

# Ninth Annual DC Public Health Case Challenge

## Protective Community Environments and Their Contribution to Intimate Partner Violence Prevention: The Role of Youth

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September 6, 2023

This discussion paper provides an overview of the Ninth Annual DC Public Health Case Challenge<sup>1</sup>, a student competition held in 2022 by the National Academy of Medicine (NAM) and the Roundtable on Population Health Improvement in the Health and Medicine Division (HMD) of the National Academies of Sciences, Engineering, and Medicine (the National Academies). The Case Challenge, which is both inspired by and modeled on the Emory Global Health Institute Case Competition, promotes interdisciplinary, problem-based learning in public health and fosters engagement with local universities and their surrounding com-

munities<sup>2</sup>. The event brings together graduate and undergraduate students from multiple disciplines and universities to promote awareness of and develop innovative solutions for 21st century public health challenges as experienced by communities in the District of Columbia.

Each year, the organizers and a student case-writing team develop a case based on a topic that is relevant to the DC area but that also has broader national and, in some cases, global resonance. Content experts are recruited as volunteer case reviewers. Universities located in the Washington, DC, area are invited to create teams of three to six students currently enrolled in undergraduate or graduate

<sup>1</sup> See <https://nam.edu/initiatives/dc-public-health-case-challenge/> (accessed August 11, 2023).

<sup>2</sup> See <https://globalhealth.emory.edu/students/case-competitions/index.html> (accessed August 11, 2023).

degree programs. To promote interactions among a variety of disciplines, the competition requires each team to include representation from at least three different schools, programs, or majors.

Two weeks before the Case Challenge event, the case is released, and teams are charged with employing critical analysis, thoughtful action, and interdisciplinary collaboration to develop a solution to the problem outlined in the case. On the day of the competition, teams present their proposed solutions to a panel of judges composed of representatives from DC organizations and other subject matter experts. The prize categories vary by year but generally include a grand prize and awards for practicality, interdisciplinary solutions, and a wild-card prize (for a unique attribute identified by the judges). In 2022, a grand prize, a prize for interdisciplinary solutions, and two wild-card prizes were given.

### 2022 Case: Protective Community Environments and Their Contribution to Intimate Partner Violence Prevention: The Role of Youth

The 2022 case focused on addressing intimate partner violence (IPV) using a population health approach. The case asked the student teams to develop a proposal for a fictitious five-year grant of \$1 million. The proposed solution had to be youth-engaged and -led and focused on the role of protective community environments in preventing IPV among DC youth. Teams were expected to outline their rationale, intervention, implementation plan and budget, and evaluation plan.

Violence in general is a public health concern, and IPV constitutes a specific concern within that broad category. IPV is any type of abuse or aggression that occurs between people involved in a romantic relationship (CDC, 2022a). The national Youth Risk Behavior Surveillance Survey found that 8.3 percent of people under 18, and 24.8 percent of people aged 18–23, have experienced IPV (Youth.Gov, n.d.). DC data show that 1 in 10 high school students have experienced IPV (Stein, 2020). IPV can have several effects, especially for those aged 10–24, including physical and behavioral issues, and substance use and emotional difficulties (CDC, 2021).

The 2022 case framed the issue of IPV through four scenarios, illustrating the range of IPV issues faced by DC youth. Although these four scenarios are fictional, they are inspired by real stories and highlight the role of the social determinants of health (SDOH, e.g., access to care and help, financial stability, and community).

The participating teams were provided with background information on the social ecological model (IOM, 2003), the SDOH (CDC, 2022c), the public health approach to violence prevention (CDC, 2022b), the public health approach to IPV specifically, and the consequences of IPV. The background information also included brief overviews of DC's demographics and

policy landscape, the role of youth in social change, and local resources.

### Team Case Solutions

The following synopses, prepared by students from the six teams that participated in the 2022 Case Challenge, describe how teams (1) identified a specific need in the topic area, (2) formulated an intervention, and (3) proposed to implement their solution if they were granted the fictitious \$1 million grant (budgetary information is not included). Team summaries are provided in alphabetical order according to university name.

