow up, short-term results of improved pro-social intentions following the intervention were non-significant.
- A key lasting component of the curriculum revolves around an activity that had students identify the areas of the school buildings where violence was most likely to occur. This allowed school officials to respond and develop targeted preventative interventions to violence in those spaces.¹⁹⁴

Safe Dates

- This ten-session curriculum program was developed by Vangie Foshee at the UNC Gillings School of Global Public Health.
- Safe Dates is designed to provide primary and secondary prevention to 8th and 9th grade students.

¹⁹⁴ Taylor, B; Stein, N.D.; Woods, D; Mumford, E. (2011). Shifting Boundaries: Final Report on an Experimental Evaluation of a Youth Dating Violence Prevention Program in New York City Middle Schools. *National Institute of Justice*.

- This program is focused on changing dating violence norms, gender stereotyping, conflict-management skills, and altering the behavior associated with help-seeking behavior
- In a follow up study involving self-report questionnaires at 14 North Carolina public schools within a predominantly rural county, the baseline found that 25.4% of the sample had been the victim of nonsexual dating violence and 14% had been perpetrators.
- The outcome variables were: 1) psychological abuse victimization, 2) perpetration of psychological abuse, and both nonsexual and sexual violence, and 3) use of physical violence in present relationships.
- In the one year follow up, Foshee et al. found that adolescents in the treatment group were less accepting of IPV, perceived more negative consequences from IPV, and were more aware of victim and perpetrator services.¹⁹⁵
- In the one year follow up, no significant differences were found on behavioral outcomes. The results indicate a change in cognitive risk factors, but not in the incidence of IPV.
- In the four-year follow up, students of the Safe Dates program demonstrated “less physical, serious physical, and sexual perpetration and victimization, as compared to the control group. These results suggest the long-term durability of self-reported reductions in perpetration and victimization associated with the Safe Dates project.”¹⁹⁶

Avery-Leaf et al. Pilot

¹⁹⁵ Foshee, V. A., Bauman, K. E., & Greene, W. F. (2000). The Safe Dates program: 1-year follow-up results. *American Journal of Public Health, 90*(1): 1619–1622.

¹⁹⁶ Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior, 12*(3), p.367.

- This five-session IPV prevention curriculum was developed and implemented as a pilot in all Long Island, New York health classes, reaching 193 students.
- The curriculum designers reported reductions in changing attitudes condoning dating violence.
- The study measured physical aggression and victimization, dating violence attitudes, justification of dating jealous and violence scale (JDV) scores, and social desirability scale (SDS) scores.
- The study found the program ineffective in affecting rate of aggression, victimization, and injury. None of the correlations with social desirability and attitude measures were found to be statistically significant. At a one-week follow up to the program, women were less accepting of IPV.
- The program was found to produce desired changes in attitudes.

Lavoie et al. Pilot

- Lavoie et al. evaluated two similar prevention programs in Quebec City, Canada, with the goals of addressing sexual, psychological, and physical aggression.
- A short form of the program included two classroom sessions that target control in relationships and responsibility for actions within relationships. The long form of the program included two classroom sessions, a film screening on IPV, and an activity wherein students wrote fictional letters to perpetrators and victims of IPV.
- A self-report measure of knowledge and outcomes was used immediately following the study. The results indicated positive attitudinal changes following both short and long forms of the program. The short version was more effective in knowledge retainment. The outcome measure used did not evaluate social desirability of responses. No long-

term data was used to measure changes in behavior or knowledge in program participants.¹⁹⁷

Wolfe et al. Pilot

- This prevention program involved an 18-session program that used a health-promotion approach that focused on positive alternatives to aggression through skill and learning-based approaches, and feminist theory. The curriculum included: 1) education and awareness of abuse and power dynamics in close relationships; 2) skill-development, and; 3) social action.
- The participants included at-risk adolescents who had family history of abuse.
- In the program evaluation study, the control group received standard child protective services of basic shelter and care, and social worker visits.
- After 16 months the program participants were measured using the Conflict in Adolescent Dating Relationships Inventory, The Trauma Symptom Checklist, and the Adolescent Interpersonal Competence Questionnaire.
- The treatment group reported a faster decrease in physical abuse, victimization, and reports of emotional abuse.

Minnesota School Curriculum Project

- This project is a prevention program for students in secondary and high school

¹⁹⁷ Lavoie, F., Vézina, L., Piché, C., & Boivin, M. (1995). Evaluation of a prevention program for violence in teen dating relationships. *Journal of Interpersonal Violence, 10*(4), 516-524.

- The project developers aimed to: “provide education regarding IPV, explain risk factors for victimization, and build skills to prevent later abuse,” according to Cornelius and Resseguie.¹⁹⁸
- The project uniquely required teachers complete an eight-hour training course and then integrate the training materials into their existing curricula, via a five-day program for junior high students and six-day program for high school participants.
- A questionnaire used to evaluate program outcomes measured: 1) student knowledge regarding dating aggression, 2) student attitudes regarding dating aggression, and 3) student awareness of community resources available to victims of interpersonal aggression.
- No significant differences were found on attitude items between the control and treatment group. At the post test, treatment group students reported higher knowledge.

Domestic Violence Interventions Services Teen Domestic Violence Prevention and Intervention Program (TDVPIP)

- TDVPIP is a Massachusetts state-regulated IPV prevention programs for students in grades six through twelve. The curriculum is presented in health classes, but involves parent information presentations, support groups, pamphlets, and theater performances on IPV.
- TDVPIP aimed to educate students and administrators regarding dating violence.

¹⁹⁸ Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior, 12*(3), p.369.

- In the program evaluation study, no empirical data was used to explain the extent to which these programs facilitated attitudinal or behavioral change in the students and administrators who participated in the program.
- This program uniquely allowed flexibility for one school district to develop a prevention programs specifically for males at risk of perpetrating IPV.¹⁹⁹

¹⁹⁹ Cornelius, T. L., & Resseguie, N. (2007). Primary and secondary prevention programs for dating violence: A review of the literature. *Aggression and Violent Behavior*, 12(3), p.371.

Appendix D: Start Talking, Pre-and Post-Surveys



Healthy Relationships 101 Pre Survey

Date: _____
School/Group: _____

Please answer each question to the best of your knowledge. The purpose of this questionnaire is to gather information about your experiences after each session during the Start Talking Program. Your individual responses are confidential.

Write in your initials: _____
(ex: If your name is Jane Doe you would write "J D")

Write in your birth month and day using four digits: _____
(ex: If your birthday is October 8, you would enter 1 0 0 8)

1. Andrea gets angry every time Emma doesn't text her every half an hour. How would you define this behavior?
Abusive Unhealthy Neutral Healthy Unsure
2. Mark tells Michelle that he loves her and this is why she should not go to class, instead she should stay with him because he can't be away from her. What type of abuse is Mark displaying?
Physical Sexual Verbal/Emotional Digital Unsure
Abusive Unhealthy Neutral Healthy
3. Christina and Rob talk about everything. They have an open line of communication but keeps some things private. Circle one word below to define this behavior.
Abusive Unhealthy Neutral Healthy
4. I know the signs of an unhealthy or abusive relationship.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
5. I know how to reach services offered through lovesrespect.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
6. I know how to help my friends who are in unhealthy relationships.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
7. I understand strategies to safely advise friends to seek help in an abusive relationship.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
8. Do you have any questions or additional comments prior to this session?



Healthy Relationships 101 Post Survey

Date: _____
School/Group: _____

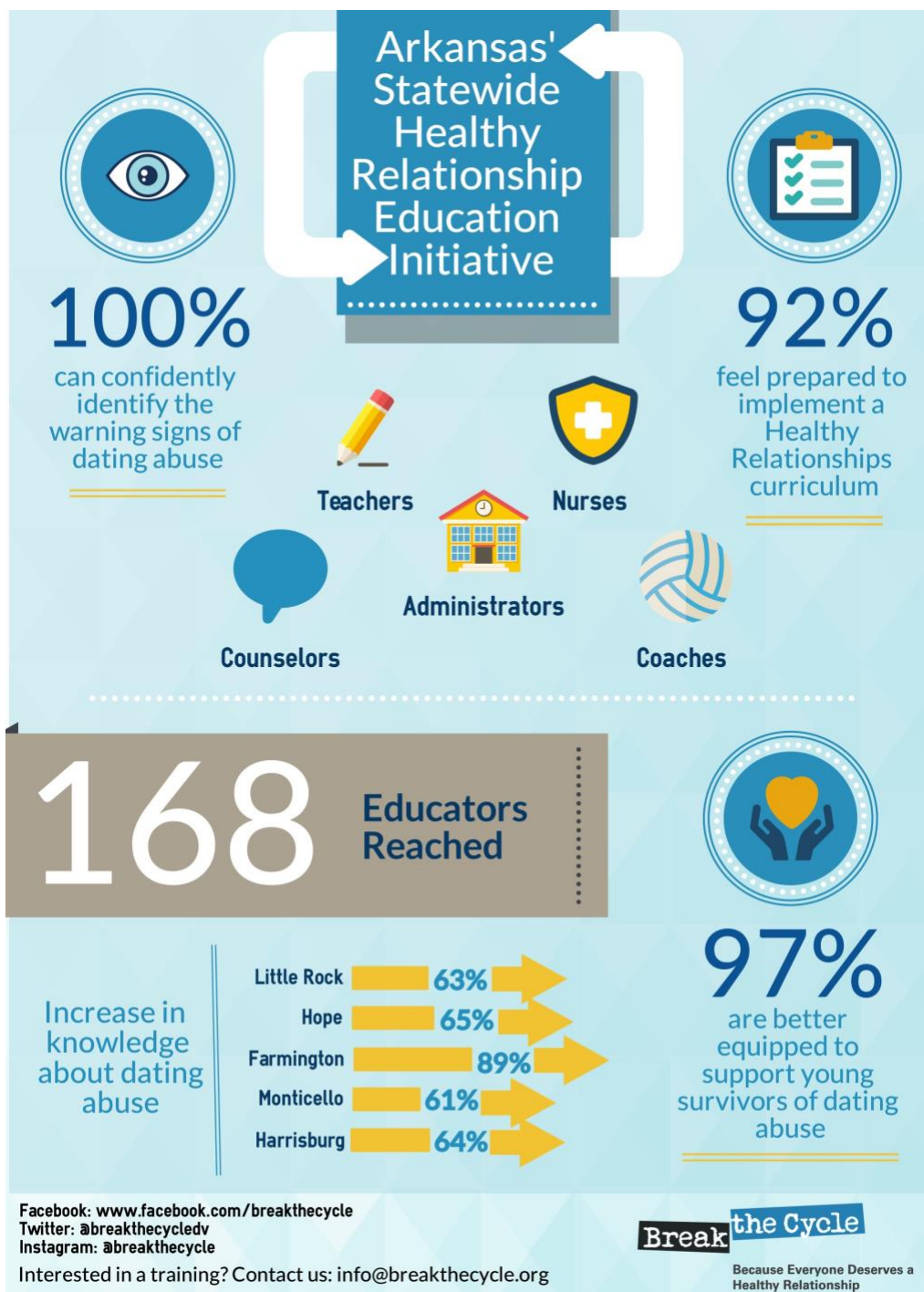
Please answer each question to the best of your knowledge. The purpose of this questionnaire is to gather information about your experiences after each session during the Start Talking Program. Your individual responses are confidential.

Write in your initials: _____
(ex: If your name is Jane Doe you would write "J D")

Write in your birth month and day using four digits: _____
(ex: If your birthday is October 8, you would enter 1 0 0 8)

1. Andrea gets angry every time Emma doesn't text her every half an hour. How would you define this behavior?
Abusive Unhealthy Neutral Healthy Unsure
2. Mark tells Michelle that he loves her and this is why she should not go to class, instead she should stay with him because he can't be away from her. What type of abuse is Mark displaying?
Physical Sexual Verbal/Emotional Digital Unsure
Abusive Unhealthy Neutral Healthy
3. Christina and Rob talk about everything. They have an open line of communication but keeps some things private. Circle one word below to define this behavior.
Abusive Unhealthy Neutral Healthy
4. I now know the signs of an unhealthy or abusive relationship.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
5. I learned how to reach services offered through lovesrespect.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
6. I learned how to help my friends who are in unhealthy relationships.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
7. I understand strategies to safely advise friends to seek help in an abusive relationship.
Strongly Disagree Disagree Don't Know Agree Strongly Agree
8. Do you have any additional comments for this session?

Appendix E: Arkansas' Statewide Healthy Relationship Education Initiative Graphic, Break the Cycle



Appendix F: Centers for Disease Control FY 2019 Operating Plans, Injury Prevention and Control

Injury Prevention and Control	\$647,974	\$648,559	\$585
-- Intentional Injury	<u>\$102,381</u>	<u>\$102,730</u>	<u>\$349</u>
-- Domestic Violence and Sexual Violence	<u>\$32,589</u>	<u>\$32,700</u>	<u>\$111</u>
-- Child Maltreatment	\$7,225	\$7,250	\$25
-- All Other Domestic Violence and Sexual Violence	\$25,364	\$25,450	\$86
-- Youth Violence Prevention	\$15,049	\$15,100	\$51
-- Domestic Violence Community Projects	\$5,481	\$5,500	\$19
-- Rape Prevention ¹	\$49,262	\$49,430	\$168
-- NVDRS	\$23,421	\$23,500	\$79
-- Unintentional Injury	<u>\$8,770</u>	<u>\$8,800</u>	<u>\$30</u>
-- Traumatic Brain Injury (TBI)	\$6,727	\$6,750	\$23
-- Elderly Falls	\$2,043	\$2,050	\$7
-- Injury Prevention Activities	\$28,851	\$28,950	\$99
-- Opioid Overdose Prevention and Surveillance	\$475,579	\$475,579	\$0
-- Opioid Awareness and Education Campaign (non-add)	\$10,000	\$10,000	\$0
-- Injury Control Research Centers	\$8,972	\$9,000	\$28

Source: Centers for Disease Control and Prevention, FY 2019 Operating Plan.

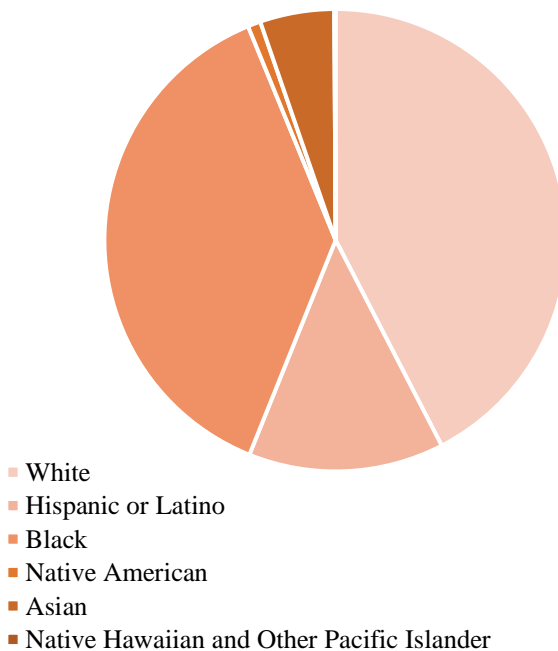
Appendix H: Excerpt of 2019 NCCADV Evaluation Plan for State-Level Prevention Work

To what extent have targeted risk and protective factors of IPV outcomes across multiple levels of the social ecological model changed within the targeted communities or populations as a result of the Trauma Informed Organizational Policies policy effort? (outcome question)				
Increased coordination of community resources	Intermediate Outcomes	Number of new or improved? connections made between TIOP partner organizations and local DVSPs, mental health services, and/or other community resources	Meeting notes, IST records, TA records	Communication and correspondence with partner organizations
Decreased harmful norms regarding masculinity and femininity	Intermediate Outcomes	Survey items on TIOP training evaluations; follow up agency self-assessment data	TIOP training evaluation reports	Post-test only, self-report on post training evaluation
Decreased norms supporting aggression toward others	Intermediate Outcomes	Survey items on TIOP training evaluations; follow up agency self-assessment data	TIOP training evaluation reports	Post-test only, self-report on post training evaluation
Decreased weak community sanctions regarding IPV	Intermediate Outcomes	TIOP agency self-assessment	TIOP agency self-assessment data	TIOP self-assessments by partner organizations
Decreased weak social/economic policies	Intermediate Outcomes	TIOP agency self-assessment	TIOP agency self-assessment data	TIOP self-assessments by partner organizations

Appendix I: Racial Composition Charts for Durham, Wake, and Orange Counties

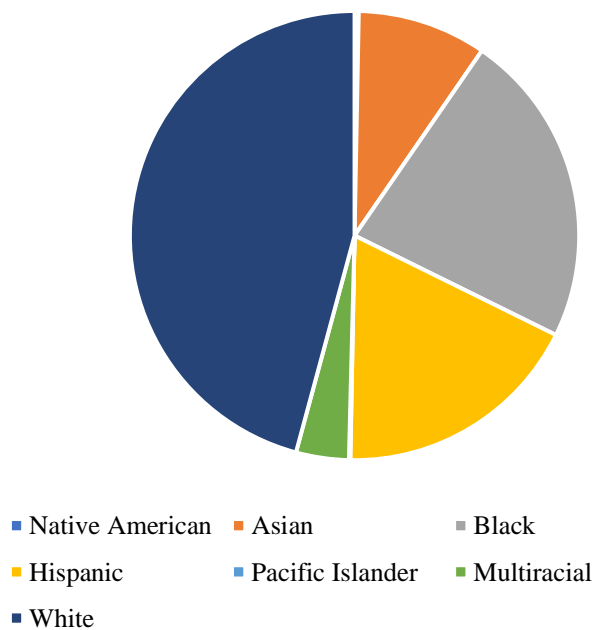
Racial Composition of Durham County Public Schools (2018-19)

Source: U.S. Department of Commerce

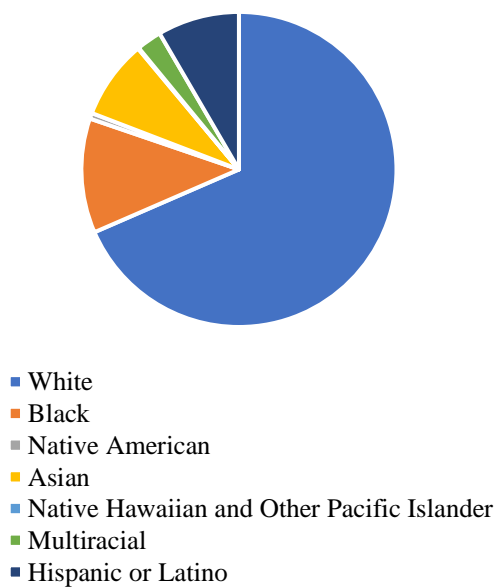


Racial Composition of Wake County Public Schools (2018-19)

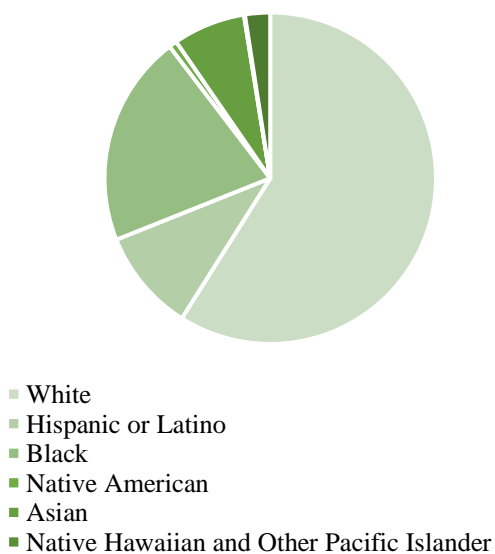
Source: Wake County Public Schools



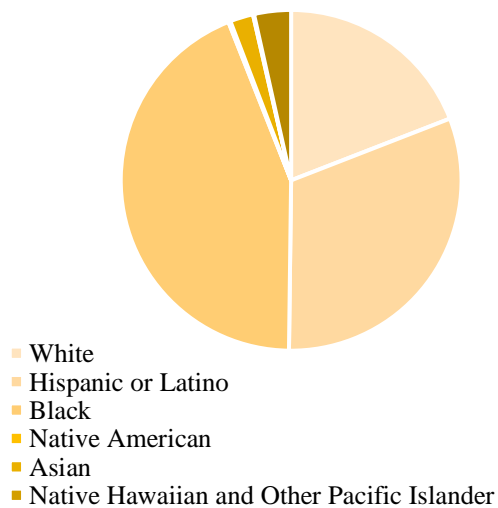
Racial Composition of Orange County
 Source: U.S. Department of Commerce



Racial Composition of Wake County (2017)
 Source: U.S. Department of Commerce



Racial Composition of Durham County (2017)
 Source: U.S. Department of Commerce



Appendix J: Interview Notes and Transcriptions

01 Shereka Dunston Interview Summary

Shereka Dunston is the Rape & Education Coordinator at the Durham Crisis Response Center (DCRC). In 1999, the Rape Crisis of Durham (RCD) and the Orange-Durham Coalition for Battered Women agencies merged to form DCRC, “the only agency in Durham dedicated to providing advocacy, shelter and support services to victims of domestic and sexual violence.”²⁰⁰ DCRC provides counseling, legal advocacy, support groups, and shelter to survivors of domestic and sexual violence. DCRC also provides prevention workshops and trainings to community groups, including religious entities, schools, and professional organizations. As the sole Rape & Education Coordinator, Dunston heads prevention efforts for the sole entity in Durham County dedicated to intimate partner violence prevention. Dunston began work at DCRC in 2013.

Dunston has facilitated an estimated 35 sets of Safe Dates series and an estimated 8 Shifting Boundaries series in her career in intimate partner and sexual violence prevention.

Dunston estimates she has facilitated hundreds of one-time programs on dating and sexual violence, and sexual harassment, which are make-shift offerings workshops informed by information available in formal curricula and available data. In 2018 Dunston facilitated an estimated 50 one-time prevention programs.

In 2018, Dunston has reached an estimated 300 students in Durham County through the Shifting Boundaries and Safe Dates curricula, and an estimated 200 students from one-time programs.

To develop relationships with schools where DCRC is able to facilitate the intimate partner violence curricula, Dunston described that “Typically it starts out by me reaching out to the school counselors. At one point [she] was able to reach out to them all-at-once at one of their professional developments.”²⁰¹ After describing prevention services and providing her contact information, counselors were invited to reach out to DCRC.

Now, health and P.E. teachers, counselors, and school social workers, among other school staff, reach out to Dunston in search of intimate partner violence prevention programs. Dunston described that “middle schools are happy to have anyone” offer the school-based intimate partner violence prevention programs.²⁰² According to Dunston, other organizations working with children, including non-profits, church youth organizations, and after school programs, call DCRC to ask for educational prevention services.

In the past DCRC had the capacity to advertise prevention services; DCRC no longer advertises: “People learn about us and reach out to us.” “Every now and then,” DCRC will partner for specific promotion.²⁰³ For example, for sexual assault awareness month, Dunston partnered with

²⁰⁰ “About Us.” Durham Crisis Response Center. 2019. Retrieved from <https://www.durhamcrisisresponse.org/about-us>

²⁰¹ Dunston, Shereka. (2019, January). Personal interview.

²⁰² Ibid.

²⁰³ Ibid.

an immigrant services specialist to create a flyer to distribute in Spanish-speaking populations for a targeted Spanish-language program.

The decision-making process of schools, to choose Safe Dates, which offers a flexible ten-session structure for 8th-through-12th grade students, over Shifting Boundaries, which offers a four-class series for 6th graders and six-class series for 7th graders, is driven by scarcity. The two programs target distinct age groups.

In January 2019, Dunston was facilitating both Safe Dates and Shifting Boundaries in Brogden Middle School and Lucas Middle School – each school has four classes at each grade level per academic year. Dunston facilitated 6 Shifting Boundaries sessions and 9 Safe Dates sessions, involving over 40 lessons in a 6-week period. She typically tells schools that DCRC offers one for 7th grade students and one for 8th grade students.

“I think they’re just happy to have someone come in, willing to teach anyone. Sometimes Durham schools will ask for offerings targeted at 6th grade students, but Dunston at DCRC chooses to not offer prevention programs for 6th grade students. Dunston waits those students are in 7th grade because at 6th grade they are “so young and just getting to middle school.”²⁰⁴

Dunston evaluates her implementation of Safe Dates and Shifting Boundaries, and the evaluation process changed in 2018 because of terms of the new grant. Pre and post-tests evaluate learning, and there is always an increase in knowledge, in Dunston’s six-years of experience in prevention in Durham County. According to Dunston, male-identified students, as opposed to female-identified students, have more growth in regard to knowledge measured before and directly after the conclusion of the prevention curricula. In Dunston’s observations, female-identified students tend to score higher in the pre-test survey, “but there is always growth” in knowledge measured in the post-test. After facilitating programs, Dunston has had students who offer positive comments about their experiences: “I have had students who ended up saying ‘I learned so much’ ... ‘I didn’t know this was dating violence’ ... ‘no one has ever told me this’ ‘I thought that was normal.’”

Dunston studies after the post-test to measure outcomes.

Dunston defines the objectives of Shifting Boundaries program as to make students more aware of sexual health and recognize others’ boundaries and how to respect those boundaries.

Dunston defines the objectives of the Safe Dates program as to “teach students more about healthy relationships versus abusive relationships, and how to help their friends who are in unhealthy or abusive relationships, and to prevent dating violence.”

The objectives of the one-off primary interventions are “mostly informational, mostly about either dating violence specifically or sexual harassment or sexual assault specifically.”

²⁰⁴ Ibid.

Dunston, who is the only IPV prevention coordinator in Durham, has not facilitated other curricula school-based interventions in the past six years, which would suggest no other curricula, such as the Fourth R curricula, have been implemented in Durham Public Schools.

When asked about her understanding of “program success” Dunston stated that “for me, it would be better to measure success to see whether [students who have participated in the school-based curricula interventions] retain the knowledge,” in a longitudinal study with a one or two-year follow up: “I wish we could do that [at DCRC]”... “we don’t have the resources to do that.”