The 2022 Grand Prize winner was the team from The George Washington University. Three additional prizes were awarded: the Harrison C. Spencer Memorial Interprofessional Prize, to the team from American University; a wild-card prize to the team from Georgetown University; and another wild-card prize to the team from the University of Maryland Baltimore.

#### American University: Peer Empowerment Now

Team members: Adira Brenner, Margaret Curley, Caroline Krekorian, Rotem Miloh, Rebeka Rafi, and Anjali Singh

Summary prepared by: Adira Brenner, Margaret Curley, Caroline Krekorian, Rotem Miloh, Rebeka Rafi, and Anjali Singh

Faculty advisor: Melissa Hawkins

#### Problem Statement and Background

Washington, DC, has higher rates of IPV than national averages among youth, and this issue needs to be addressed through public health interventions. In the proposed intervention, IPV is defined as abuse or aggression that occurs in a romantic relationship (CDC, 2021). The Peer Empowerment Now (PEN) program will address five types of IPV: physical, sexual, emotional, psychological, and financial. In August 2022, two teens were shot outside of a public charter school in Northeast DC (Hermann, 2022). This type of exposure to violence contributes to adverse childhood experiences (ACEs), which are associated with IPV. Therefore, the proposed PEN intervention is targeted at I. Public Charter School, along with the neighboring middle school, K. M. Middle School, both of which are in Ward 7.

A review of existing literature informed our choices in designing the PEN program. The nonparental role that educators play in a student's life offers a unique opportunity for a positive impact on young people's behavior. We identified several essential aspects of a successful mentorship program and determined PEN would have two tiers of mentorship that involve collaboration with college student educators, high school mentors, and middle and high school students. Training peer mentors to facilitate conversations about IPV has been associated with reductions in risk behaviors and improvements in knowledge and attitudes that minimize the perpetration of violence (Miller et al., 2012). The decision to promote collaboration between university student educators and high school mentors was supported by

studies regarding “network-oriented” approaches to domestic violence prevention (see, for example, Ogbe et al., 2020). Finally, empowering middle schoolers to play a role in their health education improves program buy-in and efficacy. Middle school students can offer unique insight that allows realistic language and scenarios to be incorporated into PEN programs. They can also provide feedback on the clarity of material (McLeod et al., 2015).

### **Intervention**

Our intervention, PEN, is a peer mentorship program at the middle school, high school, and college levels. Two professional educators trained in IPV intervention will be brought into a high school to teach an IPV curriculum to a group of 30 invited high school student leaders. The programming will be implemented over the academic year for five years.

High school students and university student educators will meet once a week for two and a half hours after school, with dinner provided. High school students will meet regularly with peer university student educators to build strong relationships and to create a curriculum for middle schoolers.

The programming for the middle school students will include an initial assembly regarding IPV in November. When students return from winter break, the high school and university peer educator teams will build affinity breakout groups (e.g., groups discussing race and ethnicity, LGBTQIA+ issues, religion, and COVID-19 effects), and the middle schoolers will attend an affinity group during monthly hour-long programming held at the middle school. Each affinity group will be supervised by a school staff member and led by the high school and university peer student educator teams.

In the high school program, participating students will receive a \$300 gift card and a certificate of completion. In addition, four students will be selected to moderate Instagram and TikTok accounts that will share IPV content. One example of content for TikTok could be an educational video on three steps to consent, with easy-to-remember phrases and appealing visuals. The students moderating the social media accounts will receive an additional \$100 gift card. PEN will purchase four laptops and two iPads to ensure that all participants have access to technology and are able to support the generation of social media content.

At the end of the year, there will be an achievement party for the students and their families, to celebrate the programming they have created and the knowledge they have gained. The program will be evaluated at the end of the year, with necessary changes made based on student feedback and staff experience.

### **Objectives, Target Population, Outcomes, and Evaluation**

The PEN mission is to equip DC youth with knowledge and tools to reduce IPV in their communities. The intended outcomes of the PEN program are to foster collaborative learning and relation-

ship building that can help promote protective factors against ACEs experienced by DC youth.

The PEN program will use a top-down mentorship model approach. The top-down approach specifically targets individuals who may have influence but need support to act as positive role models in their specific in-groups. The pilot PEN program will partner with the I. Public Charter School and K. M. Middle School, both located in Northeast DC and hosting a diverse population of students, the majority of whom have been deemed at risk. The mentorship model will attempt to pull at-risk youth from I. Public Charter School to serve as mentors for students at K. M. Middle School and create positive peer relationships.

To measure the overall success of the program’s design, implementation, and impact, we developed a five-part evaluation plan, modeled on the Centers for Disease Control and Prevention (CDC) program evaluation framework (CDC, 2017). Process and outcome objectives will be tracked to measure PEN program progress.

We will engage stakeholders by organizing discussion groups including students, parents, teachers, and peer leaders for feedback. By measuring objectives, we will ensure that we can continue to improve the PEN program and analyze overall involvement. Pre- and post-survey results will be relayed in the aggregate, and an annual report will share statistical data from survey results, to establish transparency and community trust in our program.

Long-term goals include the development of a framework to illustrate how peer-mentor programs can impact IPV models and how they can be applied in DC and beyond. Short-term objectives include increasing awareness of IPV in the community. Our annual goal is that within six months following each one-year program, interest in participating in the program will increase by 30 percent. Looking ahead, our goal is that 10 years after the five-year program concludes, IPV curriculum will be mandated in all DC public schools.

### **Partners**

A key component of the proposed PEN program is partnerships with community-based organizations to increase the sustainability of the program, build trust with students and the community, and strengthen the curriculum. We will partner with local universities to create a team of student peer educators to manage the program. In addition to the peer educators, we will choose four partner organizations to increase the program’s connections to existing community-based efforts to address domestic violence: the DC Anti-Violence Project, the DC Coalition Against Domestic Violence, Break the Cycle, and the Latin American Youth Center. Each organization offers targeted resources and opportunities for our program to connect with the community and create a sustainable, impactful program.

### **Potential Barriers and Solutions**

A significant barrier to our project is trust building at each tier of the approach. We would need strong collaboration and support between PEN and DC Public Schools to make a true impact on the students. The best approach to surmounting this potential barrier would be to prioritize community-based partnerships with organizations that have preestablished IPV education and access to the DC community.

#### **George Mason University: InCheck DC**

Team members: Nadia Altaher, Carolyn Hoffman, Anastasiia Naumova, Amanda Parsons, Pierre Nicole Patriarca, and Lindsay Smith

Summary prepared by: Carolyn Hoffman, Lindsay Smith, Anastasiia Naumova, Nadia Altaher, Amanda Parsons, Pierre Nicole Patriarca

Faculty advisors: Debora Goetz Goldberg and Patrice Winter

### **Objective and Background**

The goal of InCheck DC is to support current survivors and prevent future cases of IPV and community violence among students at M. A. Public Charter High School in the Capitol View neighborhood of Southeast DC. Capitol View is a vibrant, middle-class Ward 7 neighborhood, and 91 percent of its residents are Black (DC Health Matters, 2022a). The median household income for Ward 7 residents is \$50,000, and the unemployment rate is over 14 percent (DC Health Matters, 2022a). In Capitol View specifically, one-quarter of the neighborhood's residents are school age (i.e., under the age of 18), and half of these youth live below the poverty line (Capitol View Civic Association, 2010).