Shereka Dunston believes the Safe Dates curriculum, “it should be more interactive,” through hands-on activities; currently, “there is a lot of reading and discussing with Safe Dates and that does not keep students attention, especially middle school students, and ten-weeks is a little long. Typically schools don’t have that much time to give someone to come in. Safe Dates comes with recommendations to shorten the curriculum to 6-weeks, which is typically what Dunston facilitates, “because no one has that much time to give me.”

Speakers come into schools to speak about drugs, and the rest of comprehensive sex-education, where someone from the health department come in to talk about STIs, puberty, and other related topics.

On a scale of 1, as no impact, to 10, as transformative, Dunston would evaluate the impact of the Safe Dates program in preventing future abuse by addressing potential perpetrators of intimate partner violence as a six.

On a scale of 1, as no impact, to 10, as transformative, Dunston would evaluate the impact of the Safe Dates program in preventing future abuse by empowering otherwise potential victims of intimate partner violence as a seven.

According to Dunston, Safe Dates has a lot of information – and the list of warning signs of/for abuse is much longer for victims than it is for perpetrators. There is a lot of emphasis on “friends” – “there is not a lot of time spent on focusing on everyone.”

“Knowledge itself is very empowering,” and the Safe Dates scenarios portray diverse types of violence but are limited in the types of relationships they portray, according to Dunston, who noted that there is no same-sex couple or transgender-identified individuals in the Safe Dates program.

Dunston believes that Shifting Boundaries, with a six-session timeline, is the “perfect amount of time.” Shifting Boundaries is interactive, with videos, hands-on measuring of personal space, and describe the entire curriculum as “perfect.”

On a scale of 1, as no impact, to 10, as transformative, Dunston would evaluate the impact of the Shifting Boundaries program in preventing future abuse by addressing potential perpetrators of intimate partner violence as a seven. Dunston does not believe a curriculum that has a transformative impact on preventing abuse by addressing potential perpetrators could exist; “I can’t imagine what that would look like.”

On a scale of 1, as no impact, to 10, as transformative, Dunston would evaluate the impact of the Shifting Boundaries program in preventing future abuse by empowering otherwise potential victims of intimate partner violence as a seven.

Dunston appreciates the framing of respecting boundaries and portraying various perspectives and finds that the curriculum plays equal attention to both potential perpetrators and potential victims.

To deliver transformative results, Dunston believes it begins with family interventions, because sexual violence, dating violence, and domestic violence are taboo topics that make it difficult for individuals to seek answers and help for. Reflecting on her experience as Rape and Education Coordinator at DCRC, Dunston claims there are a lot of families that don't know where to get help or are scared to get help." "School is a great place to reach young people, but most schools [i.e. elementary and preschools] don't talk about this kind of thing," so there needs to be a way to reach the actual families, Dunston noted; "*that* would be awesome."

Dunston's ideas for transformative primary intervention include targeted interventions victims to let them know about resources, and "some type of screening." "One thing I've learned is that a lot of people don't know what constitutes domestic violence in general, or even sexual violence. "If no one has taught you that domestic violence is more than just hitting someone, that it can be psychological abuse, you will never know you are being abused, which is crazy." Hospitals and doctors' offices in Durham are doing better jobs at screening, but Dunston cited a specific incident where a doctor simply asked, "do you feel safe?" For victims of psychological abuse, this question may be particularly difficult to respond to.

Dunston believes that the individuals that are conducting screenings need to be better informed on what they are screening for. Noting that she was not taught about dating violence in schools, Dunston posed the question, "we need to ask, when did my generation of people learn, because we're parents now and we have children in elementary, middle and high school." Dunston believes that parents cannot teach children about intimate partner violence or model appropriate behavior if they do not understand intimate partner violence themselves.

Dunston further acknowledged the challenge of reaching students with intimate partner violence prevention programs in middle school, which is a point at which children have undergone immense learning about relationships; "if they were raised in a home where they witness domestic violence and sexual violence" and the individuals participate in a program such as Safe Dates or Shifting Boundaries, the students are likely to ask 'do [I] really believe this person? Or do [I] believe the people who raised [me]? Or the media?' Dunston noted that there are frequently mixed-messages coming to a child's life put out by the media.

Dunston has had children tell her, during or after a primary intervention program, "that's not true, that's not what that is, it is okay to do that to your partner, and it's hard to compete against those messages when they've been reinforced." We cannot expect students to attend one six or ten-week program and retain all that knowledge; "it has to be reinforced somewhere, at some point." One church in Durham has come to DCRC – but since DCRC is only capable of delivering Safe Dates, Shifting Boundaries, and the one-off programs, the students in the church

program were unable to build on their prior learning with any new information or new activities. “I’m not sure what their health teachers are telling them [as reinforcement], and if it’s a day or two, is that real reinforcement?” Typically, intimate partner violence prevention curricula are taught in health class in only one of a high school student’s four years in high school, which further contributes to limited reinforcement of the school-based prevention intervention.

On causes, Dunston stated “power and control... one partner wants to gain and maintain power over the other.” On factors that may increase the likelihood of intimate partner violence, Dunston cited low income status, childhood abuse, witness abuse, low community involvement, but these may be risk factors for several other issues.

The 2017 CDC intimate partner violence prevention technical package defined six prevention strategies: teach safe and healthy relationship skills; engage influential adults and peers; disrupt the developmental pathways toward partner violence; create protective environments; strengthen economic supports for families; support survivors to increase safety and lessen harms.

As DCRC Prevention and Education Coordinator, Dunston prioritizes the following order of work: in general, as, 1) teach healthy relationship skills, 2) support survivor to increase safety and lessen harms, 3) disrupt developmental pathways toward partner violence, 4) engage influential adults and peers, 5) create protective environments, 6) strengthen economic supports for families.

Dunston believes that most immediately, increased resources in prevention are needed for hiring more prevention staff; “I don’t have anyone that reports to me.” At least two prevention educators to go out into the Durham community to facilitate would allow Dunston to focus on some of the other things like engaging other adults and the rest of community in prevention efforts. “But at this point, I would be just excited for one prevention coordinator,” Dunston noted. Previously, Dunston worked in a part-time capacity at the only DCRC staffer on prevention. “It’s good to have a full-time role dedicated to this, but I’m not enough.”

DCRC receives funds “for the small things” such as DVDs and “lunch and learns” where Dunston screens a documentary and hosts a discussion with a small group of students. “There’s money for the small things, but without the manpower to go out into the community and engage more schools and more agencies, and just other individuals, it’s not going to help. We need manpower, we need to be able to hire other people to do this work, so that we can do all the cool things.” “I can put on a whole screening but I don’t have time to do that because I’m the one in the schools... I shouldn’t be the one in the schools. We just need more people, and we need younger people involved.” The DCRC has a new Youth Advisory Council that is getting off the ground [est. November 2018], and Dunston claimed that the high school students involved have the best ideas.” “We need to be able to reach parents.” With more resources Dunston would look favorable upon a coordinator who could liaison specifically with community parents. “Parents play such a huge role and they have no idea.”

Dunston joined DCRC in 2013 as a volunteer; before she arrived,

In 2009, DCRC received a Rape Prevention and Education grant.

In 2013, DCRC had a Community Education staffer who conducted outreach and education, with no focus on prevention, according to Dunston. In 2014, Dunston was hired part-time as a result of funding from the Durham ABC board, which had prevention funds and had never funded an agency like DCRC in Durham to facilitate programs related to teen dating violence, substance abuse, and sexual violence. Then the focus was on how drugs and alcohol play a role in perpetrating the aforementioned violence, according to Dunston. The ABC Durham grant expired in the summer of 2018. In February 2018, DCRC successfully applied for the RPE grant that allowed the agency to hire Dunston full-time for work in Prevention and Education. In January 2019, RPE was the only prevention grant offered to the DCRC that allowed for the continuation of prevention programs.

02 Hailey Levia Interview Transcript

I: 00:00: I'd love to know about your education, where you worked before, and your current role as prevention coordinator.

HL: 00:22: I grew up in Florida is where I'm from and I went to University of Florida for Undergrad. I studied psychology with a minor within the women's studies college.... something to do with like sexuality study, like queer theory and stuff like that. So that was undergrad and then I moved here for graduate School. I got my master's in social work at UNC. I went through grad school thinking I was going to be a therapist, I thought that was my thing. And then I got a job right out of school and it was terrible. I was like, I hate this. But my first-year internship in my program was at the OCRCC. I was doing the prevention stuff and that's where I was like doing most of my social work learning that year. Right about, the time that I was getting out of that job, a job over here opened up and it happened to be the job that was previously filled by my supervisor when I was here before for an internship.

I was really familiar with the role and I really liked doing it before. And in social work we talk about micro and macro, case management, etc.. And then macro being stuff like this, education and policy stuff. I always thought that was kind of like an artificial divide because you always end up doing both. So it felt natural and it felt like I would end up doing something more macro eventually. It felt good and it still feels good.

I: Could you talk about like what a day in your life and work setting looks like?

H: 02:22: Yeah, so it varies. There are some weeks where I'm slammed with programs and I'm running between schools and stuff like that and just talking about the same things over and over again. And there's weeks where I'm doing a lot of stuff in the office, whether that's coordinating with schools or meeting with student groups or, I facilitate a parent program too. There's a lot of planning that goes into that. But on the days that I am at the schools, I well, I guess that's pretty self-explanatory. I go to the schools. Sometimes it'll just be a couple of class periods. Sometimes

it'll be more than that. And there's relationship building with the teachers that needs to happen and just building rapport with students.

I: And do you facilitate the teaching? The Safe Touch and the other name escapes me...

HL: Start Strong.

I: Start Strong.

HL: I'm just Start Strong.

I: Okay.

HL: Ariana does Safe Touch in the elementary schools and in seventh and ninth grade.

I: 03:30: How many of those trainings would you estimate that you've led? I know you said you have only been here for three months..

HL: A lot. I'm trying to think of an exact number. The seventh grade program is four days long, so I'm with them for four days. I've probably done, trying to think, I can look this up too. I would estimate going to the schools like 15, 20 times for like a week-long thing. But for several class periods, so I would say like every other week I'm completely at the schools, if that makes sense and is helpful.

I: Yup. How many students would you estimate that you've reached or presented to?

HL: I can look this up too.

I: Can you describe the process in which you get assigned/ you develop relationships within a school?

HL: A lot of their relationship building happened before I got here. We've been in the schools for a really long time. And the relationships are always already kind of there. And I'm sure Rachel has done a lot of that work. I think she was in my position at one point and then was director of community education. I think she and some others did a lot of that work. For me it was kind of smooth sailing, but there's always a few schools that are just tough to get in touch with or there's one school in Orange County that's like, "we do our own stuff, so we don't need you." But yeah, I think a lot of it is just kind of maintenance and being personable to teachers when you're there and being really organized and following up and giving them reminders and stuff like that.

I: Just to get into the granular, you work with social workers in the schools and the counselors. And so at the beginning of an engagement, when you meet with them to talk about what they're hoping to get out of it, is there any kind of back and forth to meet the specific needs of the classes or is it kind of they trust, "we have our health and safety class, I'll sit in the back."

HL: Most of my communication is with the teachers actually. I think when relationships were first being established and contracts were being signed and all of that, there were meetings with

counselors and stuff like that. But I don't communicate super directly with the counselors unless there's red flags or I'm reporting something that comes up. What was your question about communication with teachers?

I: Just does what your relationship with the teachers look like?

HL: It's a little different because I came in in the middle of this school year, but I think at the beginning of the school year it would be like, I would send an email to all the teachers and there's a district health coordinator person, who gets included on that. I can find her name. I am still kind of coming up with a system for this because of a lot of trial and error. But what I did this time around was I sent a Google sign up thing for them to just sign up themselves. But that worked for some people and didn't work for other people. I've been contacting a lot of people, one on one, too and saying, "when would you like me to come?" and "would you still like me to come? How often do I need to come?" Because different schools have different schedules as far as semesters and quarters. Sometimes they only want you once a year, so it just varies per school.

I: And would you say that your background in social work prepared you to be able to develop the content or [inaudible] any training from the center on how that works?

HL: Definitely both. In school we talked about... we got into the specifics and did a lot of practice with facilitation skills, and just how to be with community partners and develop those relationships. But also, when I was here as an intern, I went through the community educator training and learned the content really well and got more specific facilitation skills that help with young people and not just adults to learn how to deal with like red flags and all that. And how to just keep the conversation going but slow down for important stuff and things like that.

I: In terms of the impact of what the trainings you led it's really hard to measure, but I'm curious if you have any testimonials or anecdotes to share about past trainings.

HL: Yeah, we generally get pretty good feedback from teachers. The past few schools I've been in, I'm thinking about, those teachers have been really engaged and really have expressed their appreciation for the curriculum. And it's nice when that happens when they are kind of engaged in adding to the conversation and you can tell that they're into it and it gets a little more buy in from the kids too, which is nice. We also measure... we use a pre and post-test too. I haven't done analysis on that yet since I've been there, but I will be soon, but yeah that's something we do.

I: And how would you define the objectives of the Start Strong? And not in terms of what the official jargon is, but for you as the facilitator?

HL: I think I want them to walk away with definitely some concrete skills. When it comes to most of the skills, we talked about are primarily with bystander intervention. I want them to walk away with some things they can do some, specific things when they see something happening. I also want them to walk away with an understanding of like gender and gender roles and how that impacts sexual violence and how power is part of that. And I think I just want them to realize that it's a very real thing that happens. Of course, they know that because they experience it

every day. But I want them to be able to recognize it when it's happening and know what they can do for themselves if it's happening to them and know what they can do for others and have some ideas about how to prevent things.

I: That's great. Have you facilitated any other programs outside of Start Strong?

HL: Just like anything?

I: Yes.

HL: Not since undergrad. Do you want to hear about that? In undergrad I was part of a student organization that led and did retreats around diversity and social justice topics. Some of them were broken down into specific topics like body image or mental health or what have you. Some of them were weekend long retreats where we broke it by like identities: we had a section about gender and a section about race, etc. and would have pretty deep conversations about those things. That's when I first started learning facilitation skills and how to be in front of a group and things like that.

I: My university also has a similar retreat program I wish I participated in! Sounds amazing. What is your understanding of program success?

HL: Program success and how to define that? I mean I think part of that is, you know, doing what we've set out to do, so meeting the objectives that I talked about. Also like I mentioned, getting buy in from teachers, so they'll hopefully continue the conversation. I think especially if kids are bringing these things up with other friends or family or even their parents, I think we've had an impact. I'm trying to think of what else. It's hard to measure when it comes to prevention because how do you know if something's not happening? But, if we were able to see any less reports of things happening in the schools, as compared to previous years or whatever then I think that would be a success. I think anything around changing the culture of middle and high schools to not facilitate sexual violence from happening. Again, really hard to measure, but I think that's a definite goal.

I: I'll get back a bit towards the end with like questions at [inaudible] we stop with school-based intervention. The [inaudible] is really one of those defining factors, but I wanted to ask about, Start Strong and Safe Touch. It seems to me that for Start Strong and Safe Touch, you're much more able to condense the material? I was wondering if you could talk to me about that and how do you believe that a change in the structure of the current model would impact the curricula. What changes would you recommend?

HL: If I were to change the Start Strong program, what would I do? Okay. In terms of what you're talking about, like the sessions and structure for that. I mean I think always more time would be great, but I think that's really tough with how much time schools will give us and things like that. I'm trying to think of what content I would prioritize if we could make it five days or something. I mean, one of the efforts we've had with our volunteers training in particular is making it, shifting from this like gender-based violence lens to a more inclusive lens of like just power and oppression being the causes of sexual violence, whether that's happening across

gender lines or race lines or whatever else. And I think if I were to expand the content, I would figure out a developmentally appropriate way to infuse that lens into it so we're not just talking about gender, but we're talking about power more broadly if there was time for that. But yeah, I don't know. I don't know if the schools would be receptive to more times. I would have to think back and ask Rachel why it ended up being two days for ninth and seventh grade for four days. I'm sure there's reasons and context to that, but more time would always be great.

I: What is it for eighth graders?

HL: Eighth grade is done by Compass Center. We don't do eighth grade. They do sixth and eighth.

I: Oh, okay. Can you tell me about that?

HL: Yeah. So, we alternate years. Sixth and eighth grade, they get stuff around healthy relationships and dating and stuff like that, having to do with more of the DV prevention. And then seventh grade is us and it's about sexual harassment and flirting and dating and all that. And ninth grade is more explicitly like about sexual violence and consent and like date rape primarily.

I: And how long has it been this set up? I know the Safe Touch was developed 40 years ago. So, has that always been reserved for the Compass Center... do you know the history of that?

HL: I don't know. That's a really good question. As long I've been around.

I: I want to ask about, because I've read that the Compass Center shut down their crisis line temporarily or were facing some pertinent resource constraints, what OCRCC's response would be.

HL: Yeah, that's a good question. Rachel would know. I wish I caught that earlier.

I: On a scale of one, no impact to ten, transformative, how would you evaluate the impact of the Start Strong program in terms of preventing future abuse by addressing potential perpetrators of intimate partner violence?

HL: Do you mind if I read it actually?

I: Yeah, of course.

HL: How would you evaluate the impact of the program in preventing future [inaudible]? Oh, so you're asking about Start Strong? Okay. I mean it's hard to know for sure, but our curriculum focuses mainly on perpetration. That's kind of the philosophy is primary prevention, as I'm sure you know. It's hard to assign a number, like a seven. Sure.

I: And then for empowering potential victims, otherwise potential victims?

HL: I'm overthinking it of course. Of course, we explicitly say this is what you can do as a victim, but I think it's also empowering to victims to hear that it's not on them to stop it from happening to themselves. So, I think it's empowering for them to hear, there's accountability and there's education for the people who commit sexual violence. So maybe an eight?

I: Then in your expert opinion, how would you evaluate the impact of focusing in on ninth and seventh grades? As opposed to the other years for the content that you're giving?

HL: I mean, I think the way we do it makes sense. Because each year they're getting something, right. So, I hadn't thought too much about whether when they're getting into middle school, they should start with the like intimate partner like dating stuff or they should start with the sexual violence stuff. I think either way they're getting taught really similar messages about how people should be treated in relationships and how to not be creepy and harmful. I feel like the way it's set up definitely has an impact.

I: And then outside of Start Strong, do you ever facilitate third party prevention programs? Do you know of any others in North Carolina? I know Rachel talked about Boomerang and sometimes you'll partner with like churches. Have you facilitated any of those?

HL: Yeah, so I've done Boomerang. I did that as an intern, and I do it now. We've done programming for student groups at the high schools. Sometimes they'll reach out, whether it's a feminist club. We work with a group called Youth Against Rape Culture, at East Chapel Hill High. Sometimes they'll request programming. A couple of weeks ago we had, there was a group from somewhere in South Carolina visiting and just sort of touring the different agencies in the area and we gave them a little educational program. I gave them the ninth-grade curriculum. Like I said, the parent program and that's focused around like, it's broader, so how to talk to your kids about sex but also sexual violence and sexual harassment and Me Too stuff and just how to have those conversations. And that program is called Standing Side by Side.

I: For the ones that you're working directly with the children, with students (so for Boomerang and then they Youth Against Rape Culture and then the kids at East Chapel Hill High) can you talk about the relationship there and how you're able to get across the message? Maybe compare and contrast that to when you are in to complete a formal curriculum?

HL: Yeah, it's super different. I really enjoy having actual relationships with individual kids or young people because that's hard to do in a big classroom. And I'm bound to this sort of, professionalism thing, especially with like, cause there's teachers and other adults around. But yeah, in the smaller groups, I get more invested in what's actually going on at school and there's things they don't talk about it in front of teachers which they do when it's just them and me. And they'll talk about problems they have with administration and things they're up against in that sense. Like Youth Against Rape Culture they have a period locker and administration and doesn't want them to have that where people can get pads and tampons and stuff and they're like, "we don't want that out in the open." That's the kind of stuff you hear that you don't hear in a classroom. It was definitely different in that way.

I: It almost seems like that would be more effective in teaching children about what a healthy relationship can look like. But again, it's a resourcing issue.

HL: Yes. And the kids that are in those organizations already kind of understand those things and that's why they're there. [inaudible]

I: In your opinion, what are the predictors for intimate partner violence?

HL: There's a lot of them. There was actually a lot of research done on this. I'm sure you also know; I'm trying to remember some of the risk factors. I think just a lack of community, connectedness, lack of mentors. I'm trying to think of what else. Acceptance of rape myths and gender stereotypes. There's a whole bunch more.

I: If you had unlimited amounts of money to pour into preventing rape culture, sexual violence, domestic violence, where do you think you would allocate those resources to? This is outside of just school prevention programs.

HL: I think I would expand upon a lot of the things we're already doing this. I would put a lot more effort into parents' stuff, and just create a more robust program and do a lot more outreach and marketing and stuff for that and getting a lot more adults involved. Because you know, adults are the ones that create the culture, and have so much power and control over young people and so that has a really big impact. I think ideally, we would offer a parent thing at every school. That's very much in an ideal world that is never happening anytime soon. And what else? I think we would do a lot more lead with religious institutions and all the places that young people are, sort of like daycares and community centers and Boys and Girls club and all those places. I think I would invest a lot in identity specific spaces too for that kind of learning. So, there's particular ways that violence shows up in queer communities and I think I would target and things that way. And there's ways it shows up in communities of color and I think specific programming around that could be really cool. And yeah, bring it down in that way too.

I: You mentioned that an ideal would be to have a parent program at each school, but Rachel mentioned earlier that sometimes attendance is very low at district wide parent open houses. Has that also been your experience with said programs? How would you try to get more parents to attend?

HL: What Rachel was referring to is the program I was talking about. I have not facilitated one yet since being here; I am in a couple of weeks. And I can always get back with you and let you know how many people were there. But in the past, it's been like, five, two, whatever. So yeah, that's why I'm saying like in an ideal world we'd have it at every school and also, we'd have the resources to do marketing and outreach and make it a priority for people.

I: And then lastly, I'd just like to open for feedback you have or recommendations for the Durham Crisis Response Center. There is some local traction with the newly created Women's Council, and the former director of the crisis center is on the council. As Durham seeks to reach Orange County-levels of saturation of IPV prevention programs in its schools, what advice do

you offer? I am curious to hear your insights on what may be holding Durham back, if you agree with that characterization.

HL: I'm reflecting upon what you said about resources. I think that's true for domestic violence. I don't think that's necessarily as true for sexual assault, because those things look really different. And the reporting for that looks really different. Of course, domestic violence and sexual assault are both vastly under reported. But sexual violence, sexual assault, kind of more so. The reason there's more police awareness and local government awareness and stuff around domestic violence is because, you know, police get calls about domestic violence enough to where there can be a unit for it. It's very, very rare that people report to police and get some sort of response or accountability from police. For that reason, there's just, I would say less awareness and less investment, because they're going off of kind of this expressed need that's not the same for sexual violence, so it just looks really different. I don't know what that would look like on a sort of community level. And then you asked about why it looks different here than in Durham. Can you talk about what prevention stuff Durham Crisis Response has going on?

I: So right now, there's one prevention education coordinator. It receives the same RPE funding but the relationships there with schools haven't existed for 40 years. A lot of times it's the first or second year that DCRC is going to schools to give a condensed Safe Dates or Shifting Boundaries program. The coordinator covers all of Durham County and does not have an assistant or anyone else to support her.

HL: I think that's kind of your answer [laughter]. Yeah, that's a lot for one person and I think our history has really helped us to build up a volunteer base and yeah, just have those relationships in the schools that just take time.

I: Can you talk about how the volunteers interact with you to support the programming?

HL: Yeah, so I'm in the middle of volunteer training right now. It's about two months long. And I'm doing it in conjunction with companion training. There are trainings that both companions and community educators do. And then there are some specific to community educators. Do you want to hear about the training more?

I: Yes, please!

HL: So, we start off with like an intro to the OCRCC, and history of the sexual violence movement, kind of background. Then we have a couple trainings around... the first one is called "Socialization Oppression and Rape Culture." And there's another one called, "Awareness of Self and Others." And those are aimed at teaching this sort of broader lens I talked about, in regard to like power and oppression and having to do with sexual violence and, encourages a lot of self-reflection and the ways we engage with power and our identities and all of that. And we can teach facilitation skills and teach, we have a session that's kind of just to build empathy for seventh and ninth graders and think back to what that was like when you were young. And I think that helps people to interact with them in a helpful way. And we do roleplays and practice presentations with each other and things like that.

I: And then once they're trained, then are they deployed to different people?

HL: So, another part of the training process is they'll observe and then co-present and, I'll watch them present in the classroom, so they get a little bit of practice before I just send them out. And then yeah, so we only train volunteers for the ninth-grade program right now cause it's two days and that's a little easier for scheduling. It's just hard to find people who have four days in a row the same time open. They'll just present the ninth-grade program from there.

I: Sound's awesome. In your position you kind of oversee all of them and...

HL: Yeah

I: ... do you go to all their sessions? I guess they only present twice and then there's some repeat people who present more...

HL: Right now, there are six volunteers. It's not a huge volunteer base, but it helps.

I: I am struck by how progressive the programming sounds, talking about gender and race and racialized police violence... How do you think the high concentration of people with upper level degrees and liberal-identifying population accounts for this?

HL: Yeah, to some degree definitely. It's definitely really different when we go out into rural Orange County where it's not I really the case. I think we've gotten more feedback from parents there. And we're just starting from a different place with them. Because you know, these kids of college professors and all these highly educated people who have some idea of these things. But that may or may not be true in different communities.

I: I'd love to hear your opinions on the current outcome measurement processes.

HL: Well, another way that we measure is in the seventh-grade programs. At the end of them, we give them an option to sign a pledge and the pledge is, it's like "I recognize that sexual harassment is an issue at my school. I can help to end sexual harassment by doing the following" and it says like, "not be an audience to sexual harassment. Speak up when sexual harassment happens" and they can write in, like we talked about different bystanders' strategies and they can write one in that makes sense to them and they could do. And I told them, be honest with me. "You don't have to sign it to make me happy or anything." And then I collect them anonymously face down. And if they didn't sign it, they didn't sign it, but most of them sign it. So that's another measurement tool we use and report on.

I: That's awesome. Yeah.

HL: Anything else?

I: No, I think that's pretty much it for me. There is already a plethora of information about the curriculum, like why it needs to be what it is. And the issue always comes down to is if only we had more people and more money.

HL: Yeah. Did Rachel talk to you about why we have our own curriculum and we don't use Safe Dates?

I: No, but I'd love to know.

HL: Yeah. It's kind of interesting. You know, [Safe Dates and Shifting Boundaries] are the big-evidence based ones. Start Strong has a lot of overlap with them. We're hitting a lot of the same points and doing similar activities and stuff like that. The way Rachel has explained it in the past is we want to stay really adaptive because we straddle this line between Chapel Hill and like Rural Orange County. We want to be able to adapt to different communities. And if a video we're playing doesn't land with more rural communities, we can switch that out or be adaptive in that way. We just have a lot more liberty with it. We don't have to answer to anyone as far as fidelity to the model or things like that cause it's ours. But we still have the advantage of like it being really similar to those programs. So, it's still evidence informed. We're hitting a lot of the same stuff. Rachel always says those programs are just boring too. We try to keep it fun. Stuff like that.

I: Yeah. She said she was going to send me curriculum presentation notes. I'm excited to see. The UNC Gillings School of Public Health is where Safe Dates was developed and it has been able to reach schools across the country – and so, it is interesting that Orange County does not use it.

HL: Yeah it is funny. Well anything else?

I: I think that's it. I really appreciate your time!

**Lightly edited for grammar and concision*

03 Rachel Valentine Interview Transcript

Interviewer: 00:00: First, I'll just ask you to introduce yourself and a little bit about your role here.

Rachel Valentine: My name is Rachel Valentine. I'm the executive director here at the Rape Crisis Center, Orange County Rape Crisis Center. And I've been in this role for about a six, seven months now. Before that I was the director of community education.

I: 00:27: And on the day to day, could you describe a little bit about what you do in your role right now?

RV: Big portion of what I do is management and supervision of our various teams. We have four teams. I'm here at the agency and I supervise representatives from all, actually we have five teams, representatives from all five teams, and, fundraising, grant management and public relations for the agency or big parts of what I do. And then also, you know, just, the really unglamorous things that they don't really tell you a part of the job, like figuring out where's the smell coming from, how do we fix this toilet issue and things like that.

I: 01:14: Can you talk about any specific challenges that prevent schools in Orange County from receiving school based intimate partner violence prevention program?

RV: Almost all of the schools in Orange County do receive IPV prevention programs. We have two separate school districts in our county and in one school district we have total saturation, pre-[kindergarten] through ninth grade. And in the other county we have near-total saturation. So our elementary school, all of the elementary schools in the rural district do receive the prevention programming. All the middle schools do as well. But there are two high schools and one of them has opted out. I think that one of the biggest, I guess you would say barriers is that it's not mandated. The prevention education is not mandated. It's something that the schools, the individual teachers have the option of whether they would like to have us in their classroom or not.

Now some would argue that it is mandated by state law. And that's the argument that we've always used is that it is mandated by state law that they include this content. And the argument from the schools has often been that they, they do it themselves, like they integrate some kind of a prevention language into their existing curricula. Health education is the place where it's mandated. Health education also is the [subject with] no oversight. It's not a tested subject. So there's no, sort of ongoing oversight from the state level, Department of Public Instruction, to ensure that uh, the mandated standards are actually being met and actually being taught.

I: 03:03: How many, how many trainings, of either Shifting Boundaries, Safe Dates or any other curricula that you use, have you personally facilitated?

RV: We don't actually use any of those curricula. We use our own homegrown curricula. It's called Start Strong and it's based on the similar research to what informs both Safe Dates and Shifting Boundaries, but it's a little bit more, I would say relevant and responsive to the needs and interests of our community.

I've personally facilitated all of them. I wrote most of the Start Strong curriculum, and our elementary level curriculum is called Safe Touch and I've presented all of those.

I: 03:51: Could you estimate how many of those you facilitated and how many students you've reached?

RV: Personally? Let's see. In the three years that I was doing elementary and middle school programs is probably about, 1500 students a year. So about 4,500 students there and then, the elementary program, probably 30,000 plus.

I: 04:39: Could you describe the process in which the [OCRCC] develops a relationship with a school for you to come in and facilitate?

RV: We're really fortunate to have a long-time relationship with our school system. The Safe Touch program was launched about 40 years ago, with in collaboration with, school-based counselors and social workers at schools in both of our districts. We kind of got in on the ground

floor, 40 years ago when there was really no mandate to do this kind of education. But we had school social workers and school counselors who really wanted to have something like that in their classrooms. Social workers and counselors end up being our best allies at every level. Every time we have a problem in a school, every time there's a school that wants the, a new school that wants programming, it's the social workers and counselors who are the ones leading the charge for the most part. There are our main contacts in the schools. The principals may or may not know that we're there, but the school social workers and counselors really know. Because we had so many years of positive rapport with our school systems because of our elementary programs, when we decided to launch a primary prevention programming in the middle schools and high schools, we were able to just really build off of that, and we had that inborn trust and the folks we've been working with, we're able to kind of vouch for us. Since then we do receive requests from outside schools.

We currently serve three schools in Durham County and we will also occasionally serve private and independent schools, in Orange County and Durham and Chatham counties as well. When we get a request from a school, it's usually because a parent or a counselor at the school knows somebody in a school that were already working in, and so they have come to us because we've been vouched for in a way. When that happens, we meet with, um, school-based personnel; most of the people we are most interested in talking to are [the] counselors or social workers at the school[s]. And then of course, the principal of the school who authorizes any new programming, and we talk with them about the scope and parameters of our program. We have a, a sort of startup packet that we give to schools that explains to them what we do, how we do it, and why we do it that way.

Including a memorandum of agreement that we have to sign with all schools that outlines the responsibilities of the school, responsibilities of the Rape Crisis Center and most importantly outlines that everybody maintains the right and the responsibility to make reports of suspected child abuse with or without consultation, so we need to be very clear that if we're in your school and we see things as a result of our programming, we reserve the right to make that report even if you disagree with it. Once that is in place and everybody is feeling good about it, we talk about the fee schedule for the programming, and determine at what sort of fee level they're going to be able to participate, what investment they can make in it, and then we do parent open houses so that all of the parents in the school have the opportunity to come and preview the programming so that they always have the option to opt their kids out if they don't want it, and they have a chance to ask questions about what it is that their kids are going to be doing and we have a chance to kind of share with them how we're talking about it because the, it's the reflection of how it's talked about in the home that really makes the biggest difference. So we want them to know this is how we talk about it and these are the materials that we're going to send home with your kid for you. So be ready for it because your kid's going to have questions or they're going to want to talk about it. At that point we start just scheduling, when we can fit into our program, schedule a new school and what makes sense for their classroom teachers.

I: 09:06: I'm really curious about how many people come to these parents. Open houses?

RV: Not very many. It depends on the school. When we do the district wide open houses, we get anywhere from five to 15 parents attend out of, you know, tens of thousands of kids. And the

people who come to those are usually kindergarten parents because they are new to everything and they really want to know what's going to happen in school. Parents who are new to the district or new to the area. Also, we tend to have a much higher level of participation from Spanish speaking parents because we offer all, we offer our programs, bilingually and we offer our parent open houses bilingual as well. I suspect that because there are not a lot of, family focused opportunities that are offered in Spanish that when they get the invitation, it's, you know, it seems like a worthwhile thing to participate in. Whereas English speaking families who are saturated with all kinds of opportunities see it and they're like, that's just another thing. I don't know if I need to go to that.

I: 10:18: It's, truly remarkable. This desaturation and depth of how you operate at the Orange County Rape Crisis Center, have to say.

RV: Education has always been a core part of our mission. And, from the beginning, we've worked to integrate education and prevention into what it is that we do. You know, our mission is to end sexual violence through serving clients, but also through prevention.

I: 10:48: Can you talk about the composition of the prevention team?

RV: We have an amazing prevention team. I love bragging about them. I'm so excited that you're going to get to meet at least one of them, Hailey. So, our prevention team is currently a three-part team. We have our youth education coordinator and that's the person who oversees our Safe Touch programming in the elementary schools. She also trains and supervises volunteers who support those elementary things to education programs. Our rape prevention education coordinator who is charged with overseeing all primary prevention efforts. The current iteration of that is our middle school and high school programs, the Start Strong program, as well as serving on area community task forces and committees to bring the primary prevention perspective to the things that other organizations are doing. She also runs a youth activism collective called Youth Against Rape Culture, that works on kind of community wide projects, uh, in, in the local schools to um, use social media and, social influencing to elevate the conversation about consent.

The third member of the team is our community education director and her job is to provide supervision and oversight to the two school-based staff as well as um, overseeing our outreach efforts. She does a lot of professional training. She does parent education, a lot of our like custom requests that we get that come into the agency. Most of those will go through Tracy... and our outreach efforts and our outreach efforts are primarily focused on outreach to African American communities and rural and low-income communities in Orange County. So that's kind of her expertise area.

I: 12:04: Those are the focus because of her expertise?

RV: No, those are the focus of our strategic plan as an agency.

I: 13:10: Can you talk to me what about the research that indicated those were the two focus groups?

RV: Yeah, I would say it wasn't particularly any scientific research, but looking at our client base and knowing who is, who is accessing services here and who's not accessing services, African American survivors and rural survivors are our two most underserved populations in the community. I'm not sure. I would say they're the two most... they're the two that we have the best capacity to reach currently. Another, very underserved community in Orange County is Burmese and Curran refugees. We don't currently have the capacity to do significant work to increase outreach there, so we've decided to focus on African American and rural populations.

I: 14:01: You said 40 years ago, the mission began for Start Strong—

RV: For Safe Touch.

I: Gotcha.

RV: Start Strong really only began about eight years ago.

I: 14: 27: What would you say has been a discernible impact of both the two programs for the school?

RV: Because we're not an evaluation-focused organization, there are definitely some limitations to our evaluation methods. We currently evaluate immediately post intervention: did we see changes in knowledge, attitudes, beliefs and behaviors and skills, which is a pretty easy way to evaluate the impact of a program, especially a program that's been active for 40 plus years. So, we're aware that there are, other types of measures that would probably be more meaningful in terms of like long-term impact, but we don't really have the brain space or the knowledge base to collect that data or to make sense of that data. When we talk about the impact, it's a lot more anecdotal. We hear, you know, when we are doing our programming in seventh and ninth grade, we are starting from the lessons that we've been teaching these kids since pre-kindergarten. And so we know by the time they get to seventh grade and ninth grade that when we reiterate those basic lessons about body rights and body autonomy, that the kids know, they know it, they get it, they know the safety saying, they've integrated it into their like common conversations, and we talk with a school based personnel, about what they see as a result of our programming. Because the program has been going on for so long, we don't really have a comparison to before we did programming, what was the quality of your kids' relationships with one another, versus after, because it's just so fully integrated into the fabric of what kids get in this county.

We are kind of missing an evaluation opportunity because we've made the choice to focus on saturation rather than evaluation.

I: 16:40: Even so, in a different way, have you observed trends in the OCRCC client base in terms of people who come to the center who are from Orange County or received the programming as youth?

RV: No, I'm not sure that we could really say that. I think that, you know, the long-term outcomes that we would be looking for out of our Safe Touch program would be a diminished

likelihood of perpetrating sexual violence, and an increased likelihood of seeking help and support if sexual violence occurs.

We would hope to see people who grew up in this community knowing about our organization and knowing that they can come here rather than the opposite, of people not coming here or seeing a decrease in cases. Because of the nature of our client services work, we don't really gather a whole lot of information about who the perpetrators are, where they're coming from, did they go through our classes beforehand? And because we live in a college town, we have an extremely transient population. Especially amongst our college, our "university client base" the likelihood that the person that the client either grew up here or that the harm do or grew up here is relatively low because of how transient our population is.

I: 18:20: Do you have any statistics of the demographics that come to the center?

RV: We have some, they're pretty unreliable though because I'm, a majority of our contacts are anonymous and happened over the phone. So, we don't always know what people's demographic backgrounds are. I do have a statistical report that we provide for the County that I could provide to you that gives a breakdown of those for whom we know this is what we know about them.

I: 18:54: Would you be able to send me the curricula for Start Strong and Safe Touch?

RV: Yes.

I: Thank you! They remind me of the Fourth R curriculum, are you familiar with it?

RV: Yeah. And it's something that a few of the schools that we work with use the Fourth R and they complement each other. One of the funny things that has happened though is in the fourth our curriculum, there's a safety saying that they use that's a "stop, walk, talk" and ours is "say no, get away, tell someone." When they first introduced that curriculum into the schools and we came in at the same time, there was definitely some confusion amongst the kids about which safety saying they were supposed to use.

I: 19:52: Where did you draw from to develop the Start Strong and Safe Touch programs?

RV: Yeah, so at the time that it was originally written, Shifting Boundaries had not been published yet. So, we drew a lot from Safe Dates and also drew from, what was the curriculum, "Our Whole Lives," which is a, comprehensive sexuality education program that came out of the Unitarian Universalist Church. It's really good. And then some of it is activities that are kind of homegrown activities that are based on, based on theories of like positive sexuality promotion as a prevention method. And we definitely drew a lot on the research about bystander efficacy for our middle school program in particular.

I: 20:47: Earlier you mentioned that focusing on the concerns of the community of Orange County is very pertinent and embedded in your work. Can you talk more about how that's embedded into the programs?

RV: One of the ways that that's embedded is that Orange County, generally speaking, is actually [in North Carolina] and even across the county, even when we talk about the rural districts, is a generally pretty progressive community. And there are components of our programming that are socio culturally relevant for our community that are not relevant for other communities. So, we've had other communities contract with us to export our programming to their counties and it just doesn't work as well. A major area for that is in the high school consent education program: it's a very sex positive program that's based on a sexual health promotion model, which starts at the basis of sex is not a bad thing. It's a thing that can go badly. But it's also a thing that can go really well and we need to talk about that if we're going to get really serious about consent. That goes over pretty well in our community. It does not go over well in all communities.

At the middle school level, we also embed a lot of anti-oppression language, and we focus on gender stereotypes and gender oppression, but also incorporate, the ways that that bleeds over into a homophobic oppression. We talk about a racist and classist oppression in the programming as well. And that's something that fits well with the sort of social-emotional curriculum that's happening in our local schools but feels in some communities, feels like it's just a little bit too, too much or too abstract or too far away from what it is that people are trying to do. We see that as being very integral to ending sexual violence, but not everybody does.

I: 23:44: How have you been able to develop metrics even if it's not within those internal surveys, like [post-tests] immediately once kids finish the programs? Once you have that data, where does it go? And I know you've talked about already is how some of them might be outdated or you don't have the brain space to kind of sift through those, but if you were to be able to refine those to really measure the impact, what would you look for?

RV: For our post intervention surveys, I feel really solid about those. I think those are, um, those are well constructed and that we're measuring what we need to measure at that level. But that's just at the individual level. Did this individual experience a change in knowledge, attitudes, beliefs, behaviors as a result of this program, which is pretty limited. We take that information, we do sift through it, we do a sort of pretty basic analysis on our end and all of that is sent to the Department of Health and Human Services who funds our program, and they partner with a NC CASA, which is the North Carolina Coalition Against Sexual Assault. NC CASA is the technical assistance provider for the RPE grant, which is what funds our primary prevention programs. And they have collectively worked over the collaboratively over the last couple to create a minimum data set, so all of the nine or 10 RPE funded sites across the state are collecting similar data and their job is to aggregate that data to try to make a demonstration about the impact statewide of primary prevention programming. So that's really cool and really interesting. I'm eager to see what comes out of that over a couple of years. I think the metrics of willingness to use the skills that you've developed in the program is a good metric to be measuring [with], and then we have met, we have measures around core attitudes that we think are indicative of likelihoods to perpetrate versus not—primarily attitudes about consent, attitudes about boundaries, attitudes about rights and responsibilities, and attitudes about gender and gender roles, which are all sort of part of the CDCs, individual level risk factors for perpetration. So that's what our metrics are based on.

I'm really interested eventually in looking at more community level metrics that can't really definitively point to this program created this change. But over time, if we were to be able to find data about school bullying the types of things that are measured in the youth risk behavior survey, when we look at, when we look at that data, which is not about our program at all, when we look at the data pre-intervention, like before we started doing our intervention at all in the schools, and today, if we can see a difference there then that, that to me indicates that there's some kind of change. We can't definitively say it's our change and we're the ones that caused it. But it's something that we are definitely interested in looking at. And we've done that a little bit with the youth risk behavior survey data here. They're not asking the questions we wish they were asking.

I: 28:31: Since you mentioned it, I'll just get it to move to my last question which is about the CDC's six prevention strategies. I'm going to just repeat them all and then ask, if you agree with the prioritization for them or if you'd organize them: teach safe and healthy relationship skills; engage influential adults and peers; disrupt the developmental pathways toward partner violence; create protective environments; strengthen economic supports for families; support survivors to increase safety and lessen harms.

RV: I agree with those, and some of those are things that we explicitly tie to and some of them are not. We don't explicitly tied to creating economic opportunities for families, but we believe in it and we support it and we try to ally with organizations that are doing that.

I don't see it as a list, I see it more as like a web of things that all need to be happening at once.

I: I'm asking in terms of a resource allocation perspective because that's one of the things I'm curious about is how these different organizations end up making these cost benefit analysis.

RV: Yeah. I like how high up on the list engaging, influential adults is. I think that that is really underrated and it's something that's probably the biggest going back 20 original questions. That is the biggest challenge that we've found in working with the schools. We've been extremely fortunate. I know this is, this differs from school just from community to community. We've been extremely fortunate to be provided access to the students. But whenever we raise the issue of providing more training or support or technical assistance to the adults in the school and to the system for creating policies and procedures, we get totally brick walled.

They are not interested in looking at themselves.

I: 30:21: That's really fascinating because despite that you've been able to do so much for reaching kids from such a young age.

RV: We presented that at a conference once and we were like, "the hardest part is getting to the adults "and we had people in the room that said "that has not been our experience." "We are in school districts where the teachers are hungry for professional development and they want it," and we are having a hard time letting [adults] let us talk to the kids. And I think it's a Chapel Hill thing. It's like an Orange County, Chapel Hill thing. We take very seriously the education of our children, but I think we have a little bit of a chip on our shoulders about the quality of

professionals that we hire. They don't need any more training. They're perfect. They're wonderful. Well we don't need to worry. We don't need to look over here. We don't need to worry about them.

Our community has the highest concentration of graduate level degrees in the state. It's kind of nauseating.

I: There's also that report from WRL on last Friday about how North Carolina across the state has 80% white teachers, and they were examining how this racial dynamic affect students and their likelihood to go to university.

RV: I didn't hear that report but that, that's definitely been a part of what my partner is a teacher in the local school system and it is a huge part of the conversation that he's trying to have about equity and even, you know, in that work the, the district continues to try to push all of the equity conversation into what initiatives can we do for the kids. But he's like, wait a second, we need to be doing a lot. We need to be doing things a lot differently in terms of the quality of relationships among adults in the school and modeling and hiring, [but] they're not interested in that conversation at all.

I: 32:35: On an unrelated note, can you walk me through some examples of some non-school entities that are reaching out for some of those one-off programs you described earlier?

RV: Sure. There are a few different categories. One that's kind of a continuous thing is that we work with the Boomerang program, ran by a local organization. It's an alternative to suspension program. We do one offs with them on us a biweekly basis, and with those, we've taken our curriculum that we do in the school and distilled it into a like one-hour crash course. It's still based on all of those same theories and all of that, the same theories of change and all of that same research, but just kind of crammed into one hour.

That's one way that we'll do those custom type programs. We often get requests from parent groups, and those are usually faith based or school-based parents of young children who want information about child sexual abuse prevention and parents of adolescents who want to talk more about "how do I talk to my kid about sex and sexuality and consent." We always get an uptick in these when there are high profile conversations about sexual assault in the media. We often get requests for kind of awareness raising and what are the risks and what do we do. Most of the requests that come in are from a risk reduction perspective and we try to reframe as much as possible towards a prevention perspective. Most of the time people are really open to it. It's just not what they think of when they think of a rape crisis center, when they think of the type of education that they'd like a, so that's kind of our main kind of internal work when we get those requests for custom programs.

We also do professional training because we've been doing a lot of professional training in the last couple of years about sexual harassment in the workplace and sexual harassment in the academy. That one has been an interesting series, because sometimes we're doing custom programs for groups that we don't really know a whole lot about. When we are not really embedded in a particular community... When we get a request from parents of adolescents were

like, we got this right because we work with adolescents all day, every day. But, [for example,] we got a request from the faculty at the School of Medicine to do something about sexual harassment in the academics, and we were like, okay, we have some, we have some expertise around the dynamics of sexual harassment and the dynamics of how we work to prevent it. But we know nothing about the academy. When we have situations like that, we have to find a partner, find a partner who is embedded in that community and gets what we do so that we can collaborate to create something.

I: 36:17: And where do those partners come from?

RV: Usually just usually from the communities who are requesting it. So, for example, with the School of Medicine we partnered with a woman who worked in the school of medicine in a leadership capacity, the programs coordinator for graduate programs at the Carolina Women's Center, and then somebody from the Title IX office as well, who could sort of bring the university's institutional perspective to it. It depends on the community. We try to find somebody that we know that we trust that trust us, and go from there, build something right together.

I: That's awesome. Lastly, what strategies or tips do you have for different organizations, like putting in requests for these RPE grants?

Secondarily, one of the biggest critiques for these prevention programs that he's too little when it's compared to what's been informing childhood trauma. They were raised in a house for domestic friends taking place. That's why I love what you said about being really assertive with the reporting child abuse. But how do you respond to those critiques?

RV: 37:51: First in terms of effective strategies for us, we will sometimes do that. DHHS already knows, so we don't waste our character space on the [monetary impact of the programs] for them because they already know, that's why they created the RPE grant. But we'll use that information for local government funders who are not already primarily focused on IPV but are focused on community development. And so, we have to make the case about how preventing IPV is relevant to community development for RPE. The biggest things that they want to see are that you have a clear handle on the primary prevention perspective, that this isn't just awareness raising and this isn't just about getting, victims to safety, that this is about changing the conditions that contribute to perpetration, a really explicit focus on preventing perpetration. And they also want to see that you've got that you've already got solid relationships with the communities that you're working with.

They are not committed to funding exclusive school-based programs. I think if there's a community that has the opportunity to do intensive deep dive work with a non-school based community like with a single church in their community that has committed to saying come do 16 sessions with our kids, or with the Girl Scouts troop that has asked to come do 16 sessions with our kids, RPE would rather fund that, than a program that is going to do one or two sessions with every class in a large school district.

They are definitely more focused on intensive deep dives than on breadth, and they also would like to see (because they're a partner and I think this is because they're partnering with NC CASA

and CASA is really interested in seeing that they have a social justice framework) that they can demonstrate that their programming is effective for underserved populations. Those are the big strategies to get funded.

The critiques. I completely agree, with which is why I'm the other strategy for getting funded, and this is the best, this is the best practice for doing prevention work is that we have to move out on the social ecology. You can have a baller program for seventh or eighth grade students, and it can even be like one that where you see them every week for 12 weeks in a row and they have an awesome relationship with you. That's great. But as soon as you leave that building, every, everything else is coming at them. And, the changes that we're asking them to make are dangerous. They're scary. And it has the potential to put them at odds with their community around them, which is why an effective prevention strategy is also working with the community around them and doing effective engagement at the relationship level, with their parents and/or their teachers and/or their coaches—some influential adults in their community—and is also potentially doing some work around the, at the community level working to influence school policy or school culture, which is a little bit harder to pin down. It's a little more slippery. But, that's what RPE really wants to see it is that you're going beyond a curriculum and you're talking about, how does this all impact the relationships around these students, and the community around these students, which is harder.

It's a lot harder and it requires a lot more buy in that is harder to get. I think mostly because it's less tangible, but also because it asks adults to make changes and they don't want to, most of the time.

I: That's it for me. Do you have other comments you think would be useful or like to share?

RV: No. I'm eager for you to talk with Hailey!

I: I've learned so much.

RV: Same with you.

I: I really, really appreciate it.

**Lightly edited for grammar and concision*

04 Brianna Clarke Interview Transcript

I: 00:00: I am currently a senior at Duke conducting research for my thesis, and I am excited to interview you in your position at InterAct as Prevention Director. I'm hoping to get through some questions about your position, mechanics of the organization, and your own philosophies on what works well and what doesn't work well for these kinds of school-based curricula. Does that sound good? Do you have any questions too?

BC: No.

I: Okay. Can you please describe your position and responsibilities as prevention director?

BC: 00:58: So, I am Director of Training, Engagement and Prevention at Interact, and I do consider that all under the umbrella of prevention. I run four programs.

The first program is the training element, which is actually internal training, which includes both our staff as well as our volunteers and many part time staff, which is actually quite a large body of people because we have about 200 active volunteers at any time. And over I think 1500 volunteers who are present in our community. Internal training is actually a really large piece of our outreach. There tends to be, you know, wide run programs that are staff leading and training. That's where we bring in experts in different topics, leading training and we bring in outside experts to lead things for our community, and really just build awareness and really focusing on work that is sort of around violence prevention. So not only looking at domestic and sexual violence topics but really the social justice space around that. We do a lot of equity trainings. We're looking at go phase training around health, and more.

The second program is our volunteer program. Obviously, I can push some very large [inaudible], we have a very robust program with a lot of opportunities. We have two people who facilitate that program.