IPV encompasses acts and threats of sexual and physical assault, domestic violence, emotional abuse, stalking, coercion, sexual harassment, and cyberstalking and -harassment (CDC, 2022a). Risk factors for IPV among youth include gender inequity, child maltreatment, tolerant attitudes of violence against women, violence at school or in the neighborhood, and lack of social support (Whitton et al., 2016; Lundgren and Amin, 2015; Gomez et al., 2011). In DC, 23 percent of high school students had experienced dating violence in 2019 (OSSE, 2019).

#### **Target Population**

M. A. Public Charter High School has approximately 175 students across grades 9 to 12 and an 11:1 student-teacher ratio (My School DC, n.d.; Niche, n.d.). The school provides multiple programs aimed at assisting students outside the classroom, including a residential program, dance and music therapy, meditation, and a food pantry (Maya Angelou Public Charter School, n.d.). In addition, the school partners with several organizations, such as the Hope Center for Wellness and The Love More Movement, as well as universities, such as Howard University (through its school-based behavioral health program; Maya Angelou Public Charter School, n.d.).

### **LGBTQIA+ and Racial and Ethnic Communities**

We intend to focus this intervention on the populations most at risk for IPV victimization: LGBTQIA+ individuals and Black, Indigenous, and people of color. A 2016 study found that 45.2 percent of LGBTQIA+ youth were physically abused and 16.9 percent were sexually abused by a dating partner (Whitton et al., 2016). In addition, a 2015 study found that community-based interventions were effective at reducing IPV when they focused on forming gender equitable attitudes among youth (Lundgren and Amin, 2015). Furthermore, Black individuals in the United States endure some of the highest rates of IPV, with 44 percent of Black women and 40 percent of Black men reporting experiences of IPV in their lifetime (St. Vil et al., 2022).

### **Intervention**

Our intervention is based on the social ecological model, in which there are five tiers for interventions contributing to health and well-being: individual (intrapersonal), interpersonal, institutional, community, and public policy (McLeroy et al., 1988). At the individual level, students will be evaluated for being at risk of experiencing IPV. Our IPV screening questions would be extracted from validated instruments such as the Abuse Assessment Screen; Partner Violence Screen; Hurt, Insulted, Threatened with Harm, and Screamed At domestic violence screening tool; and Woman Abuse Screening Tool. Questions in the screening tool will include "Are you afraid of your partner, friends, or family members?" and "During the past 12 months, how many times has your partner tried to keep you from seeing or talking with your friends or family?" Individuals invited to participate found most susceptible to experiencing IPV will be included in the intervention. The proposed intervention will do the following:

1. Establish a hybrid mentorship program between students in higher grade levels and lower grade levels at M. A. Public Charter High School. Addressing the interpersonal level, partnerships will be established in the form of mentee-mentor relationships, in which students support one another through learning modules on IPV.
2. Lead beautification projects on school grounds as well as in the Capitol View neighborhood. Addressing the community level, students will work on projects such as painting murals, gardening, and volunteering at local organizations.
3. Partner with the University of Maryland Center for Health Equity for assistance with educational awareness programs. Addressing the institutional level, the Maryland Center for Health Equity will share their knowledge in raising awareness of institutional racism and health disparities through IPV-specific learning module creation and dissemination.
4. Create an app, in partnership with the DC government, to aid in IPV support outside of school. Addressing the public policy level, the app will provide DC-specific resources

for those in need of IPV assistance, with additional information for students on school and community events via a calendar as well as a mentee and mentor chat box.

The intervention will occur over 15 months, with the first three months used for app development and IPV screening, the middle nine months used for intervention implementation and completion, and the last three months used for evaluation. We plan to introduce the intervention to the school and community via a presentation at the end of the school year and then begin outreach and student recruitment the summer before the next school year.

We will evaluate the intervention from the students' perspective by using surveys and focus group discussions during and after the intervention. Upon successful completion of the intervention, students will be offered a \$500 stipend. We will write a summary report using aggregated data on students' experiences, recommendations for change, and future plans for the program.

**Potential Barriers and Solutions**

Foreseeable barriers to implementing our proposed intervention include app security breaches, student reluctance to complete the IPV screening and engage with the app, immediate danger for those deemed most at risk for IPV, and buy-in from school staff and students' guardians about participation in the intervention. To address these potential issues, we intend to invite students, their parents or guardians, school staff and administrators,

IT specialists, mental health counselors and service providers, and emergency services personnel from the community to the intervention introduction presentation. We will provide an overview of InCheck DC, including its safety precautions, and answer questions about the intervention.

Throughout the intervention, we intend to host check-ins to gather student perceptions, connect students with mental health professionals and emergency services personnel upon being deemed high risk for IPV victimization, encourage staff to promote student use of the app and engagement with mentors, update school staff and administrators on student progress, run routine security assessments on app usage and push IT updates as necessary, and invite students' parents or guardians to participate in community beautification events.

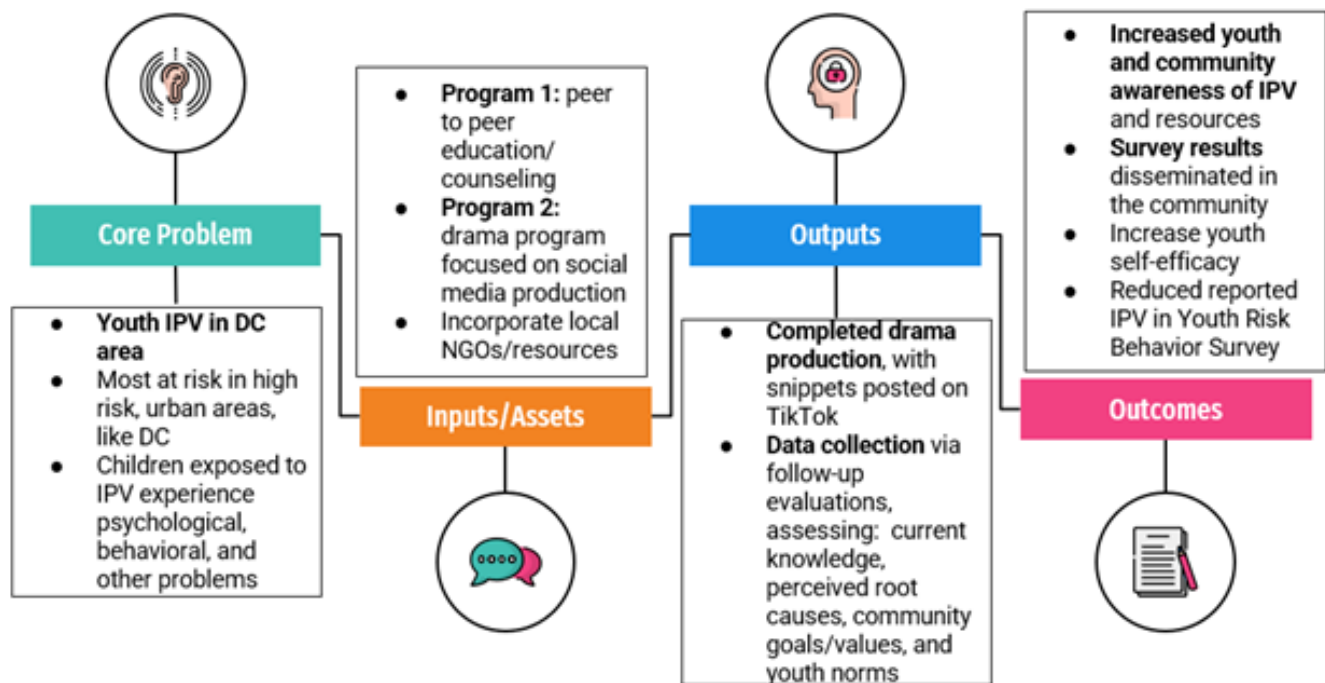
**Georgetown University: IPV Counseling for Adolescents Now**