Then we have our community engagement program, which is really, you know, if I were to think of the YES (youth education services) program and the community engagement program there enough directly related to traditional prevention efforts. The community engagement is really what we do: the trainings because it's all paid for by a partner, community organizations, as well as communities themselves. We really do a lot of outreach and awareness through conferences, through kind of patients, through tabling. We have to lead pretty infrequent training or partners that are either experiencing something specific for have particularly vulnerable communities, and that's really focused on adults in Wake County, whereas our Youth Education Services are the program is that primary prevention work in schools. And we're really, we've been doing that for about 26 years, and we work across Wake County. Last year I think we ended up teaching about 10,000 students and we have three people on staff who lead that program and are really the, you know, they're, on the front lines teaching the violence prevention curriculum lessons every day. And they do it close in Wake County public schools, private school, and for community groups, particularly ones that are working with vulnerable youth. That primary prevention is, we're now looking at how to expand that to the post-secondary prevention level as well. We're starting to do training right now.

We're actually piloting something with counselors so that we can, there's sort of our natural ally, and then that work will be amplified going forward.

I: 04:29: Thank you for that. My next question was going to be about the number of students you reach. Can you clarify if that is 10,000 students reached across Wake County with outreach led by a staff of 10?

BC: Staff of 3.

I: InterAct is the largest provider of domestic violence and sexual assault services in Wake County, across public and private spheres. I was wondering if you'd comment on why you think this is the case and share any relevant history behind this.

BC: 05:35: I actually don't know exactly why there wouldn't be anyone else except us. InterAct has been around for a long time and like with similar organizations, it's really a grass roots organization. When it was founded, North Carolina didn't have the population it does have now. It's really exploded in the past 10-15 years. We alongside that growth, have grown. The organization is one of the larger service providers in the state, both staff size, client numbers, as well as our education services.

I do work with partners and other organizations who have smaller programs and we definitely are able to reach a lot more, not as many as we would like ... I think there's always room for growth. But if we were to look across North Carolina, most counties only have [agency]. If you look in Charlotte, because of the nature of the city and how it's sort of broken into two counties, there might be more than one in a specific county. But North Carolina tends to be sort of one service provider for county. I don't know if that was intentional or not.

I: What would you describe as the challenges that prevent more schools in Wake County from receiving the school-based intimate partner violence prevention programs? If it's not yet at full saturation within the schools.

BC: It's definitely capacity. Our capacity to do outreach, our capacity to be in every school, to do all of it. It means that, you know, we could definitely be doing more, but we couldn't do all of it for sure. We are challenged as a nonprofit and I'm confident that that is a challenge that most non nonprofits face. Wake County is quite physically diverse; we have a very large rural population and people think the county is urban; but it has a strong rural-urban divide. There's a strong concentration of schools sort of close to Raleigh or in Cary, and then a lot of schools across the rest of the Wake County are quite spread out. We work with a lot of those schools, actually quite a few of our strongest partnerships are with schools that are in really rural areas. But I think InterAct, you know, a lot of people that learn about the youth education program learn about it because they know, InterAct, they know about our services, they learn about what we are as an organization and InterAct is very well known in Raleigh.

With specific municipalities, with Cary and with Wake Forest. We have really strong relationships with, not only those local governments, but then the school system and people really know us to get a lot of clients from those areas. In Raleigh, we're so close to downtown, people literally drive by us. They see us. Typically, people just know that we are. The further you get away, the further the more rural, not only do lot of our clients or potential client face transportation issues; so just the number of clients coming to see our services from in further up municipalities, it's challenging. We don't get that many people from the region. And so, we, the outreach ends up being completely one sided. We get a lot of requests from school who are closer to but not from schools that are further away.

We have to do that, really intentionally because they don't know who we are most of the time.

Sometimes, you know, they don't have time for the program. Even if a counselor really wants it to happen, which is often the case because they understand the value of it, maybe there isn't a priority from the school how this kind of program and so they don't really have the space in their curriculum or in their schedule. It's definitely multi multifaceted, even just culturally, we are in the bible belt. I'm actually from New England so I probably am more aware of it sometimes than some of my counterparts, but we don't teach sex ed. We are a violence prevention program. And we aren't political. But sometimes schools will think that we are teaching sex-education [inaudible]. Depending on the area, this can create a challenge.

I: 10:55: I spoke recently with the Orange County crisis that our staff who expressed a similar sentiment too. My next question is about the programs themselves that are implemented within the schools. Do you use Safe Dates, Shifting Boundaries, the Fourth R or do you have your own curriculum?

BC: We actually made our own curriculum. There are definitely a handful a curricula that we draw from – I don't want to give you names because we sort of have to make assumptions based on working with various schools. Basically, what happened is we started working with Wake County public schools and there was no set curriculum, and this was being introduced for the first time. This happened 26 years ago. There were not many kinds of options and since then there's been more research done. Because of the limitations that were placed on us, there wasn't/isn't an option that would fulfill the requirements and concerns of various schools.

For examples, Christian private schools have limitations. Many of the lessons are similar to widely taught curricula, but because we do have certain limitations on us, esp. because we are in public and private school settings, our curriculum tends to have some creative amendments within it [laughter].

The advantage is that we're able to work with schools that wouldn't welcome this kind of programming otherwise. A lot of trouble to have that relationship with them, there is also the issue of having a limited amount of time.

BC: 14:04: We do get requests from parents who are concerned about the program. They request to see the curriculum or lesson plan and walk through it. Most of the time I would say almost all the time we're able to alleviate some of those fears. And that is absolutely bonus because I know that we're still able to reach our ambitions and outcomes, despite some of the limitations. That said, as a professional, knowing that this kind of curriculum needs to be extremely robust, not being able to say certain things is harming the vulnerable students whose parents are upset because they don't want their kid to hear about same sex relationships or something. And that's not to say we don't talk about same sex relationships, but we have to talk about in a creative way. I do have a concern sometimes that we are able to do a lot more because of these restrictions, but it might sometimes come at a cost for those students who are experiencing things at a higher rate. That's a big assumption because we aren't able to really measure that, but I worry about that. I think it's definitely a disadvantage.

I: 16:43: How you would describe the process that you/InterAct, develops relationships with schools. You'd said earlier that school counselors were critical partners, but I was wondering if

there are any other facets.

BC: Yes, we have a really great MOU and so that's kind of an open door to reach out to schools. If we didn't have that, it might be a little trickier to work with certain schools. We do a lot of blind outreach, honestly. We definitely have schools or even just specific classes that we've been working with for a long time because their teacher really loves us or their counselors are really invested in this work, but when it comes to building new relationship, we really have to do pretty targeted outreach.

We send out emails to all of the contacts we have, every fall, you know, beginning of before fall semester before spring semester. We also started working with the professional learning teams, so all of the teachers, counselors and other, not-admin, but other people in schools, like gym teachers and stuff, they are all on professional learning team and the professional learning teams, the PLTs are small group made up of teachers from the same normally grade or topic. That would be like all eighth-grade math teachers or all teachers are all seventh- grade counselors. They meet once a monthly...I think they're that frequent, and they will be from all over the county and it'll only be 15 of them in one PLT. We've actually have been inviting ourselves to come to their meetings, specifically to counselor meeting, to talk to them about domestic violence and sexual assaults, generally, and then talk about interact with our services and then really talk about the YES program.

We really go through the program but then we have questions that are ask every time. We really try to understand their needs, what gaps they are seeing in our curriculum and really what kind of skills they need to grow in themselves as professionals so that we can develop our training really specifically to the needs of the counselors. And then those counselors are most often the people who will reach out to us later and request programming, as well as introducing us to some other people at other schools. There's a lot of word of mouth involved. It's a lot of, "I've heard this is what's happening here," or parents heard about their friend's kid who got it and their kids didn't do, [and now] they want us to come to their kid's school. Just generally, it's, it's a lot of unexpected sort of entryways I would say, but when we get those, we really, really leverage them, and try to make the most of building those connections and those relationships with an individual who becomes a champion for us in the school.

I: 20:23: Awesome. Next question is about the YES program. Does it target specific age groups or is it for Kindergarten-through-12, and do you have iterations for each age group? Can you please talk more about that?

BC: Yes, we have k through 12th grade, and we also do some college work. We have 17 lessons total, some of which that overlap; about 5 elementary school topics, and then 7 middle school topics and 6 high school topics. Some of those lessons are going to have the same title across the grades and crossing age groups.

I: 21:39: Would you happen to have any statistics on the distribution for how many of those programs you offered to each age group?

BC: In middle school, relationships become more public, and so families and counselors are

like, oh shoot, we need to work on this. I would say 75% of our work is in middle schools. [Inaudible]. We get different kinds of partnerships with each school. Some really only have time for one class, so all their seventh graders get one class. [The 7th graders] will be broken up into it. You know, we'll go into an English conference or something for a day. So, if the regular group of 20 kids in a room of like 300 people but they only get one, maybe one in the fall, one in the spring, and that often times happens with high and elementary schools. But in middle school, we have a lot more partnerships and really longer term and deeper lessons scheduled with them. So, they'll be more of the lessons for more of their students and it's just a lot more comprehensive than what we experienced about other schools. I mean, yes, there's definitely, we have one high school that I know does the whole curriculum but that's very uncommon.

I: 25:08: Thank you. Do you have a metric for measuring student outcomes after completing YES?

BC: It's a very short survey. 5 question. We do it across all the age groups. Actually, we do have a thing, one slightly different wording for elementary school, but really the same for all. And what we're trying to show is, well what we would sort of anticipate being is that with more, you know: the comprehension, the learning, the value shifts are more dramatic and you have more, more time with the students more just, you know, what did we do that if we do the same thing. We want to do the same thing if we're going to a class one time, that we're doing in a class we go to seven times. But that said, the way we're doing it now, it's quite new. We just did a pretty deep evaluation of our own evaluations with them. I have a background in program development and monitoring and evaluation. Before I got here, I would say that the outcome measurement, the system was not, it wasn't really measuring outcome. It was measuring knowledge, but in a quiz format, "did you learn this information," not "did it shift your values or core knowledge."

It was also very difficult to really measure because they weren't doing pre-tests, they were only doing post tests and, and it was a different survey for every single lesson, for every grade. There were so many surveys, and just evaluating the results was just a huge task... we don't have a team here that does data analysis. Most of our grants don't require that level of evaluation anyways. I've been really trying to simplify while also actually improving the quality of that data. I don't have results that I can share with you because we don't have enough data yet or there be something to show you, outside of, you know, it's not going to be private information going forward, but we just don't, you know, we're not there yet. It takes a while to do this kind of work.

I don't think that a single semester of data reflects and because a lot of our relationships are year-long. That said, I am really excited about what this is going to show, whether it shows that we're not doing anything at all or it shows that it's great either way, that's going to be really, really valuable information and we are absolutely prepared to adjust, no matter what. A lot of work is going to be done this summer to do a really deep dive into shifting our curriculum quite a bit and possibly even just moving to a single curriculum, that we would have to edit. But what we're really going to take this data seriously, but it's not something that's available yet.

I: 29:34: Thank you. Next how would you define the YES program learning objectives?

BC: That's a good question actually. There are the organization's goals, which is our mission of

ending the cycle of domestic and sexual violence in Wake County. But then around this specific topic, you know, it's around building community capacity and engagement, in education and around the end of violence. The org goals influence a lot of the grant outcomes that we now have to measure up to, which are around students showing increased knowledge about healthy relationships, and skills to create healthy relationships, and skills to deal with conflict. Those around healthy relationships and conflict are really important because we have to measure for those outcomes. We have to be really diligent about what our surveys are showing so that they are relevant to those specific outcomes. But then we as a department have our model with pretty extensive targets and outcomes for every program within our education services.

We have a peer educator program and a Youth Advisory Council. Now we're piloting a secondary intervention program with counselors, we'll be doing it with [inaudible] professionals. With that we do with the curriculum, we have outcomes to ensure those are matching organization and program goals. We are looking at measuring or balancing our breadth versus depth in relationships.

You asked earlier about building relationships with schools, and that's something that's very top of mind because we are looking at partnerships where we have quite a deep relationship with school. You know, like the high school where we do basically the entire curriculum, versus schools where we just do one lesson, and looking at any quality differences. Then also looking at our outreach and being really cognizant of what we're missing in terms of vulnerable communities in Wake County that were not necessarily reaching right now. So, what schools represent communities or have large proportions of communities that really would benefit from this kind of work. That's really hard to measure... having really strong goals around that work also is its own separate sort of outcome. Yeah, that's a hard question.

I: 33: 50: Two very short questions, but on a scale of one being no impact to 10 being transformative, how would you evaluate the impact of the current school-based programs that you have in preventing future abuse by addressing potential perpetrators of intimate partner violence about? Does that make sense?

BC: It's definitely not transformative but there is good working being done. It's hard to measure and I only started here this past summer. There's a lot missing. I can't say that we're going to have outcomes people show you because it's only going to be a year of data. It's the same with a lot of that. I'm fairly new to the organization and still a lot of our teams is still fairly new to the organization, and we're really trying to change a lot on its head. I think a lot of it's going to change because it needs to. Also, I hear that a lot of our partners in other counties are also experiencing something similar where they're either starting programs or have programs that have been going on for a long time, but 10 years ago the area looked very different than it does now. A lot of the research that has been done is pretty recent and the expectation for nonprofits that have very limited resources, you just suddenly drop everything, and change is extremely unrealistic. I would say fairly small organization working in a fairly small limited community, this program has been very strong thus far, but it can absolutely be better. And that's probably how a lot of people feel with this kind of program.

It is a challenge. We're trying to measure basically population level change, through immediate and individual intervention. A lot of what prevention is, which I'm sure you think about a lot is, is measuring 'if one rape didn't happen today,' 'one assault didn't happen.' We're looking at long change. We're looking at children becoming adults. This is real work. It's challenging. It's not immediate. There's no instant gratification. All we can do is be as rigorous as we can and be committed to evidence as possible. But sometimes as a small organization it's challenging because we don't have resources. That's a longer answer than you asked for...

I: 37:33: No, I really appreciate that. Very similar to the earlier question, on a scale of one to 10, how would you evaluate the impact of the program in preventing future abuse by empowering otherwise potential victims of intimate partner violence?

BC: Is this for quantitative purposes?

I: No, this is going to be used for qualitative purposes. I'm not creating a new data set from the people who've answered this. It's more just to measure how do specific programs think they are doing with these measures.

BC: I would just repeat the similar reasons to my last response.

I: 38:34: A lot of the criticisms for these kinds of school- based interventions is that you're trying to undo what can be childhood trauma of children who have grown up around domestic violence. A lot of research has been shown on trauma informed care and the need to invest in resources in that capacity. In response to this criticism, I was wondering, how would you respond to make the case for, for school-based prevention programs?

BC: I don't think primary intervention is the most important way... we are working here with a cycle of violence that is so much broader than the individual level. Our program contributes to some trauma-informed care. For those who have experienced trauma, their resiliency is the factor that will either ensure or.... That is the factor that we are able to help build for an individual. We are able to work with young people to learn coping mechanisms. We are able to teach them about self-love, about diversity, about what healthy relationships look like for people who don't know what a healthy relationship is, who don't even know they don't know what a healthy relationship is [inaudible].

We have kids who cry in our classes because when we go through the pyramid of the abuse, and we start talking about emotional abuse, verbal abuse...they don't even realize that that is happening to them until someone says it out loud. They don't think that they're in an unhealthy relationship because they have no idea that what's happening to them is controlling, abusive, behavior.

I don't think this is the answer to ending violence. I believe in holistic solutions. I think society has lot of work to be done. I believe in an integrated approach. The work we do in prevention needs to be integrated, person to person, comprehension partnerships with other industries that don't already do this work, that don't think that this is what they do, who don't look like allies, but are impacting jobs, and housing, and the economy, and the police, access to food – these are

things that influence children's not only traumatic experiences but their resiliency and their likelihood to experience violence as a victim or as a perpetrator. If we can be a little part of that, wonderful. I think that primary prevention is a part of that, it is not the solution. I do sort of resent people who say, "well this isn't going to work." Well this is a piece of a very big puzzle.

We can't ignore the kids. We still have to work directly with the kids. What are we going to do? Just [inaudible] but never talk to them? This is the element of working with kids, [inaudible] and others need to often be part of this conversation. We as an organization often need to do the secondary prevention, which is what we're trying to start doing.... that we can look at policies between spaces and that advocates and skills that people understand signs and can, can do the work themselves. I agree with those people, you know, I think there are lots of criticisms of this work if you look at it in a silo. But if you look at it in a silo, you're not looking at it the right way.

I: 43: 30: Thank you for that. My last question is about any advice you have for grant applications that InterAct pursues. Can you also speak to where the funding comes from for the organization? We're a little over time so no worries if you must hop off the call.

BC: The Governor's Crime Commission funnels a lot of money now. And then we also do a lot of small foundations, like more local family foundations. I think that with what I struggle with the grants is that a lot of funders expect huge outcomes for a little money. All non-profits deal with this issue of promising too much for too little.

This isn't advice. This is just a frustration. I wish we could challenge that mindset. Change doesn't happen overnight. We need to be better educators to funders who are learning about it from our grant applications. When we all of us collectively write grant applications that are promising too much for too little, we're doing a disservice to each other. Because now these funders who are not experts in the field think that this is possible. They think that's real. And then we have to report it out, and organizations often make huge sacrifices to make some of those outcomes happen or have to really stretch things to make this outcome happen. It's just really challenging.

It's not sexy, but I just wish that our partnerships were more authentic. You know, it's not my advice for grant writing because then you don't get the grant because you've been too honest about what's possible and what's not possible, but that, that's where our funding needs to go. Gosh, I just see ridiculous things proposed for grants, not even here. I mean here sometimes I'm sure, but I've seen ridiculous grant proposals at other places, and if you do that to yourself, maybe you'll get the money, but then down the line you're going to have to make sacrifices to try to figure out how to make the things you promised to come true... and sometimes it's not worth it.

Finding unrestricted money is so valuable, having a strong investor base or donor base individuals or family foundations that are willing to give you money because they believe in a cause or even corporate foundations that are willing to give money because they believe in the cause and they're not going to ask you to change things because they want something specific, but they don't actually understand the impacts of that. You know, I think that there are allies out

there who understand that we need money to do this work and those partners can be extremely, extremely authentic.

I think we put ourselves into corners too often. I mean look at this work, I just criticized primary prevention and I am critical of primary prevention and yet I know that there are lots of organizations that write about their primary prevention programs as like the 'end all be all solution to violence.' And if not, we shouldn't be telling people it is...that's how we ended up with all these critics of a program that seems to be a piece of the puzzle. Not the puzzle.

That said, I wish I had specific advice about grant writings. I actually used to be in funds and grants in a prior life it's just a messy [inaudible].

**Lightly edited for grammar and concision*

05 Valerie Sauer Interview Transcript

VS: 00:00: The programs that we offer are called Teens Climb High and Start Strong. The Start Strong program is a two-day curriculum that is used in the sixth and eighth grades. The purpose of this program is really about teaching kids to really recognize good, healthy, and unhealthy behaviors, and relationships. We go over conflict resolution skills, talk a lot about boundary-setting and expectations and things like that.

For Teens Climb High, we have a full-time staff member and a part-time staff that I supervise that implement that program. And so that is a comprehensive sexual health program that is funded through the Department of Health and Human Services [by] the teen pregnancy prevention initiative, so that 8 to 10 day evidence based curriculum is called Making Proud Choices, and it covers all sexually transmitted infections, including HIV, we talk about negotiation skills. We cover teen pregnancy; we do a condom demonstration. We really do a lot of activities around this; and 'agree or disagree' with facts, again, hoping to have those critical conversations around, you know, not telling them what they should do, you do it, but really encouraging them to at least start thinking about the decisions that they'd like to make, sort of what expectations they have around healthy relationships and healthy sex.

In addition to those two programs, I also offer community education for any community members or other groups that are interested in having presentations about Compass Center services or about domestic violence in general. I also do professional training. For instance, with first responders, there is a crisis intervention training each spring and fall that were invited to, to talk about interpersonal violence, and how that relates to first responders, EMS and police. We talk about what signs to recognize as well as what resources are available. In addition to sort of the community education piece, all of our full-time staff here serve as backup for our 24, seven crisis line. So, we keep it busy around here.

I: 02:20: Sounds like it! Could you talk a little about the distribution of your team that you ever see you? How many people work with each particular program?

VS: [inaudible] We do sometimes have volunteers to work with the data entry portion of that, but

we don't have volunteers deliver either of those youth programs. The Teens Climb High, we have one full time person, our Teens Climb High Director, and then the part time person has a newly permanent part time position as Teens Climb High Assistant. In the past that has been an internship that we've had folks apply for. But now it is a part-time paid position.

I: 03:46: One of the things you mentioned is that in addition to Start Strong and Teens Climb High program, the Compass Center offers one-off trainings for different community partners. Could you speak to what those look like and where the curriculum content for those comes from?

VS: In general, we offer two community presentations. 1) One is an agency services presentation, which is pretty self-explanatory, where we just have an opportunity to give much more detail about the different services that we offer.

2) And then the other is a 60 to 90-minute presentation called Breaking the Silence. This presentation really covers the fundamentals of domestic violence, addressing power and control dynamics, talking about different forms of abuse, including specifically economic abuse. We address domestic violence and children. We also talk about really combating that common misconception around why people remain in abusive relationships. We talk about the question of "why do they stay," and focus on sort of not just the logistical but also the emotional challenges around that decision. Really the curriculum for this has been one that evolved throughout the years just in relation to really the statistics of the data that we know about domestic violence.

I'd say that the majority of the information that we present has been probably derived in some way, shape or form from either the North Carolina Coalition Against Domestic Violence, the National Coalition Against Sexual Assault and the information that they put out, and the power and control wheel is something that we've adapted from several different models to be as inclusive as possible with various identities. But we also are willing to sort of tailor either of those presentations depending upon the specific needs of the group that we're presenting to. So, if we're talking directly to, like I said, law enforcement officials, then we'll talk specifically about, you know how well either what are clients' experiences have been and sort of what our suggestions would be around that. We've also done specific training for medical professionals and interpreters around understanding domestic violence. We are really willing to work with our community partners to engage around this conversation.

I: 06:25: How many of these two programs as well as the Breaking the Cycle and agency services presentations, would you estimate you've delivered or executed?

VS: [inaudible]. I have those numbers from July to December [of 2018] right here. According to our database where we track all of the presentation, I delivered 11 agency services presentation between July and December of last year. We had 147 folks attend that. In regard to the Start Strong, it looks like in the last six months I've served around, 150 students roughly. Within the community slash prevention training, which would be the domestic violence basics, we reached about 122 folks in the last six months. Total in the last fiscal year, And now I'm just sort of remembering these numbers off the top of my head. I think Start Strong was around 750 students and with Making Proud Choices (which is the curriculum that Teens Climb High uses) we

reached I think around 500 students.

I: 08:03: That's awesome. Thank you. My next question asks how you would describe the process in which you/the Compass Center develops and maintains relationships with partnering schools.

VS: We have a Memorandum of Agreement with Chapel Hill and Carrboro City schools, for both Start Strong and Making Proud Choices (I sort of use Making Proud Choices and Teens Climb High interchangeably). We have an MoU for Start Strong as well as Teens Climb High, which allows us to deliver this curriculum within that school district. From the administration level, we've sort of gotten their blessing through that way. Sort of on a grass roots level, it is up to us to educate the health teachers in whose classes we deliver these presentations, so to talk with them about the curriculum and allowing us, allowing us to deliver that within their classrooms. And really talking about the fact that each of these curriculum meets the North Carolina Central Teaching Standards that are required, but that we also sort of go a little bit above and beyond in the content that we offer. So it's both a trickle down and trickle up kind of outreach effort, both to work sort of on a district administrative level around getting their approval, and making sure we've worked through all the right red tape and then also sort of on a work-your-way-up, building those relationships with teachers throughout the years.

I: 09:42: How would you describe your relationship then with the Orange County Rape Crisis center? I was speaking to some staff there who said that there's an agreement in terms of the grades that you teach. So, sixth and eight, versus seventh and ninth. I was just wondering if you could speak to that and why that exists the way it is.

VS: I think that there are a lot of important similarities in what we do, but there's also really important distinction of domestic violence work versus sexual assault. In order for students to get a holistic education around these prevention efforts, it really has to be tag-teamed. The way that we split that up, so the Start Strong program is shared between Compass Center and the OCRCC. We teach six and eight, again, focusing on healthy relationships, and then more so healthy relationships specifically within the context of dating in eighth grade.

And so then, OCRCC sort of in conjunction with us teaches seven and ninth grade. In seventh grade they start to talk about the differences between healthy flirting and harassment. How do you tell the difference between those two? And introducing that conversation around sexual harassment. Then in ninth grade they talk really explicitly around sexual harassment, sexual assault and consent. And the consent portion of that specifically really relates well to the sexual health programming that we offer through Teens Climb High.

I: 11:49: I've heard that this is this rural versus urban divide in terms of schools that OCRCC (and maybe Compass Center too) is able to reach. How would you say the Compass Center has been able to adapt to the needs of the community that you serve?

VS: It's been by virtue of our geography, you know, where our offices are physically located at Chapel Hill, as well as [inaudible] you can't be in multiple places at once, which limits our ability to reach all of Orange County. We have done outreach efforts in the past and really in the

next year are making a concerted effort to develop those formal relationships on a district level in Orange County schools.

We are working with them to develop similar MoA is with Orange County schools to be able to offer Start Strong, and we have done the outreach and education efforts with their administrators, social workers in the past. But in terms of offering the formal curriculum, that's something that is in the works. Something we'd like to do. All of our services are available to Orange County Services. Other ways we've tried to make our services more accessibly is starting to have office hours at the Orange County DSS, which is in Hillsborough on Wednesday morning so that folks can receive similar services and visit us there. It's a long-term vision for the Compass Center, in terms of our leadership and staff, to meet with clients in public spaces and really meet them where they're at with the domestic violence services we are able to provide.

I: 14:10: Great. My next couple questions are concerning the discernible impact of the prevention programs that you have facilitated. Would you be able to send me any pre and post-test surveys that you use to measure the impact of your two programs?