Team members: Alyaa Chace, Bailey Smith, Carrigan Rice, Guillermina Pappier, Harrison Tandy, and Uttara Jhaveri  
Summary prepared by: Alyaa Chace, Bailey Smith, Harrison Tandy, Uttara Jhaveri, Carrigan Rice, and Guillermina Pappier  
Faculty advisor: Anne Rosenwald

**Statement of Need and Goals**

IPV Counseling for Adolescents Now (ICAN) is a tailored program crafted to address elevated rates of youth violence in Washington, DC (see Figure 1). This proposed intervention is

**FIGURE 1 |** ICAN Program Logic Model



**SOURCE:** Developed by Georgetown University authors.

two-pronged, consisting of a tiered peer-to-peer mentoring program as well as a theater and multimedia program. Many social determinants of health contribute to IPV, including socioeconomic disparities, food and housing insecurity, distrust in social systems, and discrimination. ICAN aims to address these issues by educating and treating IPV through the meaningful cultivation of peer-to-peer relationships, connecting students to mentors they can identify with. It also aims to provide a creative outlet, raise awareness, and offer a safe space for students to embrace the healing power of storytelling to confront and overcome IPV trauma.

### **Intended Outcomes**

The short-term outcomes of ICAN include adequate training of peer facilitators through a 10-hour saturation training program. Peer facilitators will be matched with mentees from the target population to prompt relationship building and conversation around IPV education and trauma treatment. Midterm outcomes include development of the theater program, which will involve leveraging existing resources and organizations to inform the content of the theater production. Long-term outcomes focus on expanding the intervention's influence by using TikTok algorithms to ensure student-produced theater and social media content are accessible to target audiences.

### **Intervention Target Population**

The proposed ICAN intervention targets students 14–17 years old, with an additional focus on LGBTQIA+ students, who are more than twice as likely to report instances of IPV compared to heterosexual youth of the same age (OSSE, 2019).

With this target population in mind, ICAN's intervention is based on previous youth-focused, cost-effective, and research-driven programs. Development of the intervention also considered literature on the reasons programs failed to change IPV behavior in youth. Key factors for failures included prevention messaging that did not reflect the target populations or highlight victims' stories and lack of education on the multiple forms of IPV (Maquibar et al., 2017). Therefore, ICAN aims to have the target population be key participants in engineering the intervention, to help empower youth to create solutions that better fit their needs. Peer-to-peer education and youth-driven art productions were chosen based as they are evidence-based approaches (Stanley et al., 2015).

### **Intervention Mechanism**

There are two programmatic components of this intervention. Program 1 will provide informal counseling to survivors by mobilizing community members and abuse advocates to counsel survivors through their traumatic experiences and address mental and physical health issues. Program 1 will also mobilize members of the LGBTQIA+ community to educate youth and collaborate with LGBTQIA+ organizations for IPV prevention in their communities.

ICAN also aims to increase awareness about youth IPV. Hence, Program 1 will include awareness programs in high schools, to educate youth about safe and healthy relationships. Men of Code—a prevention education program for young male athletes that focuses on preventing IPV against women—will be modified to include all male students and individuals from the LGBTQIA+ community (Men of Code, n.d.). Follow-up sessions will also be conducted to evaluate the success of the intervention.

Lastly, Program 1 will provide 10 hours of saturation training for peer-to-peer facilitators to help them identify warning signs of IPV and screen individuals who may be experiencing other mental health disorders and need additional support. Peer-to-peer facilitators will also be trained to use trauma-sensitive practices and language in their engagement with individuals experiencing IPV.

Program 2 will include a drama initiative that confronts youth IPV and associated trauma through storytelling and skits. These skits will portray IPV from both the male and female student perspectives. Additionally, they will demonstrate how parental involvement in adolescents' dating lives correlates with a lower likelihood of perpetrating IPV (Latzman et al., 2015). The program's reach will be increased by posting reels of the theater production on TikTok to raise awareness. The inclusion of this program is based on drama productions supported by a UK charity and The Pennsylvania State University, which successfully led to increased awareness of socially stigmatized topics, including IPV (Borinca et al., 2021; Stanley et al., 2015).