VS: [inaudible] I joined in this role in July of [2018] so I haven't actually got to teach for a full school year yet, so I haven't been able to look at what those results look like. I can speak sort of qualitatively to the comments that I've had from some students and the brief pre and post-tests that I've used in schools thus far. that too. The comments have been really positive and then it is extremely clear to me that students want the material and want the education, and I think it's just so important to ensure they are getting the factual information. Because regardless of whether or not we are there in those conversations, they're going to get that information from somewhere. I think it's just so important from our perspective to make sure that the information they get is safe and accurate, and delivered in a trauma informed way. I would have to ask about sharing the post and pre-test with you. I don't see why that would be an issue. We just ask sort of simple questions about their opinions in general about relationship and then ask some questions about what their peers think about relationships. There's kind of an important distinction between what their personal opinions are and then what their perception is of their peers.

But in general, students are really receptive to this. I think the parents that I have interacted with the most part, once they get a good understanding of why we're doing this work and what exactly we were talking about, they are enthusiastic that they are also getting such comprehensive factual information and frankly that the parents don't have to have these conversations on their own... That's been my experience thus far and I really love what I do. I think it's much rewarding when there's evidence that the conversations are wanted just as much by the youth that are receiving it.

I: 16:45: Awesome. I'll follow up afterwards regarding the post and pre-test. My next question about the objectives of the two programs that you specified. In your own expert opinion, could you please describe what the two programs that you described (Teens Climb High and Start Strong) seek to accomplish in terms of any transformational change, any behavioral changes, any warning signs you want people to indicate...

VS: Recognizing the difference between unhealthy, healthy, and abusive relationships; that they were able to utilize the conflict relation skills that we talked about in class; that they are at least beginning to have these thoughts and conversations around what are their expectations for relationships; what boundaries are to them; is and then really making sure that they are aware of their community resources and where they can receive support.

For Teens Climb High, the goal really is to ultimately reduce the transmission rate of STIs among young people and educate folks around teen pregnancy and ultimately help them navigate through the obstacle. We want to make sure that they are informed about healthy sex and sexual education in a trauma informed way, and making sure that we are cognizant of all life experiences within those conversation, but that they all take away information about sexually transmitted infection, how they're transmitted, how they can get tested and receive treatment for those and that they're familiar with all FDA approved forms of contraception, so for protection against the STIs as well as unplanned pregnancy.

I: 20:05: I'm really curious this point that Teens Climb High is focused more on reducing the STI transmission rates. Could you speak to why you have not had sustained long-term prevention programming on IPV for high school students. Why does the Compass Center not offer anything on this?

VS: [inaudible] By high school, students already have their ideas of what healthy relationships look like, so it's really a lot harder when you're at that stage. We have to reach them as they starting to have those conversations and are starting to engage in dating and intimate partner relationships. That really starts in 6-8th grade in middle school, sometimes earlier. Frankly, it would be fantastic if they were able to get the curriculum from sixth grade on. But at that point you're talking about the staff capacity and resource allocation.

I: 22:06:

Yeah. Along those lines, the CDC, I was, you might know, has the technical package of programs, policies and practices, and they listed six prevention strategies. My question to you is, when faced with limited resources, obviously prevention agents must prioritize. I want to know how you would prioritize the following the six prevention strategies. So I'll just read those out to you: each safe and healthy relationship skills; engage influential adults and peers; disrupt the developmental pathways toward partner violence; create protective environments; strengthen economic supports for families; support survivors to increase safety and lessen harms.

VS: [Inaudible]. They are all tied together.... a conversation about economic disparity is going to lead to a conversation around healthy relationships, not only with intimate partners, but with family members. All of those things work in that connected way. That's why it is so important to have these conversations because, you know, you can't talk about health disparities without talking about, racial equity's without talking about equal pay without talking about all different sorts of things. Um, so it's hard for me to think about ranking those in terms of priorities really.

I: 23:50: How would you describe how the Compass Center focuses its efforts?

VS: Obviously the conversations around healthy relationship that we do through our youth

prevention work is so important, but then also strengthening economic resources. I think, I'm sort of paraphrasing, how that's written, but the economic resources and families, you know, Compass Center offers these services, like career preparedness services, so for people who want to know how to write resumes or cover letters or think about a career change or help applying for jobs. We also offer financial education around budgeting sessions and rebuilding credit, things like that, as well as legal information to support folks who are facing sort of legal challenges, which we know can be an economic inhibitor. I think the last thing you mentioned around supporting survivors in that, we all heard in addition to our domestic violence crisis services for survivors, we also offer continuing support, in the realm of support groups for survivors.

We also have two programs that we recently received funding for through the Governor's Crime Commission, one to support survivors who have experienced housing instability, as a result of domestic violence. Then the other grant we received from GCC would allow us to provide mental health services for survivors and their children. So, I think the Compass Center addresses each of those priorities and goals through, through all of our services and in one way or the other.

I; 26:10: And then my next few questions are very similar, asking about the impact of, Start Strong and Teens Climb High in terms of whether or not they're addressing potential perpetrators versus potential victims. On a scale of one being no impact to 10 being transformative, how would you evaluate the impact of the Start Strong program in preventing abuse by empowering otherwise potential perpetrators of intimate partner violence?

VS: I think, you know, I'd say somewhere between an eight and 10. I'll go with an 8. I think that education in general not only speaks to quitting something you are already experiencing, but it may be potentially in the future experience abuse, but also to folks who you know, have perpetrated this behavior or who have witnessed as behaviors perpetrated by folks in their lives who have sort of validated this behavior. I think the education that we offer can be a big eyeopener for or either of those two categories of people. And I think that I've witnessed, sort of that light bulb moment for, for students on both ends of the spectrum of recognizing all the different behaviors that we consider to be abused, or what we consider to be contributing towards gaining, maintaining power and control.

We all with these students, we talk a lot about the fact that society and culture for the most part, when you hear abuse, domestic violence, it's usually it only associated with sexual or physical violence. But when we break it down, we recognize it's much more complex than that. And sometimes the behaviors used gain and maintain control can be much more subtle. And so when we start talking through that power control wheel, we start talking about isolation tactics that economic abuse and um, you know, go to trading anger or threats, good body language, I think it really does address both the people who've experienced it and perhaps people who perpetrated. Um, so I, I think that we, we feed two birds with one seed.

I: 28:58: Would you say it's a probably going to be an eight for that are also potential victims?

VS: Yep.

I: Like in many places, Durham County's prevention programs are under resourced. With that, something I've been asking all the individuals I've interviewed is: what advice do you offer for your grant applications?

VS: In this position we reapply for grants through the Teen Pregnancy and Prevention Institute for Teens Climb High, and we received prevention funding for the next 4 years of that program. I can talk till I'm blue in the face about qualitative data and what I've witnessed but [...] when you look at what folks are providing the money are looking for, they're looking for that quantitative data. What are STI rates in the county? What is the teen pregnancy rate? How is it trending? Is it trending downward? Show me further proof if it's trending downward because at the rate, we want it to go downward. In talking about programming with regards to healthy relationships, I think contacting your sheriff's department in Durham County and having conversations about the number of protective orders that are granted when requested by guardians on behalf of minors, or how many filed against minors? If you are able to get data from the police department around rape and domestic violence against youth; even contacting schools; that is what the information might look like. They need the hard data.

I: Thank you so much, Valerie, for answering all my questions, and for sharing a little bit about the amazing work that you do. I really appreciate your time and thoughtful responses.

**Lightly edited for grammar and concision*

06 Baonam Giang Interview Transcript

Interviewer: Can you please tell me about your work?

Baonam Giang: I'm part of a partnership with the teachers, where we're putting on three summits this year to help practitioners in the field, increase our capacity of young people and provide services to young people. Another part of my role here is I do all of our contract works. Anytime an organization reaches out to us and is looking for a specific training, whether it be youth, adult partnerships, organization development, and anything like that, I coordinate that with our team. Lastly, we do community education. So anytime a school needs a presentation or organization needs a training, I can come in and do that as well.

I: 00:46: Do you use the Safe Dates or Shifting Boundaries curricula?

BG: We don't, we have our own curriculum called Start Talking. I don't know if you've heard of it.

I: 00:55: I saw it on the website, yes.

BG: Yeah. We use Start Talking. It's an online curriculum that schools can log into or programs can log into, and it's 10 modules and they come with a facilitator guide, so a teacher knows exactly how to walk through those lessons with young people, and it's geared towards that age of just high school, early college [students].

I: 01:19: Could you estimate how many of these programs you've facilitated?

BG: For myself, I think I've done anywhere ten to fifteen of them. Organizationally it's hard to say, right because, there's been a lot of staff here, so I've only been at Break the Cycle for 2 years, so I'm not sure how many, but I would say at least 25 [programs] a year. That's the best answer I can give you.

I: 02:04: Great, could you please describe the process in which break the cycle develops a relationship with a partnering school?

BG: You can have [these relationships develop] in a variety of ways. In terms of technical assistance (TA), we are TA providers for the Office of Violence Against Women. So anytime there's a grantee that receives funding from the OVW they work through us; anytime they need youth expertise, that can be us. That's a more relationship that happens through funding. Other times, schools will just reach out to us and ask us to purchase a Start Talking curriculum, and then from there we'll contract with them. We kind of do an index based on, you know, based the school's budget, things like that, so it's not a set rate. And then we'll do a train the trainer. So, we'll train the staff in the school to use Start Talking, or sometimes we'll train the whole district. Like in Arkansas, we trained the whole school district on Start Talking.

I: 03:13: Could you give some context into the origins of the Start Talking curriculum? Just because it is a unique to the come to Break the Cycle?

BG: Sure. Start Talking was formed by a partnership with Break the Cycle and the National Domestic Violence Hotline. It used to be "Love is Respect," which was a program that we ran in conjunction with the National Domestic Violence Hotline. There was separation in about 2013 so they kind of took over Love is Respect and then we took over Start Talking separately.

I: 03:58: The next question concerns the outcomes, if you've ever measured them, for Start Talking. Can you describe what the discernible impact of the prevention program are, be they data or testimonial evidence?

BG: 04: 07: We really try to educate young people on what healthy relationships are. That's why we use Start Talking. It's nice when you get younger people to start talking about healthy relationships, right? What we found is that young people already know what an unhealthy relationship is, and what is an abusive relationship. What they're always asking us for is what is a healthy relationship.

If you look at, in terms of a spectrum, of obesity and then healthy, they know what is unhealthy, but they're missing the area in between: what happens if my partner does this, what does this mean? Does this mean that it's not consensual? Things like that. So just very gray area of things. We really tried to focus on building their capacity, young people's capacity to communicate in the relationships, have respect and establish boundaries. So those are the three things I would really try to build. So, whenever we evaluate, we always ask, what did we talk about? How do

we talk about it? And what do we do with it now? So, it's kind of measure, if do they understand what we talked about, how much they comprehend it, and what they can do with that actual knowledge – those are the three measures we use. What, so what, and what now.

I: 05:18: More specifically, is this the worksheet that you have students fill out as a survey or is this a hand-raise activity? How does this work?

BG: Yeah, so it's actually a post survey.

Our pre-survey gives a few scenarios and asks students, is this health, unhealthy relationship. So, they'll answer it on the backside and answer a few [scenario responses] that are very similar, that have the same characteristics, to see if they have changes in the scenarios we presented. For example, they may identify a scenario as unhealthy, but after the curriculum, they view it as abusive behavior. So, we measure that shift to see if they recognize warning signs of abusive relationships.

I: 06:09: With your relationship with the Office of Violence Against Women, what kind of metrics are you to provide as part of that grant?

BG: That one's a little bit harder. We are focused on building the capacity of organizations that are still growing, so that doesn't necessarily mean you have to use the Start Talking curriculum, it can be whatever program they want to use in their own communities.

What we try to measure is an increase in access to services, so are more young people reporting this or are seeking services, is what we really try to measure, as well as increases in user engagement. Are the programs engaging young people in that community around implementing the programs, [working] around evaluating the programs, or even developing the programs? So those are the interests of building the capacity of organizations.

I: 07:03: Have you worked with Safe Dates or Shifting Boundaries?

BG: I have not, no.

I: 07:14: Okay. Can you please describe the impact of Start Talking from the perspective of preventing potential abusers from perpetrating IPV, versus its impact on potential victims?

BG: I think it has a potential on both ends, for potential perpetrators and for potential victims. I think when you enable young people in general to recognize unhealthy behaviors and relationships with warning signs, they may change their behaviors. Oftentimes I've seen with young people, both victims and potential perpetrators, that they don't realize that it's wrong. So, they don't recognize the red flags or warning signs. If we can enable them with that knowledge, they're less likely to join unhealthy relationships, they're better able to resolve conflicts, and they are better able to communicate their boundaries and communicate with their partners.

I've also noticed that young people also don't kind of conform to the gender binaries, so they don't really buy into those. Well, as you know, like in the field and gender-based violence, we've always had this analysis that men are the perpetrators and women are, the victims primarily, which is true, right? The data shows that that's the truth. That men are primarily perpetrators, not to say that men aren't victims, but men are the largest perpetrators, and young people don't necessarily buy into that gender binary of saying that women are victims all the time.

That gender analysis, they don't buy into it. So how can we break down relationships in terms of power and control, for them to understand the effects of power and control in relationships, and how it manifest in relationships. They buy into that a lot more. So that's what I have in fact I've seen with Start Talking, it's that while there are some components of gender, it's more so about healthy relationships and they buy into a lot more than, you know, the traditional scare tactics of "Oh, you know, this is a really dangerous relationship," and they are, you know, showing the girl that's in a corner crying. [Young people] don't really buy it.

SP: 09:24: What are the target demographics of Start Talking

BG: Start Talking can serve basically ages 12 to 24, so that's what we serve.

I: 09:33: In your expert opinion, this is about school based interventions generally, how effective do you think these prevention programs are in reducing the incidence of interpersonal conflict in future intimate partner relationships?

BG: I think it depends. There are so many different school-based interventions. I think school-based intervention is a very effective primary intervention. I think it's necessary, in so far as young people don't always have the right people to talk about relationships with. Oftentimes at tabling events, passing out materials, parents always say, "Hey daughter's 14 or my son's 13, he's not dating. I don't need that next." But the truth is, we know young people start dating at the age of 12 sometimes even 11, these days is, how young people are in relationships. So, to deny them information or delay that conversation or even think that they can't date because they're too young, that just cuts off the open line of communication, which makes [them] more prone to being in an unhealthy relationship. In schools, it's really effective because they're looking for an education, there's already sex education that happens in schools, so to couple that with IIPV violence training is really effective, in my mind.

I: 10:57: Thank you. The next question is, in your expert opinion and your role in the past two years, what would you assess as the predictors of intimate partner violence?

BG: I won't say predictors. I would call them the warning signs, they don't always predict, right? These happen on a spectrum, sometimes a little jealousy, jealousy is normal, but jealousy can also be a warning sign. I wouldn't say it's a predictor, it's a warning sign. Jealousy is definitely one, isolation, mood swings, control – so if they're trying to get passwords from people, answer their phones, if they're not letting them hanging out with friends, stopping them from playing sports, bothering them they're doing homework, and of those tactics that are based on power and control are the biggest predictors. I think those tactics are the warning signs.

I: 12:04: And in your expert opinion, what are the causes?

BG: A lot of times it's just, it goes back to social norms. So mixed messaging or young people are seeing that modeling at home, in the TV, in the media...there's a lot, especially around media, right, so we try to promote medial literacy. Because as you see these days in social media, we see power couples, you see “# power couples.” You see, starting from a couple of years ago, Chris Brown – Rhianna. You see they were this public power couple; you see how public it was, but there was domestic violence. Whether you talk about, a lot of memes this day about jealousy, being “side pieces” or “mains,” a lot of things are being normalized on social media, and those are being normalized on social media, those are mixed messages that are normalizing those behaviors for young people. A lot of boys I've worked with say, “Oh, I've heard that if a girl says no, you just keep going until she says yes.” So those are mixed messages that are being communicated to young boys or girls as well.

Often times, girls aren't taught the healthiest behaviors either, so just a lot of social norms and modeling that they're seeing, whether from the media or just in their everyday lives.

I: 13:29: Now, one of the biggest criticisms against school based intimate partner interventions is that it is very difficult to work against the generations of trauma that a child who grows up in a violent home can face. So, I am curious why in light of this (I know you already mentioned why you think the school-based interventions are effective) why do you think this is the right primary interventions.

BG: In response to an experience like seeing it in the household or experience the use of trauma and you're going to go bring it to school? Can you reframe the question?

I: Yes, so statistically we know that having parents with an abusive relationship can put children at a more vulnerable position to be either a victim or a potential perpetrator. How do you kind of compare the interventions that might try to focus on counseling or trauma-informed care, as opposed to scheduled school-based intervention with a set number of sessions? How would you make an argument there?

BG: 14:41: So those are different scenarios. One is intervention. One is saying that the young person or child has already experienced some kind of abuse or perpetration, which is obviously the case if they have if they [have] grown up in that environment. So there, it's about how you can intervene to help them heal and work through that issue.

The other is there's a potential that the person has seen that in the household but hasn't perpetrated and isn't a victim themselves. In that case, it's much more effective to prevent if they haven't perpetrated, because healing takes a really long time. And healing is different for every single individual. There's nothing to say that it's ineffective to do a 10-session prevention versus moving into intervention. I think it's catching it before it even happens. It's early on, even before they ever perpetrate, that's much more effective than saying, I'm going to intervene now with a bit of counseling services. It's also a systemic change. Because if you have an extension of the curriculum implemented in a school, it's causing systemic change in a school system or in the

side, in a single school or in a single classroom versus an individual, so that's much more impactful, I think.

I: 16:04: For sure. A common challenge here in Durham can be resourcing for these kinds of interventions. We want to invest in all of these potential interventions, but it's about making the compelling argument for why these programs work. Especially given your position putting together a lot of contracts, I wanted to ask: what kind of tools and strategies do you employ to be successful in receiving the funding?

BG: Yeah. What I will say is that I think in terms of securing funding: funding is all about securing dollars. So, it's always good to have adequate analysis there for our city council members in terms of how much it costs for intervention services in the long run. Right. Because like I said intervention takes a really long time. It can be individual. No one says that one counseling session can help someone get through their traumas. No one can say 20 years to help somebody get through their trauma. But if you can actually get dollar amounts of your city, how much they had to pay into a police response intervention response unit versus how much it is going to cost to roll out a prevention program in the school district, I guarantee that the numbers are going to be significantly smaller than the criminal justice response cost.

So, it's always weighing the odds of them in terms of a cost analysis. It's harder to distinguish that because it's almost like telling them we're going to stop something before it even happens. But that's the way you should do it. Right? You should always be proactive, rather than waste money being reactive to things. And the problem can cease to exist if you prevent it for a smaller cost anyways. That's what I would recommend in doing the cost analysis.

I: 18:08: The California state public health department has been very active and funding some of these prevention programs. They're the ones who in fact funded Shifting Boundaries. When I was talking to the person who developed the curriculum there, she mentioned that going to conferences and then previous networking is kind of how these relationships work to get those sorts of programs to fruition. With that, I am curious if you could comment on whether this sort of relationship building (or something else!) is defining your success [with Break the Cycle].

BG: I think it is a different dynamic, because [Break the Cycle is] a national nonprofit and we've been around for a long time. Even with me being a newer staff, but joining the organization, it's already had these networks and relationships built in place between different organizations and has a national platform. I do agree it's important to go to conferences and network and present on the work that you do mean to build traction on it, but I think more importantly it's about, building out a network of organizations that are doing similar work in different communities and seeing what dynamics work for each, because every community's different.

For example, if I go to Duke University, the dynamic on campus could be completely different than the University of Maryland. I think there's always curricula, but you have to fit it to the local dynamics to make it effective. I think it's about finding the right team and the right individuals in that community that have, we could call it street credit, we can call it rapport with the community. Because even if Break the Cycle comes to a community to run a program, it's not

as effective as someone that's lived there, that understands the demographics, and things like that. It's about finding a good fit for the program locally.

I: 20:28: The CDC reports six to prevention strategies. The first is teach safe and healthy relationship skills; second, engage influential adults and peers; third, disrupt the developmental pathways toward partner violence; fourth, create protective environments; fifth, strengthen economic supports for families; and sixth, support survivors to increase safety and lessen harms. According to the CDC, these approaches are intended to work in combination with one another. But, when we have limited resources, we have to prioritize. Thus, my question to you is how would you list your prioritization of those six prevention strategies?

BG: It's hard to say, even the CDC says you should do them in combination with one another. It's tough to break down because one is cost on an individual level or it is teaching them healthy relationships. That's more for the individual. And then it's your building systems in a school that's at another level, the community level and then you can keep going out and out. So how would I rank them? I guess in that order. I think health relationships are really, really important for young people. I think they don't understand that they're moving into new relationships, often times, they're seeing unhealthy relationships modeled at home or amongst them, so teaching health relationships is really important to building a change. So, I would rank them exactly in the order they have it. The last [strategy] says 'work with survivors' and that's the last thing we want to do, because what we want is for them to actually be empowered and knowledgeable before they ever become a victim or survivor.

I: 22:03: The last questions I'll ask are to poke your mind some more on the metrics that you were using. You'd defined them earlier as the post-test and pre-test surveys. I don't know if you're able to send me those documents or an example of what those look like.... that'd be very helpful.

BG: Yup.

I: ...And in addition, if you do have any information on, if you've ever done any follow-up studies with Break the Cycle participants, maybe three months, or however often...

BG: 22:35: I don't know that off the top of my head, but [...] I'll send those over to you, I have no problem sharing the pre and post-test surveys.

I: That'd be wonderful. Thank you so much.

07 Nan Stein Interview Transcript

I: 00:00: Do you have any statistics on the number of students nationwide that have participated in your Shifting Boundaries program?

NS: I have no idea. We did research. We were funded by the Justice Department to do research initially in the greater Cleveland area and three suburban communities. I mean, Cleveland Heights, Shaker Heights, and Berea, Ohio. I can tell you the number of students involved there

was about 1800 in 6th and seventh grade. And then we got funding to do the research in New York City and we had about 3000 students from 2008 to 2010, and then from 2011-2015. I have no idea. I don't keep track of it. It's a free PDF on the internet. Nobody has to buy it, you know. I know lots of rape crisis centers around the country use it because I'm in touch with them or the public health departments that fund them. I'm delighted that it's being used, but I don't know the numbers.

I: 01:15: Have you ever facilitated a school prevention program series?

NS: Well, yes, but I mostly worked with the adults who are implementing Shifting Boundaries in the research. But yes, in my previous incarnations of what I have done, before there was, Shifting Boundaries. But I am an employee of Wellesley College. I'm not an employee of any school system or a rape crisis center. But I'm a former teacher of middle school kids, so I know, I know how to handle middle school kids and I know sort of the politics of public schools.

I was funded for quite a long time by the National Education Association, the largest teachers' union in the country to develop something for them in 1994, on sexual harassment, a curriculum that was called "Flirting or Hurting." They took me all around the country to work with union folks and teachers. But you know, in general, I'm not in the classroom. I trained the people who go into the classrooms.

I: 02:14: Could you speak a little to the nature of that relationship that you have with the training with the trainers? If you're just in contact with various crisis centers or if there's some organization that helps manage this?

NS: Well, the state public health departments. This is not random. This is a sustained contract. It's been going on in California through the state public health department for four years and two rape crisis centers in California we're funded through Rape Prevention and Education money. I mean all the states get rape prevention, education money including North Carolina, all the states do. And it's up to the public health departments in those states to figure out how they're going to disperse it. And because California is so big, they have to make it competitive. So maybe 33, I think it was in the past, rape crisis centers got Rape Prevention Education money, and two of those centers, one urban and one rural, wanted to do Shifting Boundaries.

A lot of the rape crisis centers don't want to do work in middle schools. They'd rather work in high schools or they don't get permission from the school districts to go in middle schools or the parents object or a variety of things get in the way. I don't randomly walk in anywhere. People have to hire me. Or I have to get research money and then I have to negotiate my entry through the superintendent. I'm often a hired to give a one-day training on a professional development day for school districts. For example, the North Carolina, both sexual assault and domestic violence [inaudible] it was before the big report, you know, the White House report on ending campus sexual assault that came out 2014? That's where Safe Dates and Shifting Boundaries were praised so much out of 140 interventions that the CDC did.

North Carolina hired me before then. It might have been 2012, but I did a big training of all the staff that were, you know, somehow eligible to come, the prevention staff. Those sorts of events

happen where a coalition or two coalitions will hire to bring me in. For example, I'm going to be in Virginia in a few months and the public health department is paying for me to be there, but a few weeks after that I'm going to be in South Dakota, where the coalition is bringing me in. So that's how these things happen. They're very organized. There's lots of paperwork there.

I: 05:09: Yes, absolutely. I asked because in my experience with helping facilitate some of these curricula for the partnerships we have locally in Durham, it's a very fluid process to decide to use Safe Dates versus Shifting Boundaries. It really just depends on the school administrator and their perspective on if they feel comfortable reaching younger students.

NS: I know, I mean, and Safe Dates is, is obviously very popular in North Carolina because that's where it was developed. Have you talked to Vangie Foshee, I mean, she's retired though, so it's probably hard to find her and get her...

I: 05:49: Yes. I reached out unsuccessfully.

NS: Yes, she was hard to find when she was still working, but she retired early. So, I haven't talked to her in a couple of years.

I: 06:09: What preventive interventions do you believe are most successful in reducing the future incidence of intimate partner violence and or conflict?

NS: What Shifting Boundaries found was that school wide interventions were more effective than classroom interventions, but combined it was the most effective. School wide interventions means you know, efforts that go on everywhere in the school and it's not restricted to a classroom. That was a kind of startling discovery, which kind of flies in the face of what everybody wants to be doing, which is going into a classroom and teaching. In California and working with the rape crisis centers through the public health department, we have insisted that they implement the school-wide interventions first before they do their default, you know, which for every rape crisis center is, the default is, 'let's just go into the classrooms and convert the kids.' And that's not what the research showed.

I: 07:19: Can you elaborate on why you believe schools to be an appropriate facet to deliver these prevention programs?

NS: Well, I think there should be community wide interventions too, but I'm, I'm not a researcher of that. I'm a researcher of school-based interventions and I'm somebody who, as I mentioned to you was a teacher, so that's my kind of myopic approach is schools. There are multiple places that I think we could have interventions, but you can't do them all. And as a researcher you have to be very focused.

I: 08:00: Could you, could you elaborate then on the kinds of other community-based intervention that you just mentioned?

NS: For example, it would be like after school programs, you know, it'd be efforts that clubs are at Boys and Girls clubs or athletic opportunities that cities run. Not, teens necessarily, but you

know, places where kids go to hang out. That's an idea. Or the way churches and you know, religious leaders have gotten involved, or even to involve the police. Community wide interventions that can be through community health centers too, there's been really good research. Are you talking to Dr. Elizabeth Miller in Pittsburgh?

I: No.

NS: Oh, you should talk to her. She's done all this [work] on what clinics can do to help reduce teen dating violence, drop in clinics, clinics in schools or clinics outside of school. There are many, many places, but you know, again, I'm not a researcher in community wide interventions.

I: 09:21: If you could compare the Shifting Boundaries and Safe Dates, there are obviously the differences in the number of sessions and the target audience, but they define their goals as to raise students' awareness of what constitutes healthy and abusive dating relationships as well as the causes and consequences of dating abuse. How do you think this relates to the relationship that you have with Safe Dates? It's not only historically, if you can comment on the research that you were able to do with Vangie Foshee, if at all, but also just weighing the pros and cons of each.

NS: I've never done any research with Vangie. Vangie worked with Bruce Taylor, who's my co-principal investigator, she helped us actually with some of the survey questions. So Vangie was a paid consultant on our research project. We definitely improved the survey instrument from the Safe Date survey instrument because we were able to ask if it a male or female doing these things to [the surveyed students]. There was no distinction on the Safe Dates survey asking kids, was [the perpetrator] a male or female. We also asked the number of times that things happened. So that's what happens, you know, with research, especially research instruments get improved from the insights that receive in the past and look over previous research. So, we improved it quite a bit. Secondly, it's been reported to me by rape crisis center staff that a lot of people among rape crisis center staff feel that Safe Dates puts the onus on girls to stop the potential sexual abuse.

Be that as it may, but also, Safe Dates would follow up a public health model. [Shifting Boundaries] does not ever use the terms healthy or unhealthy relationships. That is nowhere in our construct. We use the notion of boundaries as kind of a stand in to talk about law, because laws are a notion of boundaries, right? Think about a stop sign or saying, "get out of my room," you know, to your sibling or get, you know, "take your hands off me." We use the notion of law as it's embedded in boundaries came the concept of boundaries. We want to instill in kids that: you embody law and you embody rights and you are entitled to assert your rights. We do not take a public health perspective which Safe Dates does. So, there is your fundamental difference.

I: 12:17: Thank you. The next four questions are asking you to measure, um, on a scale of one being no impact to 10 being transformative impact and the first is on a scale of one to 10, how would you evaluate the impact of the Safe Dates program on preventing future abuse? By addressing potential perpetrators, women to men.

NS: I don't keep up with Safe Dates research anymore. There were just tons and tons of articles about it. But you know, Bruce and I developed our own research model that's different than Safe Dates. So, I don't know. I mean it certainly is a five or a little higher, but I don't know. You know, Vangie was a very careful researcher. She would go back and research kids as juniors and seniors in high school who had gone through it as eighth graders. She was very, very meticulous though I have the utmost respect for her, I can't really tell you anymore about safe dates, efficacy, because she sold the rights to Safe Dates to some publishing outfit. I can't remember their name. Hazleton that's their name. Hazleton sells Safe Dates and lots of people only do it for four sessions or seven sessions and not the full 10 or 11 or 12 when you start thinking about the play you're supposed to put on and Vangie kind of abandoned working in schools too. She started working in courts. She did this whole thing about moms and kids and Safe Dates, who'd show up at court. So, it's very hard to sustain working in schools. It's not easy. They make it very hard. The schools.

I: 14:17: Similarly, on a scale of one to 10 though, how would you evaluate the impact of Shifting Boundaries in preventing future abuse by addressing potential perpetrators?

NS: Well, none of us can tell if it stopped future abuse, you'd have to do a longitudinal study, you know, involving both either Safe Dates or us. You'd have to be able to, to measure the same individuals, you know, in a trajectory as they got older. But all I can talk about is the efficacy of our research in the school districts that we did it in. And you know, I'd say it's about an eight. I have no idea if that transformed anybody's life two grades later, you know, there's just no way to know. Nobody's done this kind of longitudinal research that your question implies. Did you understand what I'm saying about how that question implies somehow knowing 10 years from now, what the impact of something that happened 10 years prior is.

I: 15:34: Yes, exactly, and that's why, as I admit how you evaluate the impact is a very subjective practice but I'm hoping to, start a discussion.

NS: There's plenty of impact immediately that makes one decide, okay, let's do this again and again. You know, Bruce and I initially started with sixth and seventh graders and they said to us, well, because we had focus groups with kids, the kids said to us, well, you got to do the eighth graders because they rule the building. So, Aha! So, the next time we submitted a proposal, we included eighth graders. That's an immediate impact. We don't have to wait five years to see how these kids behaved in high school or when they got out of high school. I'm happy enough to have impact the next year. This isn't medical, this isn't like testing at cancer drug. This is a pretty quick impact, you know, immediate impact, not long-term impact.

I: 16:46: Where do you think the resourcing if ever, would need to come from to ever run one of these longitudinal studies?

NS: We had one, the federal government is where all of our money came from. Bruce and I had money from the Justice Department. Vangie had money from the CDC, which is health and human services. There are people here in my building who've done long term studies of kids in daycare and they interview those kids every three to five years, and they're out of high school

now and they're still interviewing those kids. That's the National Institute of Child and Maternal Health. All of these long-term studies come from the federal government caring about the wellbeing of its people, which is certainly not anything that we're finding under the Trump administration, so it's not going to happen in the next two years.

I: 17:48: Can you speak to the origins of your relationship with the Justice Center?

NS: 1994 was when I received funding from the National Education Association, the largest teachers' union in the country. Bruce and I did not receive funding for *Shifting Boundaries* till 2005. So, you apply. Many dozens and dozens of researchers apply. The first time we applied in 2004 we were rejected and then we got funding in 2005 but in 1994 is when the National Education Association, which is not the government, it's the teacher's union funding me to develop something. So that's two different entities.

I: 18:49: Yes, Thank you for clarifying. Can you elaborate on what changed between 2004 and 2005?

NS: Oh, for Bruce and me? What changed? It's the school districts. Originally the districts we chose were a little too rural for the Justice Department. And once we, I think got superintendents in Ohio that were interested in participating, I think the Justice Department—and we probably changed something with the methodology, as well as the several districts and what states we were going to work in. Once we got more urban, they were more interested. But it's a competitive process. We could have been up against losers for all I know, you know. So, in 2005, but we got the funding in 2005. We didn't get it in 2004. But, you know, that's asking me to remember something 15 years ago. I probably don't even have it on my hard drive anymore.

I: 19:59: In your expert opinion, what are the causes of intimate partner violence?

NS: I think there are a lot of entrenched, entitled opinions, that see women as objects or see women as secondary, and that they're, you know, depending on race and class, some of the men think that they're entitled to do what they want with girls or with women. I think we have to look at multipronged efforts in schools also. Despite maybe families being, you know, irrespective of how family ideology is and raising kids, schools can have retrenched ideas about masculinity and entitled masculinity, let's say. I think there are multiple causes of intimate partner violence, but certainly this notion of possession, and, historical position and racialized. I think we're fighting quite, quite a lot to try to fight intimate partner violence.

I: 21:57: Similarly, what are the predictors of intimate partner violence in your opinion?

NS: Well, we saw how sexual harassment was. So that's what our focus. Our study was a study about the precursors to teen dating violence as embedded in sexual harassment. We didn't use the term intimate partner violence. We're talking about kids 11 to 13 years old. But we saw that, you know, schools that tolerate sexual harassment, may be increasing the opportunities and the notion that you can pursue a violent relationship with a dating partner.

I mean kids ideas of dating could be 20 minutes... we said in our survey that you have to go on a date or something for at least a week. I've always thought that, you know, schools were the training grounds for domestic violence. I've written a lot about this, about schools as the training grounds for domestic violence through this permission to proceed with sexual harassment.

I: 23:07: One of the common criticisms regarding school-based prevention interventions is that it is very difficult periods to unteach trauma that children have from growing up in households where they are surrounded by intimate partner violence. Could you comment on that?

NS: I think that's very true. There's been an effort to try and talk about trauma informed interventions, but I just want teachers, guidance counselors and school social workers and stuff to be alert to that. I'm not sure we should be given quote "trigger warnings" to 11-year olds. Because talking to New York City kids, I mean you probably have to use trigger warnings about anything related to 9/11. But, in any event, that was probably more traumatizing than anything. I just think we need to have a lot of adults in the building who are trained to recognize it for kids, workers, and every school cop at every school. But that's not how it is.

I: 24:26: You mentioned earlier that you had a relationship with the California state public health department officials and I was just curious if you could speak to that relationship and how you were going to get them successfully to adopt Shifting Boundaries at some of the crises centers.

NS: Well the public health staff who administer the Rape Prevention and Education money know the research about Shifting Boundaries and Safe Dates and everything else. That's how I have relationships. They can call me. I don't have to know them. They just call me because they know the research and because the rape crisis centers say they want to use it. So, if they received the funding then we go ahead. But some of these people I've known for many years because we have attended the same conferences, but also, you know, staff change, people change jobs, people retire, people move. Staff turnover is a huge problem at rape crisis centers because it's such draining, low paid work.

I. Thank you so much for speaking with me.

08 Ada Gregory Interview Transcript

Interviewer: 00:00: To begin can you tell me a little bit about your background in intimate partner violence prevention?

Ada Gregory: My experience related to education began teaching about body autonomy, good touch-bad touch trainings, we did some work in the schools, but a lot of the struggle in the schools was actually being able to get class time. Because there were a great lot of community needs. Often times we'd get one or two class sessions, which really is not the dosage that's effective to be able to make any long-lasting change. We did lots of community-based prevention work with churches or whoever else would have us. Yeah. That's kind of our approach.

I: Did you ever use any of the Safe dates or Shifting Boundaries, or any other curricula?

AG: 1:10: They were just drafting those when I was working there. In fact, Safe Dates program that a friend of mine was developing while that was occurring. So, it wasn't really out and about at the time.

I: In what years were you at the DCRC?

AG: 1:26: That was the late nineties, early two thousands. Yeah, I left in 2006

I: Have you ever worked with those curricula?

AG: No, sorry.

I: While working as Director of the Women's Center, did you take any measures with [Duke] university to proactively combat intimate partner violence?

AG: We introduced PACT, which is a bystander training, which I think is changed now from the way we initially used it, because we had based the curriculum on the Bringing in the Bystander program, which is out of New Hampshire's and is an evidence based program, to introduce bystander intervention for sexual assault prevention.

We also worked heavily with the wellness center to introduce bystander intervention for sexual assault prevention and worked heavily with the Wellness Center to work in tandem with the alcohol prevention work that they were doing with Greek life so they would require party monitor training. It was all about alcohol, and we integrated sexual assault prevention into that same training, which I thought was really helpful. We did True Blue and stuff like that, which had limited impact. We did some men's engagement work that is prevention based. I'm not sure exactly what you're looking for.

I: 03:20: I'm looking to understand your position on a lot of topics! I am curious to know about the metrics you had to use to evaluate the outcomes for your work whenever the Orange Durham Coalition for Battered Women received grants. Also, what did the pre and post-tests surveys look like.

AG: We didn't do a ton of that because that costs money. I think that's actually a limitation that we have with a lot of this work within nonprofits: there is no money for evaluation. There's an expectation of evaluation, but really the most that you can do often is really on the basis of like satisfaction surveys [with] like, "I feel like I knew more, I'm more confident," but I don't know that those are actually valid.

I: 04:14: So, what would you use in those satisfaction surveys and where would you use them? For example, at churches or with a girl scout troop?

AG: Yes. But we don't have the ability to analyze that data, especially at that time. There wasn't a bunch of the Qualtrics kind of stuff that you would use. To me, that's sort of the problem that

we have is we don't actually invest in how we do this stuff on the ground and how do we assess that on the ground, because there's just not enough money. You know, we had one person that's in charge of prevention that would do the prevention work for the schools, for churches, for community members. They would do the work with training police and magistrates and 911 operators. When you realize you have one person doing that, there's no way that you can actually do all those trainings. Oh. And they were training volunteers that would come in to do the answer to the crisis line, stuff like that. They were the sort of training coordinator. There's no way you can assess that.

I: 05:24: Reflecting on your work in Durham in particular, can you just talk about the specific challenges you think that Durham prevention work faces, such as demographics, or specific-to-Durham political concerns?

AG: I do think Durham is more under resourced than what you might see in Chapel Hill, because I know they have strong connections in Chapel Hill. I'd be curious if they have a strong connection like in Hillsborough to schools. I don't know. Maybe they do. Maybe they're all in the Orange County schools all over the county. I know at the time, and it was Orange County Rape Crisis actually, that was in the schools, not the family violence folks, in Orange County. I don't know if that's changed.

The other thing I would say is I think that those programs in some ways have been supported more happily by private donations and so forth. I think that allows you to use the money for what you need to use the money for as opposed to what you're able to get a grant to fund. So, there was a period in which a prevention in the schools was popular and then when it wasn't popular with funders, then you don't have money for that position anymore and you either have to raise that money or get rid of it. I just think part of it is, is the resources that are available. As far as working with the schools. I mean, to me that's related. Like if you can't have someone who's consistently working in building relationships in schools and figuring out who you need to talk to and what have you, it is going to be revolving door and you're not going to make the inroads that you need to make. I don't know. And I haven't been doing that work for a while. Yeah.

I: 08:10: In speaking with the executive director of the OCRCC, she described 100% saturation in pre-K through 9th grade for one school district!

One of the comments I got is that there is the high concentration of college educated individuals in Chapel Hill and a strong rural-urban divide wherein they've been able to have high saturation in urban schools. Do you see any commonalities between there and in Durham that you could speak to?

AG: What do you mean by commonalities? Because I don't feel like Chapel Hill and Durham are at all similar.

I: Do you think there are certain factors that explain why Durham receives fewer private resourcing for IPV prevention work?

AG: That's what I'm talking about... I feel Durham is far more under resourced. Schools are far more under resourced. The pressures on those schools are heavier because of that. And I think they feel like they have other priorities as a result. Do you know what I mean? When kids don't have lunch and you know, are homeless and all kinds of issue that are highly concentrated in the Durham public schools, this seems less of a priority. Does that make sense?

I: 9:30. Yes, it's sort of like the chicken and the egg [dilemma]. How impactful would it be do you think if we had more service providers reaching out into the community?

AG: I don't think that would be enough. I think schools need a lot more resources than they have in Durham. To me it's, an and. It's a both, and: the centers need more resources but so do the schools in being able to address the needs of students.

I: 10:13: I'm trying to distill all those reasons as best as I can. From language in grant proposals, to suggestions from DC asking for more quantitative data. I've also been unsuccessful getting in contact with the Durham PD, so they might provide quantitative data on protective orders to inform proposals. On the other hand, some say a lot of outcome variables may lead to unrealistic expectations by donors. Do you agree with that perspective?

AG: The Police Department has all that data. When I started there they didn't, there was no code for a domestic violence call. I made up a code and they still use it. So now you can tell how many calls are domestic violence-related. And protective orders are public record. Those things are there. I don't think the problem is that people don't think it's a problem. I think it's not a priority. I don't think saying numbers makes people think it's a priority.

To me, the kind of work that it requires is an ongoing relationship. Building an ongoing reciprocity. In other words, both schools giving time and centers being able to give resources to support them so that it seems helpful rather than just difficult. I think oftentimes in nonprofits because of the pay is little and it requires a lot of the individuals who work there. They don't work there for very long. Right? Like there's turnover and I believe that to do what you need to do in the schools, you would have to have relationships over time that you work on tenaciously.

I think that one of the barriers is when you have people that are different every time calling, you're never going to establish the kind of relationship and trust that you need to work with the community in that way. I just think about my own experience with my kids in the schools and depending on what school you're in too, I feel like there's a real divergence in what people see as a problem in priorities and even what language you can use, what they want to talk about, what they don't want to talk about. I think it makes people uncomfortable to talk about sexual assault and violence with children even though I think we should. I don't know. I think it scares some people. There's a natural hesitancy to do that. I don't know that that's unique to Durham though.

I: 14:37: Some of the other places I spoke with talked about how they don't use Shifting Boundaries or other structured curricula in that way so that they can modify the language to be much more palatable to really conservative populations. I know you said you think it's not a priority, and I'm wondering who do you think needs to make it a priority?

AG: So, it really comes down to the leadership, right? So that's from a superintendent to principals to teachers and then students themselves and parents. The parents should be wanting that, but I'm not sure they do want that from their schools. There are lots of parents who think they should control what information is given to their child about these kinds of topics. And that makes principals and teachers nervous to even talk about it when some parents don't want that information given to their children.

To me it's not that hard. It has to be the people that are involved that care about it and want to make a difference. I just don't think a lot of people see it that way, see it as being as significant, important or that it works. One thing that might suggest it... I guess in my experience I've seen a notion of there's still a great deal of their own myth acceptance. Like "boys will be boys" when middle school boys do things to middle school girls, there's still a passivity that it's not that serious. Even that though those behaviors escalate over time and send the messages about, what you're entitled to and what you're not, depending on your gender.

But those are the same myths that we're trying to combat everywhere. Access to women's bodies.

I: 16:58: Where does your hope lie for future successes with prevention programs? Do you think the media will play a bigger role? Do you think one day teachers or parents will mobilize? Something else?

AG: I don't know if I am that hopeful. I think the media often gets it wrong, so I don't have a lot of hope in the media. You know, these things aren't solved in sound bites and they often miss the nuance of the issues. I believe in incremental change; I don't believe suddenly things are going to be better. I think that it's going to be a very slow road. I don't know what it'll take. I spent a lot of time trying to change it and don't know that I got very far.

I know the work that I did. The police part, which is not about prevention education, but it is about changing institutions. It does require the leadership. It does require structural change in how people do their work. It's embedding this work in the very practice of how people come to work every day, how they do that work, and seeing it as a responsibility of their job, which I'm not sure that teachers do. Some do, I'm sure. But I mean they're there to teach math or English or Social Studies.

I think most of them feel ill equipped to address it too. So, we have to think about how we are, how we are preparing teachers for the classroom and recognizing that these are issues that should be integrated into how we do our work with kids every day. As much as we're worried about them, making sure they have a hot lunch or books and pencils and pens, we should be concerned about whether or not they're safe and not just from active shooters.

I: 19:48: Now to shift gears, last time we talked you articulated some criticism or skepticism about the impact and efficacy of these programs. There's so much variability in what those programs can look like and can do. Are you familiar with the school-based prevention system in Canada?

AG: I do not.

I: In Canada, from kindergarten till 12th grade and into the college, they have a system of integrated learning that builds on each year.

AG: That sounds awesome. I think that the problem that I often see is we do one-off programs. You come in and you have one session with the students or maybe two sessions with the students and you call it a day, “they've got it.” And no one learns that way, no one. We don't think about what we know about prevention education. That it requires dosage over time, that it requires interactive trainings, not just watching a video. It requires, age appropriate, designed curricula that seems relevant to their lives. It's really not that hard, but we don't do it.

I do think we can't expect for it to be done at home, which I think there's a little bit of that in the U.S., that that's the parent's role. We don't have comprehensive sex education either, which to me, these things are related. If you had really good comprehensive sex education, you would be talking about healthy relationships. You'd be talking about bodily autonomy, things like that, but we're afraid to even tell children in the fifth grade how the sperm gets to the egg, and I'm not even kidding. My son in his class in fifth grade said, “I don't understand how the sperm gets to the egg” and the response was, you need to talk to your parents. That's ridiculous. That's just crazy to me.

My main criticism is that we do a lot of one-off things that are nice, but they're not going to change behavior.

I: I think most people do all agree that it's about the challenge of limited resources. Where do you put them? You're in a unique position because you've worked in different parts and positions at Duke, but also in Durham. I'm curious about the role you think the relationship that Duke has within Durham could look like if Duke were to aim to contribute to matters of prevention education. Do you have any ideas on this?

AG: I've never thought that that was integrated well. We rely a lot on the students to answer the crisis line and participate in training stuff. And I never understood why that couldn't be like a half credit course where students and community members together could be trained on the crisis line and comprehensive understanding of violence and people's lives and how that operates, and the students could get credit for it.

They could work on the crisis line or do education or do what have you. I even thought that more so once I got here. When we talk about “knowledge in the service of society,” I don't see how that kind of work wouldn't be essential to that. It is actually taking the theory and seeing what happens in practice, understanding those problems that we study from a distance in a much closer way, a way that requires you to be with the community, to connect with the community, and the ways that I would hope that we would want students to do when they think about doing any kind of social change work or research or what have you... You don't want them coming in and treating the community as an “other”; it should always be with.

My ideas of how you do that is much more tying the future of Duke and its students to the

community and extending the university's membership into, into the schools, into our communities that are surround us, and coming up with much more collaborative solutions to how we fix these really intractable problems. But that's hard work. And I think that most academicians are not particularly trained in how to do that work in that way.

It's one of the reasons I do what I do is because I'm a practitioner. I am that connection. And we try to do a lot of work here at Kenan to make that work. So, what I would imagine is something that's going to require new ways of doing work with the community; more sustained commitment within the community, not just doing good in the neighborhood and not just connecting with government relations, but actually connecting with the people that make up Durham. I know this sounds rather ambiguous probably, but it's building relationships—just like I was talking about like in the schools, you have to spend the time with people and understand that Duke doesn't necessarily have all the solutions, that the community often knows exactly what it needs, but doesn't have the resources or ability to make that happen. So how can you leverage the knowledge, expertise and resources that Duke has to help bring those solutions to life? That's my spiel.

I: 26:48: Thank you for all your insights. To push more on what you just said, in terms of thinking through specifics of what it could practically look like? Not only considering that students work in the crisis lines but are also receiving services from these centers.

With the Women's Center being under resourced and cutting back on trauma-informed care it can deliver to students, do you know of any WC efforts to work with any local prevention organizations

AG: I don't know what they're doing now. When I was at the crisis center, we actually had one of our counselors working in the women's center, so they were under contract by Duke to provide those services. And we're sort of a conduit between the two. It was short term, sort of fixed, but it was a nice connection.

I think that Duke has a very insulated response to sexual assault. We have our own police department, we have our own health clinic, we have our own counselors, we have our own judicial process for handling complaints, and so it's difficult. I think one to sort of bring someone who was working in the community into that space because it's an entirely different, it's like working in another city. I don't know if there's a lot that can be done in that way. And as far as, the Women's Center sort of working in the community, I don't think there's enough resources.

I mean, I think they have more now than when I was director, but we had one and a half therapists for 14,000 students. When you have that kind of responsibility, that we're on call 24/7 between the two of them, occasionally I would take it, I don't know that you can ask them to do much more than that.

I: 29:34: Like thinking through what it meant to create space for something like Kenan within Duke, how do you think it's best to approach making space for kind of progressive efforts within an institution like Duke? Where do you think that change comes from – a president with a vision; some staff member in the administration; student activism?

AG: I think it can come from any and all of those things. Right? I don't think it has to be one way in particular. I think that a lot of people don't recognize that the power they have, even as a student or as a staff person or as a whatever. In other words, they sometimes say, well, "I'm not in charge" or "I'm not," whatever, so 'I can't have influence' and I just don't believe that's true. Um, I think we have to be really brave, right? And we have to be strategic in how we try to leverage that change. Um, or you cannot isolate yourself and other people. Um, but there's lots of examples of ways in which students have leveraged, changed institutions, some in conjunction with really interesting, strong leader who want it to make change. Some through civil litigation. Some through simple activism, which I've seen on this campus. Students have done things that have changed the policy and procedure and practice of how we respond to sexual assault and they've done it simply by their will and tenacity, and continually trying to build relationships and influence the people that had the power to make the change. I find, a lot of times, we don't have the attention span to make that happen and the institution utilizes that fact to prevent further change.

I don't mean that in a very intentional way. I think it's just more the way institutions work that try to maintain the status quo by its very nature. But students lose momentum every summer. Something that they might've gotten really excited about over the fall and then tried to do stuff in the spring, then they go away for wherever they're going for the summer and they forget about it. They don't hand down that consciousness raising to someone younger than them because they were all about being the leader of doing it and they wanted the credit for it. It becomes less about what you're trying to accomplish and more about the individual. I think whenever you do that, you're probably going to fail, because it's going to take more time than the lifetime of one student, probably, certainly one that's going to be studying abroad from next semester. If you look at histories of social change, that's not how they do it. You know, it's rarely one individual that has organized and made something happen over time. It's lots and lots of individuals and they have methods of raising the consciousness level of others and bringing them on board and enlisting their leadership. I don't know that we see that kind of sustained leadership around issues at Duke. There are certainly times when it happens, but there's a very other strong narrative that's pushing, Duke students because everything that's gotten them here to Duke has been individual, right? It's been the accomplishments that *I* can claim, and really the work of social changes requires collective work.

I: In my experience I've seen that manifest in so many ways these last four years. Even just thinking through what are I as somebody who cares deeply about this issue can even hope to accomplish it seems like because of the lack of opportunities for collaboration and sustained student interest in something that isn't a formal title, you could only ever hope for those moments of impact i.e. with the BoT meeting next week maybe we can push for the light rail. I'm thinking about what are those people who do want to help drive this change forward because there are people who want to push for comprehensive health relationship education or were raised in abusive homes, what could it look like to advocate at Duke?

AG: 35:10: For one, there needs to be a tangible goal. It can't just be... what does it mean to support comprehensive education at Duke for IPV or sexual assault? For me it's about defining and really concrete goals that you can say, this is what we're trying to do. People can rally

around an idea that seems concrete. They have a harder time when it's something more generally and they say, "yeah I support that," "we're already trying to do this, that and the other."

I think you have to have a really good, well thought through plan. And to get to that plan, to me that's where the organizing work comes from. I think that is hard work, organizing. And it's not something that most people know how to do well when they come to Duke. They know how to do a lot of things well but organizing is not something that I've seen is strong on the list of traits that students come in with. What I mean by that is, you're talking to people about the issue, you're inspiring them, you're finding out what they care about, finding how that connects to the issue, bringing people together over time, connecting to the community members who also care about this issue and then thinking through how can we all help each other to move this forward and then strategically doing so.

It's a lot of work, and I think students here naturally are often very concerned about where they're going, what they're doing next, and you have to give up a little bit of that if you want to do organizing work with other people. That's why I think it's hard.

I: 37:10: At the start, you said, we need to have stronger defined objectives. But when I talked to some facilitators and asked them about this, their responses really range and is very broad. Would you say that—

AG: —I don't know if I'm talking more so about a learning objective. I'm talking more concretely, for example, when we talk about the party monitor training and my issue was always like 'alcohol is not the only problem,' and so then [the strong objective] was very concretely, you need to be talking about sexual assault and you need to be doing it consistently and in a way with trained staff that can do that and then presenting, here's a solution to that very problem. I think you just have to have very specific implementation plans for how it would look and why someone should do it.

You have to be able to imagine a solution to be able to sell it, not just say we need comprehensive education. So, for example, they say, well, we just don't have time in the curriculum. Then you have to be able to have, like how would you make time in the curriculum? Like how do you think about doing that? Is it that you integrated into a language arts class when you're reading a book about, I don't know, Bastard out of Carolina, or whatever, I don't know. You have to come up with another solution to address the problem they're raising. I think sometimes we like the solution is only like we need to introduce this curriculum and it needs to be eight times a week. Then when there's a barrier to that, there's, that's where it stops. Do you see what I'm saying? Whereas I think it has to be much more ongoing conversation in which both parties are able to come to a solution that makes sense that you can integrate it into the fabric of the institution. Because as long as it's a curriculum that someone else's bringing in, I actually think that's not going to work. It needs to be where the schools feel like it's their responsibility.

My idea is that we shouldn't have crisis centers. We should have a system in which all of that is integrated into the services that are available to anyone anytime, anywhere, not borne on the back of a nonprofit who's trying to raise money to make sure that people get the services they need. Schools should be doing comprehensive sex education and violence prevention and it

should be integrated as part of their regular bread budget and the way they do things. They should have people that can respond when students are affected by child sexual abuse or intimate partner violence onsite and that counselors should be trained to do that. That is, to me, the answer in the long run.

I think sometimes I worry that nonprofits are more worried about keeping themselves alive than thinking about solutions that would make them no longer necessary.

I: 40:32: Would you say that you think there are non-profits right now that do exist that could—

AG: —I think my job when I was director of a nonprofit was trying to work myself out of a job. I wanted the police department to respond well without me. I wanted 911 operators to respond well without us pressuring them. I wanted schools to provide what they need to, to students without needing us. I wanted courts to respond to battered women the way they should without having to have an advocate sit beside them.

I think we should have a much more responsive institutional systems all around to those that are most disadvantaged and vulnerable. Why should we have to have an entity that has to beg for money from the government, from individuals or businesses to be, to do the work that we're all responsible for. Maybe that's radical. I don't know.

I: 41:47: I agree. I just wonder how long it would take to get to that point.

AG: Well, I think the problem is too that sometimes nonprofits aren't working in that way, right? They become part of the process to justify their existence and keep their own jobs. Which I get, but I don't think that's the answer. My answer is a lot harder.

But if you got people to integrate it into how they do their work and seeing it as part of what they have to do, then you could look at something else, and spend time not in schools.

I: 42:30: This is related to the nonprofit industrial complex; do you think you have any—

AG: That's what I'm talk about!

I: Do you know of any donors being calculated in this regard?

AG: What do you mean?

I: Donors being calculated only to an extent to keep the nonprofits alive as an entity.

AG: Oh, I don't think it's that conscious. I think that's the way systems work; it is that it's not that intentional. It's just what happens over time. Part of it is that non-profits are often working with such vulnerable populations that they feel like if they aren't there, to keep handing out even the smallest amount of band aids to uncover the gushing wounds that, that it would be chaos for people. Do you know what I mean? That they would be truly abandoned.

I think the way in which that works is, nonprofits often cater to whatever funders are wanting for their survival rather than what communities need, at least to a professionalization that distances itself from the work and the people most affected. It tends to stop trying to address the root causes and ends up treating the symptoms.

**Lightly edited for grammar and concision.*

09 Barbara Ball Interview Transcript

Interviewer: 00:01: Could you please tell me a bit about your position as Director for Evaluation and Training and describe what your job entails on the day to day.

Barbara Ball: I started at SAFE [Stop Abuse for Everyone] over 50 years ago, and we're providing various programs, providing support groups for girls in middle and high school, kids who have been exposed to violence, and preventing dating violence. I have a PhD with a background in quantitative research. We were involved with the CDC enrichment and [inaudible] program that set up some of the preliminary evaluation that we did. They selected from four community-based orgs that were ready to take the next step of evaluation – so they were providing us mentoring and technical assistance. The qualitative study was very impactful because it helped us to expand to our current practice. I believe it was published in 2008 and we've continued even after the program ended, we continued to work on quantitative methods to evaluate our programs. Because our program is very large, we currently work in up to 40 schools (25-30) schools' programs for both boys and girls, each of them separate, we have large participant group sizes. We are able to use evaluation [inaudible] they don't have the numbers that would be viable. Because our program is so large for all these years, we are able to conduct this evaluation on the necessary scale. We continue to be in contact with the CDC and the then, in some of the preliminary in-house evaluation that we did which was promising so [the CDC] picked us up and found a controlled evaluation over multiple years, that we completed and were ready to publish. Currently we are partnering with the Pew Research Foundation and Dr. Miller in Pittsburg, she is doing a study on existing support groups. So, I've worked all around, right now I'm primarily updating our curriculum materials ten years later because it's been awhile since we published it years ago and our practices have shifted.

I: 03:51: That's incredible to hear and the diverse ways that you've been able to be involved in leading this. How many trainings would you estimate, if any, have you ever executed? And secondarily, how many students do you think you've reached? I know you gave the estimation of about up to 40, but do you have any other numbers?

BB: Expect Respect has multiple components. The component that is probably the core and the oldest are the support groups for high risk students. We see about at least 500 students in 2 different school districts locally here [and elsewhere] and we've been doing this since 1989, so almost 30 years. It has grown, it didn't start that big. Currently we see 500 students in counseling per year.

We have another program component which is called Youth Leadership Academy. We provide training for some schools, members of the community, and they then develop a leadership

program. We reach a lot more students from participating in the program or through assemblies and things like that. We have a multiple educational theater program. One of them is a collaboration with our creative action, which is a local creative art organizing, so we have between 25 and 30 high school students every year who write and develop a play there in the spring semester. In the fall semester they work on the play. In the spring they perform it to middle school students during the day and they reach about 3000 students per year. We have additionally other educational theater programs, so we do reach a lot of kids every year in the various different programs.

I: 06:57: Would you be able to estimate how many students are reached directly through the SAFE charter school and other programs?

BB: The Charter School is something very different. Charter school is a school for people who live in the SAFE shelters. We have two separate shelters. One is predominantly a family shelter, so for our families that are short on escaping from domestic and sexual violence. And the other [shelter] is a children's shelter where the school is on-site. I can't give you the exact numbers from elementary to high schools sometimes we have 18 or 25 students enrolled. We do provide support groups for them but that is a small part of our Expect Respect program, that works mostly with public schools and public charter schools.

I: 08:11: Got It. Thank you for clarifying. Have you facilitated any of the workshops related to healthy relationships yourself?

BB: 08:26: Yes, that's how I kind of started off so the first 2-3 years at the SAFE alliance, that was my work. I facilitated groups with girls, I don't currently do that, I facilitate a lot of immediate conversations, I work on facilitating a coordinated response with schools, when incidents occur or coordinated connection to other schools... that's my job right now.

I: 08:56: The crisis centers I have spoken who offer somewhat similar educational prevention and resources have different processes for whereby communication advocates for the crisis centers may reach out directly to schools. Could you comment on the relationships that SAFE is able to establish with members of the community in Austin?

BB: 09:55: SAFE is an extremely collaborative agency because when you work with victims of domestic violence and SA you're talking about housing, job development, you talk about counseling, shelter, parenting skills, legal supports – you need about everything. We work with the homeless coalition, mental health, substance abuse service providers, we work with medical center to get medical needs met. We are a very merged and intertwined part of a lot of different folks' work.

For our Expect Respect program, it's actually schools that reached out in about 1980 when teen dating violence prevention didn't yet exist per se [the schools] said there are abusive relationships going on at my schools, "can you do something?" The model that was available was the support group model, we provided support groups for girls. For our agency to be responsive, we've developed the program more, we realized we need to work with boys and work with schools and have more visibility there.

We go to schools and we ask, “how can we help you?” It’s sad but there’s also response to tragedy. There was one young woman who was murdered with an ex-boyfriend or a boyfriend she was trying to break up with at school. Then another young woman only a year later was also murdered by an ex-boyfriend, that was just outside of school, but she was a high school student. People realized that they were not prepared, there were many signs that things were dangerous for these young women, nobody intervened for the young women, and no one was able to intervene or put the dots together. At that moment, there was a need to develop school policy about responding to incidents and about providing prevention education. That was first developed with the district and became the model for the state of Texas. It was one of the first state policy for schools.

I: Could you talk to me about the SAFE leadership structure, particularly in terms of staff who are working with leading the prevention and education efforts specifically?

BB: 12:59: Our senior director is the founder of the program. I’m the directory for Evaluation and Training, we have one position for the Counseling Manager, she provides all the support there. For our counseling team we have 3 female and 3 male counselors for schools that provide support group program and counseling.

We have 2 people in prevention --- Educational Theater Coordinator (she provides the program I mentioned earlier, and she has other programs as well. And then we have the Prevention Coordinator, who leads programs at schools and provides all kinds of educational programs and presentations. That’s our staff.

I: 14: 28: When it comes to the decision to intervene with one type of training or the other, would you be able to speak to how that decision is made? (For example, what considerations do you make for younger students v. when a specific school reaches out in response to a tragedy, etc.)

BB: 14:55: Mostly we are not doing training. We are providing counseling and support through our support group program which as 24-week curriculum program that meets on a weekly basis. The training that we do provide is when we are training and helping develop leadership and that’s a different process. For one, we’re working with high risk populations and getting referrals from the counselors and teachers on sexual assault. We conducted an intake session to see find eligible participants. Any kind of violence requires a broad method of response, whether it be through school or community responses. It’s only a support group program, not a training. Those are for all groups of school and we’ll pull them out of class during school day. So, it’s accessible to them. Many of them would not access the counseling center after school, it’s not financially feasible, there are transportation barriers and they wouldn’t do that. There is a referral program.

When we do the youth leadership program, it might be a whole class or a whole advisory group, signed up for it [inaudible]. So that’s kind of our broader work, it can be with a whole classroom. It requires a real commitment over the break from the students. We draw on very different program structures.

I: 17:43: Thank you, I think there is some miscommunication in my use of vocabulary because

when I use the word “trainings,” I feel like I am referring the school-based programs like Safe D; Green Dots; Shifting Boundaries, and the curriculum. Thank you for clarifying.

18:03: Because they are very scripted, and in a class room setting you might call them training. We work differently. Our programming is much more creative and flexible. All though we have a curriculum it is not scripted. Across all our programs we want to get youth’s voices to the forefront, we want to provide definitions, we want them to define for themselves what’s healthy, unhealthy, harmful, loving, so that we can develop those skills to meet deficiencies when we’re gone, and draw the mind and know what they can do. It’s sort of a different philosophy and quite a different approach.

18:55: Could speak to the research sources that you used to inform the curriculum that you developed in the past, as well as this refurbished version that you described you are now re-developing 10 years after it’s been in use?

BB: 19:05: We’re always incorporating new findings and new research with attention to diverse perspectives and [inaudible] and with increased access to pornography and with kids all having smart phones, it’s a whole new world out there that can be supportive or also there are risks for youth. That’s one thing that of course you may need to be responsive and incorporate.... We always use new research and draw from curricula, see what they do, but it’s also primarily based on the practice students. We see about 500 students a year in the support groups alone; they have a lot experience, they see what’s going on in the kids’ lives, and we always try new activities and exercises, and what’s going on in kids’ lives. We’re informed in research and strategies, particularly in terms of trauma informed care, to emphasize certain aspects, but it's also very much a practice-based curriculum. Because I think what makes it different is that we have the experience and know how to engage high risk youth in these conversations. We're not creating a culture so it's in a vacuum... we really train out of working with people.

I: 21: 40: In your own expert opinion, describe the goals of the curriculum programs that use the 24-week counseling?

BB: First and foremost, we are working to create a supportive peer group. Often, they have faced adversity if not violence going in the home, they might often have very conflicted peer relationships or dating relationships. We are first working to establish a supportive group environment. We try to create a space of calm and reflection so that participants can sort of process things that are going on currently on in the past.

I’ve found that it is very important that we provide space to actually name the violence and that it occurs in a group. We provide the youth who might think they are struggling or crazy or angry, but there’s specific reason for it. There’s actually adversity and violence going on in their lives that they trying to cope. We do a lot of work around skills for coping with trauma and for developing healthy relationships, for instance with communication, boundary setting, how to ask for consent, how to deal with rejection, how to break up a relationship safely. How to support each other.... those are specific skills in our practice, in the different stages of their career. Overall, we do look at gender norms and other social norms that also impact expectations that

youth have of themselves and of a partner. We want them to have the space to be authentic and to be self-sufficient.

I: 24:10: Thank you. How would you define the program's "success" in meeting the goal of preventing potential perpetrators from perpetuating intimate partner violence down the line? Or would you say the focus has been exclusively on potential victims?

BB: Often in these support groups there are both potential perpetrators and victims. Almost all of them some exposure to violence as witness or violence in the past. They have seen a lot of aggressive models all around them and kids have learned those behaviors to negotiate conflict or deal with those situations.

Now, many of them actually have, boys and girls, aggressive behavior issues at school and discipline issues. Often in youth studies you find that in youth victims as well as perpetrators. There are some who really all victims, all perpetrators, and then both. Majority are both. We're working on both ends, teaching about healthy relationships.... Some of the young men in our groups are learning for the first time how to communicate how they feel to decrease violence so that's preventing perpetrating...and then others are learning how to stand up for themselves and say "I know that now" so that is preventing future victimization.

I: 26:27: I'm curious about the quantitative and qualitative variables you use to marriage your outcomes, and whether or not you conduct follow ups after the interventions.

BB: 26:55: For the [...] I think the different publications are on the website, I can email them to you. For the CDC evaluation, controlled outcome evaluation, we have a baseline we had a second time point at the conclusion of the program, and then six months ago.

I: 28:18: Will you have a six month follow up for the program that is occurring right now?

BB: No. For our internal evaluation we just do a pre and post baseline, and then at the conclusion. It's very labor intensive to have kids participate in these, and there are a lot of other requirements to have a productive study like that.

I: 29:00: Can you tell me about the pre and post-test evaluations?

BB: Yes, I can actually send those to you.

I: That would be wonderful! A lot of criticisms against school-based curricula that target middle and high school students in health classes is that they are unable to respond to the trauma of children who have grown up in abusive environments or where IPV has occurred. The model that you use is progressive in that it uses a support group model. Can you share your opinion on the efficacy of school-based curricula?

BB: 30:30: The issue is always where do you find the target group. You need to go to them. In our experience with outreach to high risk populations, that have all sorts of things stacked against them, we need to go where they are. If they are in schools, that's where we go. It's not always

easy to work in schools. There are definitely schools [inaudible] schools really need support. School based for us is a little different because we don't take school sessions a bit like with Safe Dates.

We are working with smaller groups of students that particularly need the support. So, we can work around the school's schedules, so they don't miss too much academic time. I don't know how else we would reach them in these numbers if not at school. That being said, we do other programs like youth leaders' program, and a summer youth leadership academic that bring students from all across Austin, we have a summer youth leadership academy, where students are coming from various needs [inaudible].

Again, it's not to say that school-based work is the only thing that does work, school is where a lot of peer problems arise [inaudible] that's where they can demonstrate health behaviors, that's why you need to meet them where they are.

I: 33:14: Thank you for that. The CDC provides a technical package on preventing intimate partner violence with six strategies, and before I list them, my question is the order in which you would prioritize them, nothing they were in combination and are meant to reinforce one another. As you know smaller prevention agents sometimes need to prioritize when faced with limited resources: teach safe and healthy relationship skills; engage influential adults and peers; disrupt the developmental pathways toward partner violence; create protective environments; strengthen economic supports for families; support survivors to increase safety and lessen harms.

BB: 34:20: I think you really need to focus on the first one you mentioned, teaching healthy relationship skills. If you can teach that you can really interrupt the cycle of violence, you don't teach that by that alone, but you teach the skills so they can make different choices for themselves. Particularly if you don't have a lot of resources. That would be my rationale.

I: 35:05 In regard to the other five prevention strategies...

BB: They are all important and they are all worth pursuing. The next one is engaging influential adults, particularly teachers and coaches, people in the grassroots where this violence occurs. That would be second most important. [Inaudible]

I: My last question is about the financial aspect. The goal for my thesis is to shed light on the prevention mechanisms in Durham where I am located. I've been asking other organizations and would love to hear your take, if you are able to offer, on how SAFE has been able to maintain such relatively high levels of revenue, from philanthropy, government grants, etc. Do you have any strategic techniques that you apply?

BB: 37:20: We are fortunate that we are able to demonstrate our impact. That's one thing. Have kids who have been struggling or who have been in abusive relationships found this all helpful? That's one strength of our program, we try to pull the data and try to do a simple needs assessment and things like that. We work with other coalitions to gather data that we can show about our access and utilization. That's one thing we're working to show, this is how we access the population, that's an important piece.

The second piece is that we try to collaborate and mentor a lot to see, to generally see where... so many schools are doing social work and learning, which is a classroom-based kind of prevention. Only the one prevention Educator from the CDC center who might be working on this, but you can also train other staff and other professionals to increase their capacity and provide somewhat more specific programs already, if you don't have the resources.

Providing more sustained programming is preferable. I know that often times in the prevention theater we can be working in numerous schools and we might point to one specific successful case and then show that we can show the outcomes of our work. That helps for future funding to get donors support. To say, "can we get another or another two schools on board." So, there's a lot of community fundraising to that.

What's also really effective in terms of fundraising is having young people speak on a panel, to talk directly about what's going on, what they see, what they eat, can be a very, very effective tool to convincing adults that there is something that needs to be done.

I: That's it for my questions, thank you again. This has all been very useful, I really appreciate your time. I'll look forward to receiving those documents via email as well.

10 Deena Fulton Interview Transcript

Interviewer: 00:00: Could you tell me a little bit about your work as Programs Director, how long you've been at the NCCADV, what your role entails and how does your role fit into the larger mission of the Coalition?

Deena Fulton: Sure. I am newly a Programs Director. I've been at NCCADV since September 2015, so three and a half years, just about, but before December 2018, I was a Prevention Coordinator, so I was directly overseeing our primary intervention work. I am now overseeing that prevention work, well as our economic justice and housing work as you gathered from the website. The programs are kind of grouped together and that they are focused on sort of broad, community, societal level changes that will both support survivor safety and self-determination and prevent violence in the future.

That is also how it's related to the mission at NCCADV: preventing domestic violence and serving survivors.

I: 01:26: Awesome. With the prevention work in particular, I was wondering if you could comment on how you or the Coalition develops relationships with schools that you work with, if you are going into schools to deliver school-based curricula.

DF: Because we're a statewide organization, we function a little bit differently than the local prevention programs do. Our staff isn't going directly into schools to do curricula. But through the DELTA impact work that we're doing, which is the name of our grant that we do primary prevention through, we direct some of that money to a local service provider in Wilmington,

North Carolina. They do go into schools and are mostly focused on Shifting Boundaries. They have also done some Safe Dates implementation, but they're mostly focused on Shifting Boundaries now. They have relationships with several of their local school and a long-standing relationship with one middle school just through connections in the community that their staff person had and building on that. [The local domestic violence service provider in Wilmington] also has a Memorandum of Understanding with the whole school systems, so they can easily expand into additional schools in the district

At the state level, we have worked with colleges and universities, but again, it looks sort of different. We're not going into college and university classes, we're more working with staff in offices related to intimate partner violence. So, violence prevention, and Title IX, and some other relevant offices. It is a little bit different from the state level perspective.

I: 03:15: Got it. Specifically. I'm curious about why the CDC's DELTA grant is going specifically to the agency in Wilmington. Would you happen to know why?

DF: Yes. It's been about over 15 years that we've been working with the domestic violence service provider in Wilmington; we've also work with other domestic violence service providers through this grant. With the way the CDC grant is structured, some of the money goes to the broader Coalition, and some money goes to either one or two local domestic violence service providers. Different states do it differently, but again, we have a longstanding relationship with a provider, and they have built up their connections and their primary prevention capacity for over 15 years. [We have] a very strong relationship there.

With the Coalition we've done prevention trainings for other domestic service providers across the state. But in terms of sort of the necessary existing relationships with schools and other community programs, and the in-depth knowledge about primary prevention, Wilmington just has a deeper history, because they've received funding for over 15 years. They have actually had the resources to dedicate towards prevention.

I: 04: 37: Regarding the DELTA funding that goes towards the coalition, can you tell me a little bit about what your primary prevention interventions look like?

DF: Yes. This is a five-year grant. This iteration started just about exactly a year ago on March 2nd, 2018. This round, we have two main projects and the first is around increasing access to paid family leave. Right now, we're working on a Health Impact Assessment of paid family leave; basically, we're looking into how increased access to strong family leave policies would help bolster a lot of different protective factors for communities, and potentially more broadly than that. How those protective factors would be increase and thus prevent violence down the road [is the focus], so connectedness to a caring adult, actual economic stability, and community, generational protective factors, because that's what we're trying to promote in the long term.

Our other project, we call Trauma Informed Organizational Policies. This work falls under what the [Center for Disease Control and Prevention] calls "creating protective environments." We are working with several different kinds of organizations, human service organizations mostly, and we're working with them to make sure that their own workplaces, their own organizational

policies and practices are as trauma informed as possible. Both to sort of retain their staff, so that they have experienced staff who are, you know, not being retraumatized at work, who are supported at work, and, providing services to people so that will also sort of filter out to a bunch of other protective factors in the community. But then also within that workplace environment, making that a protective environment for those employees and hopefully reducing the rates of experiencing violence. And then again with the generational perspective, if they're experiencing less violence, hopefully they're kids are witnessing less violence, and so on and so forth.

It's definitely a different take on primary prevention work than sort of the school-based approach. The CDC has really emphasized the importance of focusing on multiple settings of community and societal level change. That's what we're working towards.

I: What are examples of some of the organizations that you work with for that latter program?

DF: 07:27: We are finalizing those specific partnerships at this point. One of the organizations we're working with is a domestic violence service provider. We're also working with housing and homelessness service providers. We've thought about working with community colleges staff, and another one that escapes me. [Generally, it is the] sort of folks within our networks who are doing ally-kinds of work, that are interested in being more trauma informed and supporting the same kind of community change that we are.

I: Awesome. Reading through the 2009 Catalog of Evidence Based and Promising Practices (I think the editor was Leah Parkinson), a desired education outcome was: by some year in the 21st century, some unpublished percent increase in the number of schools in North Carolina, which utilize the intimate partner violence prevention curriculum endorsed by DELTA, from the number of endorsed programs in 2006. I was wondering if you knew whether or not this outcome was met and what those specific numbers were.

DF: 08:50: Leah was in my role several years ago. There have been four different people in my role since we published that. It's also important to note that 2009 was two rounds of DELTA funding ago. Every time there is a new DELTA grant, the requirements change, the strategies that we're allowed to focus on change, which is to say that it is not easy to keep a longer term... Basically, we are accountable to the goals of the outcomes we set for each five-year period, rather than over time. That is all to say that this is not part of a plan that I have worked on since I have been here.

From the DELTA program that ended in 2013, and the other one that started in 2013 and went till 2018, there was a huge shift in focus, from individual and relationship-level prevention to only letting us do community and societal-level prevention. The short answer is that we haven't tracked this goal and outcome. Since it's XX%, I can't tell you what the goal was. But also, our efforts have shifted.

I: Because the coalition is located in Durham, I was curious about how this affects your work across the state and in Durham specifically. Could you comment on that?

DF: 11:08: In general, as a state-wide organization, we try to have impact in different parts of the

state and not me focused in any one locality. But of course, all work happens in places. That is why it is important to have partnerships in local areas, such as our partnership in Wilmington. Different programs at the Coalition and different aspects of our work, are focused in different parts of the state. So, for instance, our Training and Technical Assistance program really is statewide. Anyone, anywhere in the state, can attend trainings and get technical assistance.

For the programs, we have more limited partnerships. For instance, with our Economic Justice program has handful of sites. The prevention one has one site [in Wilmington]. Our health care project has a handful of sites. We have some connections to work in Durham, but we don't specifically privilege organizations or work happening in Durham, over anywhere else in the state. It's about if the work we are doing is in alignment with the allies we have here in Durham. It is about the right partner for the work and that's where we'll do that bit of work. That answer your question?

I: Yes. As a follow up, because the Durham Crisis Response Center is the only service provider of sexual violence and domestic violence services in the county, could you clarify, if you have worked with them in the past, and define what that relationship has looked like?

DF: 12:42: Yes, for sure. Their folks attend our trainings and we give them technical assistance. They are also currently receiving funding from one of our projects, which is the LGBTQ Services Projects. I think they might be receiving funding from us for more than that, but I'm not sure. I know for sure they are for that program. For sure, we do have partnerships with them and communicate with them. The difference between their organization and our organization is that we don't actually do direct services for survivors for the most part. So, if someone is in crisis and need housing, they go to [Durham Crisis Response Center], not here. Our work is more focused on capacity building, some programs, and we're a membership organization, so we help organizations like DCRC across the state.

I: Got it. Next question is: what do you define as the greatest challenges facing primary prevention providers?

DF: 12:48. There are a lot. I think the single greatest challenge [is] prevention funding, it's much more limited than funding from response. It is very difficult for folks to do like large scale or deep, long lasting prevention work because prevention funding is so limited, and it's pretty time limited, so you kind of scramble to do what you can in the time that you're funded. It's a pretty different skillset than doing crisis response work, it requires a different thought and applying a much longer- term view over the work which is just different. There's a different orientation to the work and there's a different set of training that folks need in order to do prevention and, if you don't have sustained prevention funding, it's really hard to train staff in prevention, do so well and in a way that also [allows] time to actually do the program before [the agency] runs out of funding

Definitely, there needs to be a stronger funding infrastructure for prevention work, and that's not just in North Carolina, that's across the country and beyond the country. Part of the reason prevention is harder to fund is because it's not easy to show concrete indisputable evidence of preventing violence. If you prevent violence, then there's nothing to measure, right? There's no

violence to measure. Whereas when you're doing crisis response, if you serve a hundred survivors with XYZ services, you've got some good to show it can't have that. But with prevention, the goal is to not have anything to show at the end.

So, it's sort of hard to convince funders that you're at your work is working and that it matters now and in the long term. So that's definitely a challenge across the field. I think another major challenge is both the lack of a strong evidence base for prevention, and the kinds of programs that get funding for evaluation and for research. First of all, there aren't many evidence-based programs, you have listed Safe Dates, Shifting Boundaries, The Fourth R, and some people would include Green Dot, but having four school-based curricula as your evidence base for an entire field is quite limited. That is really one narrow approach to a very broad set of potential strategies that work for prevention. These curricula are the kinds of programs that can get funding to be researched.

A lot of prevention efforts that are happening out in the field are quite complex and they may include school-based curriculum, but they also probably include a lot of other components too and are just very difficult to evaluate. I'm thinking about the CDC's Connecting the Dots brief that lists a bunch of different risk and protective factors for different kinds of violence, including intimate partner violence. One, protective factor at a community level is having coordinated service system, a coordinated social service system.

That kind of work is very different from doing your curriculum in a school, it involves different organizations meeting with each other, and being on the same committees, changing their referral processes so that people can easily access all kinds of different services in the community, which is all important. I can explain to you how that is prevention, but it is very difficult to study how that kind of work prevents individual cases of violence.

It's not just that the evidence base that is out there is limited, it's also that it would be very, very hard to get a strong evidence base for all the kinds of work that logically and theoretically are prevention. Then, when you don't have a good evidence base, it's hard to know what of the best practices, what are the best ways to do all these diverse kinds of prevention approaches... With Shifting Boundaries you have a curriculum and you have an implementation guide and you have the instructions written out for you and you can just "do" Shifting Boundaries based off the booklet. Of course, people make adaptations, but you don't have to make adaptations, you can really just go by the script. But, with other kinds of prevention approaches, there aren't best practices like that. There is not a script, there is not a formula in the same way. That's challenging too. Those are the two [challenges] that stand out for me.

I: I'm glad that you brought up matter of measuring outcomes because that's something I wanted to get your take on later too. According to the Coalition's website, you receive support from the Office of Victims of Crime from the Department of Justice. Is the only funding for the coalition or do you received REP grants?

DF: 19:15: RPE is specifically to gender-based violence prevention, so that money doesn't go to our coalition. At the local level, that might get a little muddy because some organizations do both sexual violence and domestic violence work. NCCADV does not do work focused on sexual

violence; the [RPE grant] would go to our sister [North Carolina Coalition Against Sexual Assault]. We do relieve plenty of other grants from different grants.

I: Off the top of your head, would you be able to list some of where those grants come from?

DF: 19:59: We receive money from Blue Cross Blue Shield Foundation, The Allstate Foundation, the Office [for Victims] of Crime passes money through the Governor's Crime Commission and the Council for Women in North Carolina (those are both state agencies), we get money from the CDC of course. [...] I can't remember if we have money from the Office on Violence Against Women or the Office on Women's Health, one or the other and it has changed over time. We have smaller pots that are not coming to mind. We also have unrestricted funds from donors as well.

I: As you mentioned, the CDC promotes six strategies for prevention and obviously none of them are supposed to work alone: teach safe and healthy relationship skills; engage influential adults and peers; disrupt the developmental pathways toward partner violence; create protective environments; strengthen economic supports for families; support survivors to increase safety and lessen harms. That said, one thing I'm particularly curious about exploring with my thesis, is like you mentioned earlier, the school based interventions, there's a lot of debate on how effective they can be for students, individuals who kind of grown up around domestic violence and are statistically more likely to be there, be victims or perpetrators. Could you comment on your efficacy of the assessment of the efficacy of school-based interventions?

DF: 22:08: I don't think there's anything inherently wrong about school-based curriculum There is evidence that they do have positive results for folks. The question is more about, "given the fact that we have so little funding and that going into schools and delivering curriculum takes a lot of staff time, is this the most effective way we can use our resources?:" And I think the answer is different for different organizations. If this was your strengths and you've got great community relationships and this is the best way to use one or more staff people times for you all, then great. I believe that all of the prevention strategies that you just described are important and there are other ones in addition to those I think that are also important. I'm a proponent of everyone working within sectors that make the most sense for them and for there to be all kind of approaches to prevention because violence is a very complex, as you mentioned, intergenerational challenge. We are not going to fix it if we just approach it from one strategy. It's complicated. Our response also has to be complicated, equally complicated if not more so.

I think that certainly education, whether that's from a domestic violence service provider going into schools or online education or how ever people get information and learn things, I think that's certainly part of the puzzle. I think it's not the whole puzzle, and I think it is something that a lot of nonprofit default towards because it's tangible, because you get some tangible results at the end of it. Also, it's easier to learn how to follow the script of something like Shifting Boundaries that it is to figure out a unique a community-based set of prevention strategies that are going to work best for your community. So, it's just simpler, and if you have limited resources, sometimes the simplest thing it's the best thing, because it's something you can actually attain. I think it's a perfectly valid option and I think it is one among the many options for how to conduct prevention work.

I: 24:31: Referring back to those six strategies, where would you advocate for an agency or center with limited resources to prioritize?

DF: All agencies have limited resources. I think it really depends. I think there's a lot to be gained from talking to non-profit organizations, for instance, with limited resources, whose whole focus is in strengthening economic supports for families. Maybe their work is around labor rights or something like, or not something that explicitly focus on intimate partner violence. I think it's great to bring them into the conversation so that they're aware that the work that they're doing isn't just economic advocacy, it is also violence prevention. I don't think there's one best for a limited resource setting to do profession. I think it just really depends on the agency is, how they are situated, what they're already doing, [and] what they know how to do. I think it just really depends.

I: 25:53: Awesome. Thank you. Lastly, returning back to this topic of measured outcomes. I am very curious about the different providers that you work with across the state. I know that your funders obviously will require certain metrics, but if you have any internal measures that you use to evaluate outcomes in terms of prevention work (like in Wilmington), can you please share?

DF: We have a very detailed evaluation plans for all of our strategies, including the work we do in Wilmington, but also the work that we do here. I did not develop the evaluation plan. Our Evaluation and Prevention Evaluation Specialist did, so I can't rattle off outcomes that we're measuring, but we have very detailed and specific outcomes that we are measuring, both on a year to year basis as well as for the whole five-year period. I could comb through some parts that we have and send that to you if you want.

I: 27:06: Yes, I would really appreciate that. If you can put me in contact with the specialist who might have access to that as well, that would be fantastic.

DF: I have access to them as well so I can copy and paste a couple lines for you.

I: 27:22: That'd be great. Thank you. That concludes my questions. Is there anything else that you think would be useful to know or that you'd like to comment on?

DF: I think we've sort of covered the scope of what your interests are. Thank you.

I: 27:51: Thank you so much for your time.

**Lightly edited for grammar and concision.*

11 Karla Fischer Interview Transcript

Interviewer: 00:00: Could you please tell me about your work with NCCADV, when you worked there, how long you worked there, and what your work entailed?

Karla Fischer: 01:19: I actually never worked there. I was a volunteer. Probably the most significant thing I did while I was there, aside from participate in their training (because my expertise was the psychology of domestic violence), but I also worked on a legal defense of an Orange County advocate who was charged with illegal practice of law because she helped people fill out their restraining order forms.

I: Oh, okay. Do you know how long you were volunteering there for?

KT: 1:53: I'm pretty sure I was there the entire time I was in Durham; I lived in Durham from 1993 to about 2000.

I: Were you involved with any facilitation efforts for any of their prevention curriculum?

KT: 2:15: No, we actually did work on the Marital Rape Exemption Act in North Carolina too. Way back when North Carolina was the last state to not allow husbands to be charged of rape. That old law said restricted rape to 'someone who is not your wife,' to remove that little phrase so that anybody could rape anybody. That was successful, although there were some members of the state legislature who opposed it. I know it's hard that people would have posed the idea that a husband could rape his wife, but yeah, it happens.

I: How did you get involved with the Coalition and could you tell me about your research background in the area?

KT: 03:31: I'm not 100% of how I first got involved. I had moved to Durham; I was teaching at Duke. I was a brand faculty person and I wanted to be part of the community. So, I reached out to the shelter or the county or whatever we call it, I called it the shelter at the time, and I said, 'hey, how can I be useful to you?? And that's how it kind of got started. I started just by participating in the volunteer training. Then sort of did some other things too.

I: And then could you tell me about your research?

KT: 04:18: I have a PhD as well as a law degree from University of Illinois. As my dissertation research, I did study of the effectiveness of court orders of protection and I was interested (or same as restraining orders, it was called orders of protection in IL), and I was interested not only in whether or not they prevented violence or the future, but I was interested in the way in which they psychologically impacted the victims who got them. So that's what I started out doing as a graduate student. When I moved to Duke, I had the belief that I wanted to continue doing lots of research. Turned out that wasn't really so true. But that's how I got started.

I: In your expert opinion, if you could comment on your assessment of the efficacy of school-based curricula as a way of delivering content on healthy and unhealthy relationships.

KT: 05:30: The curricula I've seen, I think suffer a little bit from too much of what I would call planned programing, and not enough on just creating an atmosphere where kids can talk. A number of years ago I did some research looking at court cases involving sexual harassment in schools, and it seemed like the parallels to the way the schools treat sexual harassment victims,

which in some ways, you know, at that age are not distinguishable from domestic violence victims, but that the way that the schools responded to kids who were victims, it's very much like the way police respond to battered women. I think that the violence prevention programs make a good effort, but I think that they don't really help kids understand the underlying dynamics of, you know, why boys pressure girls, why girls have a difficult time standing up for themselves, when boys do things that make them uncomfortable and what the school and how the school, you know, facilitates that dynamic.

I think that schools are a training ground for domestic violence victims. I think that girls learn in school, that it is not safe to stand up for yourself. I think boys learn in school that they can get away with pressuring girls. I don't think that the violence prevention programs go deep enough. I think that they, you know, teach kids say certain things, but I don't think they teach kids to think about how they relate to other people who are, or what it means to be a boy and a girl, in this culture, that is somewhat male dominated.

I: When you say these curricula, are you referring to any in particular? Either Safe Dates or Shifting Boundaries, or some other ones?

KT: 07: 45: I don't know the names of them. There are several that have been implemented, in Champagne, Illinois here. I had taken a passing look at them and this was a number of years ago, so I can't even tell you what I'm referring to when I could be completely wrong. That's simply my somewhat uninformed opinion.

I: When you were receiving your masters at the UNC Gillings School did you work with Vangie Foshee or were otherwise involved with the Safe Dates curriculum?

KT: 08:36: No, I did not.

I: Do you have any thoughts on the metrics that are used for evaluating the efficacy of these programs? I know you said you don't have the names or specifics, but I'd be curious hear just generally what your take is on the best ways that measuring the impact of these curricula, be it through assessing just knowledge attained or values or behavioral changes. Thoughts on evaluation.

KT: 09:12. I don't really have an informed [opinion], I think we know from a long history of research that looks at violence against women, whether it's police officers and how they treat rape victims, um, anybody else. I think we know that it's pretty easy to change people's behavior. Like they used to tell the police, just ask her if she wants a cup of coffee and that made victims instantly more comfortable. But it didn't really change their attitudes about, you know, the victims were to blame for their assault and things like that. I think there's a lot of research from different areas that suggests that behaviors are easy to change, especially during the short-term course of an evaluation study. But attitudes and understanding and real changes in our social world are really hard. I don't really know what the best way is to go about doing that. I don't do research anymore and I haven't for quite a long time, especially empirical research, so I'm sort of out of that game.

I: Got It. Thank you. The Center for Disease Control has these six prevention strategies that they put out and my question will be how you would advise a crisis centers with constraints and limited resources on how to prioritize. Those strategies are: teach safe and healthy relationship skills; engage influential adults and peers; disrupt the developmental pathways toward partner violence; create protective environments; strengthen economic supports for families; support survivors to increase safety and lessen harms.

KT: 11:09: I think I would always choose for organizations with limited resources to always focus on victims.

I: Thank you. You're actually the first person who I've asked that question to just say support for victims!

KT: 11:37: It's really my belief that, you know, battered women's organizations are really for the survivors.... they're not for anybody else. So, I kind of think that they have to come first.

I: Where do think the prevention should come from? If we were in your ideal world.

KT: 11:59: I think we should have kids develop the curriculum for kids. That's what I think., with adults guiding them in thinking about these issues. I don't think we fully understand how kids think about things. I think that's both positive and negative in the sense of, I think there's a very basic thing that kids really get, and then there are some things that are confusing to them. And I think we also can forget that a large proportion of our kids grow up in violent home and we don't know what the legacy of that is going to be. I think it has to start with the kids, where they're at, what they think, what they see, what they've experienced. And I also think it's a hard thing to try to teach kids, you know, about nonviolence and relationships when that's all they've ever seen.

I: That's it for my questions. Do you have any comments you'd like to make or anything else you think would be useful for me to know?

KT: 13:17: Not that I can think of. I'm glad you're doing this work. I'm glad that you're tackling at very big issue for your senior thesis. I admire, the, the bigness of the issue that you're trying to grapple with, and I hope to go on and you know, if you want, to have a satisfying career in domestic violence. There's a lot of room out here for people who want to make a difference in the world.

12 Rachel Galanter Interview Transcript

Interviewer: My first question is about what your role entails as Executive Director of the Exchange Family Center.

Rachel Galanter: As the Executive Director of the Exchange Family Center, I oversee all the programs and participate in community conversation about ways to make children's lives better by strengthening the skills of their caring adults. We do that here through evidence-based counseling, coaching and training, made as accessible as possible, that builds the skills of caring

adults, parents, teachers, other community member, improve children's resilience so they can thrive now and as they grow. That might mean that I participate in that community education activity, like providing a workshop to parents or for professionals. It includes serving on the resilience initiative and participate in their strategic planning process and includes serving on Durham's integrated domestic violence response system leadership team and helping with implementing that grant from the administration of children and family. But, my focus within all these community conversations is on helping to buffer children from the effects of toxic stress, whether that's through us providing a service or through making sure there is smooth coordination of service.

I: I want to ask you about the Durham integrated domestic violence response system program. Were you involved with the grant application? How did your role evolve with that program?

RG: 01:58. So I did help write the original grant. We've been a partner since the beginning and the goals of the grant are threefold. The idea is to improve Durham's response to abusive parents and their children, coordinate the provision of evidence-based services to children and youth exposed to domestic violence or family violence, and enhance the capacity of the system to mitigate the risk to children and youth. That's the domestic and family violence. Because it was focused on children and youth that really aligned with our mission, and we have given input into the training for first responders, which helps them better identify and address domestic violence and then, recipients of referrals and we've had through the grant that additional capacity so that families can get mental health services and early childhood mental health consultation when they need it, so that there's less delay because of the financial support from the grant. Those services are also supplemented for DCRC, the domestic violence agency in Durham, and the Center for Child and Family Health, which does clinic based trauma work, and that our services align well with that array, but are provided in the home or in the childcare center for children who are having challenging behaviors in childcare. So that it sorts of complements the other two sets of services that are based at a specific office location. The Center for Child Family Policy is doing the evaluation of the outcomes associated with these efforts.

I: 04:08: You just described what the Center for Child and Family Policy is doing, but I was wondering if you could please describe what exactly the Durham Crisis Response Center and the Duke Center for Child and Family Health are doing specifically with the funding, they have received through the grant

RG: The Center for Child and Family Health has two parts: 1) development of training, and 2) provision of the training to first responders. The second part is there is some funding to help them provide clinic-based services for families who have experienced domestic violence. We actually have a spreadsheet of all the different therapies, which ones are offered at the Center for Child and Family Health, which ones are offered here, what languages they're offered in. And there's a person on staff at Durham County Department of Social Services, who reaches out to families who have had experience with domestic violence, and have come to the attention of Social Services but don't have an open case to connect as a family with service here or at the Center for Child and Family Health. They're doing training and clinic based direct services. We have this lovely chart, which hopefully somebody has given you, which states all the things and who's doing what. But I can forward to if you don't have it already.

Then at DCRC, I know that they have put some money into, they have like a Children Services Coordinator and I know that they also have counseling on site, but I'm less clear on the details of that because those families are not in the same pool of families that I would serve. If they're living in a shelter and getting support there or they're getting support through DCRC, they're not coming through this referral that comes back out to the Center for Child and Family Health. I'm less clear on that part [of the grant].

I: 06:25: That makes sense. Now, my next question concerns the DCRC. (I should add that I am familiar with them, I have volunteered there as a court advocate and crisis line volunteer.) Apologies if I repeat facts you may know already: DCRC is the only organization I have identified to receive intimate partner violence prevention funding in Durham; currently, it comes from the CDC's Rape Prevention and Education grant. \$65,000 was allocated for 2018-2021. That is over seven times the funding recently allocated for the Durham Integrated Domestic Violence Response System Program and full time Child and Family Advocate position.

With these statistics, there can be a clear case for how we have seen a prioritization of response, instead of prevention, efforts explicitly on the issue of intimate partner violence. Could you please speak to where you see the priorities of Durham on this matter from your own position? Where do you think the priorities for Durham should be with regards to this balance of how much they are investing in response v. prevention?

RG: 07:43: I think that in terms of prevention, if you single out domestic violence prevention from all other types of prevention, then yes, it is very unbalanced. But if you think of the prevention of domestic violence as about building up people's social and emotional skills and building up their networks of support and building up some of those protective factors that are part of preventing domestic violence, they are the same protective factors for preventing child abuse & neglect and substance abuse and preventing involvement with the court system. If you look at what is going on in Durham holistically, with respect to prevention, there is a lot happening in prevention. Durham has an Early Childhood Mental Health Task Force that really focus on children and their caring adults, and talks about all different kinds of issues related to insuring children's needs are met, which includes, that their adults aren't in violent relationships, with their adults, adults aren't using substances, their adults are in stable housing, that their adults are not in poverty, which creates extra stress for them. I hear what you're saying but I feel like as an agency that is really involved with a lot of prevention work in Durham, including the Resilience Initiative, which used to be called the First Child Hood Experience Task Force, which is focused on one of the first childhood experiences children witnessing domestic violence. That initiative is really focused on how we make it so that children face adverse childhood experience. That's another prevention effort and would include domestic violence as well. There are county efforts on resilience, adverse childhood events, adverse childhood mental health.... all of which turn on this similar territory. And I feel one of the hard things is that sometimes DV agencies don't have the same opportunities to participate in some of those more collaborative efforts.

So, for example, they were at the table for that initiative. I've never seen a person from DCRC there even though I see people there from the Center for Child and Family Health and from medical providers and from the East Durham's Children's Initiative and from Together for

[Resilient] Youth. It would be good to have more balance within DCRC but also to join in with other community efforts that are really aligned.

I: Thank you for that. Relatedly all that you have described is about how you build relationships with community allies, as what you described is all about how you build relationships and networks within similarly aligned institutions within a community. How has the Exchange Family Center been able to do this for the 25 years that you've been located in Durham? I'd be curious to know any kind of momentous occasions that you might be able to describe or point to that kind of have defined the relationship with the Exchange Family Center and the broader Durham community or any other characteristics of the center's relationship with the community?

RG: 11:17: I think that---when Durham first started developing its system of care model, which was an initiative to try use insulation the blind spots of police officers at different sectors, and set things even easier to address the isolation whereby the school was over here, and the criminal justice system is over here and they all communicate with each other when you were very invested in getting that care development. And then when that system of care model started getting less attention and we continued to participate in anything that brought lots of people to the table that we served, for example, on the healthy families advisory boards and on the board with Durham Connect (which does universal home visiting and connects families who are struggling, whether it's with their newborn or with another person in their household to all different resources) and Partnership for a Healthy Durham... I can't think of a specific turning point as momentous. I think it's just an ongoing process, nobody pays you to do it. Nobody gives you a grant for it, but when you make sure that you're involved in these conversations and that it changes over time. Like we were very involved in a group called working to empower Spanish speakers in the Triangle and ended up eventually turning into an online curriculum [inaudible]. We send somebody to be part of partnership they have...we were part of the system of care subcommittees and because they didn't exist, we use to keep following up to keep the ball and trying to make sure that we're aware of what other people are doing [inaudible]. We can make sure other people are aware of what we're doing and try to make sure that gets fed into the places where the kids are at.

I: From the top of your head, how many individuals, parents, and families do you serve each year? Would you happen to know from the top of your head how many people you're able to serve each year?

RG: In a year, we touch about 800 individuals through our EChO (Early Childhood Outreach program), our FSP (Family Support Program), and the POA (Parenting of Adolescents program). The number of families is smaller, closer to 200. In the EChO program we work with a childcare provider, the targeted child in the classroom, and the parent – so for each child we are serving about 3 or 3 people. And then for our Family Support Program likewise we work with a parent or child or children in each house. So, served 109 families last year and there were 240 children plus over a hundred parents. Likewise, for our parenting adolescents program – 48 adolescents, then we work with their parents. 200 families, 800 people, which is kind of exciting. And then we touched another 1200 people with a workshop or a training with coaching. or something like that, where it is a less intensive intervention but a chance for them to learn new skills and get support around it.

I: 18:08: What does your staff size look like when it comes to facilitating these programs?

RG: We have about 20 staff – we have masters level staff and we also use interns to add to our capacity. Currently we have 14 direct service staff and 2 direct service interns. 16 people doing the direct work in the community in those 3 programs. Then we have about 10-20% of my time is doing training and coaching. For example, on Wednesday night I was giving a seminar on raising confident competent children. I do workshops for parents and professionals. Last year we hit 1200 people that way and those are facilitated both by the direct service staff and me.

I: 17:41: Got it. Thank you. Last two questions: on schools and diversity! Have you ever considered or know of any [Exchange Family Center] efforts to work within Durham Public Schools?

RG: We have partnered with some counselors and social workers and have participated in their professional development and talk to them [inaudible]. We do get a substantial number of referrals from schools and have helped with projects through school personnel or community schools' staff to support their professional development. Currently we work with childcare centers before kindergarten, but we just did a strategic planning process where we got input. And one of the things that had been recommended to us is to expand the work we currently just do in childcare classrooms is something other people feel it would be very beneficial to Durham Public schools. Does that answer your question?

I: 19:04: Yes. As a follow up, in response to that recommendation, do you believe the [Exchange Family Center] will be exploring that facet?

RG: I think that that same idea I'm also hearing in the Resilience Initiative, and the Center for Child and Family Health is currently doing called trauma informed learning teams with the schools. I think we have to converse first with them and the school and the county commissioner and parents, figure out what is it that they feel would be the most useful and what is it that I don't want the teachers to feel overwhelmed, right? There's only so many initiatives you can do at once. You can't do racial equity and a new literacy program and a mindfulness initiative and have an outside team coming in and helping you with social emotional approaches. I think that based on the priorities that I've seen in Durham Public School's process and what I know the county commissioners care about, I think this is something they are considering and I think we would approach them to see if this is feasible, what it would look like, in how many schools, or if they want to continue to expand on this trauma informed team learning model, they can do that. I don't think we have to be doing the work for the work happen.

I: Thank you. Lastly, as you know, Durham is very diverse county. 43% of the school students in Durham Public Schools are African American, 31% Hispanic Latino.... From your side a service delivery provider, I'm curious if you've ever had conversations on whether or not the diversity of the groups, such as the Exchange Family Center, reflects the diversity of the communities that they are entering in. Also, if you could tell me a bit about what the diversity of your staff looks like, I would really appreciate it.

RG: I want to start off with, over half if the clients that we serve earn less than \$50,000 a year. 35% earn less than 25,000. 50% of our clients in the past year were African American, 21% White or Caucasian, 18% Latino or LatinX, 8% biracial or multiracial, [and] 2% Asian, Native American, Pacific Islander or Other. The people we serve as a Center don't exactly reflect Durham: they are poorer than Durham, and Caucasian people are underrepresented in who we serve, and Latino people are overrepresented.

I think that that has been really traditional for us. We're working with low income students of color. Our staff ranges in age from 19-year-old work study students to staff in their 60s. Our staff is 52% Caucasian, 42% African American, and 6% Latino. That is more reflective of Durham than [it is of] the people we serve. But I think also the Durham Public School population is also not reflective of Durham overall. Although only 6% of our staff is Latino, over 33% of our staff speaks Spanish fluently. We know the need and we don't want ever to be an impediment to Latino families getting the support they need. Our staff reflects people have multiple faiths and includes people who are out as LGBTQ, which is also an important way that we want to make sure we respect our own. Is that helpful?

I: 23:36: Yes, it really is. Thank you so much for being willing to speak with me. I really appreciated learning from you.

**Lightly edited for grammar and concision.*