### **Intervention Potential Partners**

Nonprofit organizations and DC-based partners will support ICAN and allow it to operate in a cost-effective manner. ICAN plans to work with the Trevor Project to inform the community about support needed for LGBTQIA+ youth experiencing, or at risk of experiencing, IPV-related trauma. ICAN also plans to partner with the DC Coalition Against Domestic Violence, Asian/Pacific Islander Domestic Violence Resource Project, My Sister's Place Women's Center, and District Alliance for Safe Housing to confront social determinants of health that are correlated with IPV. Programs and services will be shared with parents of students who might be struggling with housing and food insecurity or financial instability.

Additionally, The Theatre Lab will help provide theater training for students aged 13–19 participating in Program 2. This training will help students sharpen their public speaking and storytelling skills through acting. The Theatre Lab will also advise on scene depiction to ensure the age appropriateness of the skits. Connecting with The Theatre Lab allows for cross-promotion of events and a safe environment when ICAN enters DC wards.

### **Potential Barriers and Solutions**

Allowing peers to serve as mentors to other students can present challenges. To ensure that our peer facilitators are adequately

prepared, their training must be thorough and informed by the outside resources partnering with ICAN. Our implementation of trauma-sensitive saturation training over the summer vacation seeks to address concerns surrounding high school peer-to-peer advising.

### The George Washington University: Voices to Interrupt and Prevent IPV

Team members: Laura Santacrose, Prabha Raghavan, Kayla Authelet, Elizabeth Baran, Kelly Sheehi, and Tre'Sean Hutchison

Summary prepared by: Laura Santacrose, Prabha Raghavan, Kayla Authelet, Liz Baran, and Kelly Sheehi

Faculty advisors: Gene Migliaccio and Jen Skillicorn

#### Problem, Background, and Statement of Need

In Washington, DC, Wards 6, 7, and 8 are home to over one-third of DC's youth and are historically affected by structural racism and persistent inequities in resources. The populations living in these wards experience increased rates of poverty, worse health outcomes, and disproportionately higher occurrences of IPV (DC Health Matters, 2022a). Conversations with local stakeholders revealed the importance of preventing IPV among youth by engaging them early; preventing ACEs; and improving access to digital, legal, and housing-related IPV resources.

#### Goal

Our program aims to reduce the prevalence of IPV among middle and high school students in Wards 6, 7, and 8 in Washington, DC, from 10 percent to 5 percent by 2028.

#### Intended Outcomes

The objectives of Voices to Interrupt and Prevent IPV (VIP) are to mitigate unhealthy relationship behaviors predictive of IPV and bolster protective, healthy relationship behaviors; empower youth in schools and in the community to promote sustained positive culture change; help survivors access public resources by creating a user-friendly and accessible website; and interrupt the cycle of IPV and poverty through supportive stable housing policies.

#### Intervention

VIP is a proposed evidence-based, theory-informed, youth-led program that uses a three-pronged approach to address three levels of the social ecological framework (organizational, community, and policy) and reduce IPV among youth living in Wards 6, 7, and 8 in Washington, DC (see Figure 2). To make a population-level impact, this proposal seeks to interrupt and prevent IPV and effect change within middle schools (organizational level) and local communities. It also seeks to advocate policy-level change.

#### Organizational Level

VIP would develop a youth-led, school-based program for middle school students called DCAvengers. This program would engage youth leaders in the creation and delivery of content for middle school students to increase knowledge about signs of healthy and unhealthy relationships, change attitudes toward IPV, and increase age-appropriate bystander intervention behaviors. The DCAvengers curriculum would be informed by

FIGURE 2 | VIP Social Ecological Logic Model



**SOURCE:** Developed by George Washington University authors (based on the principles of the ecological model developed by Bronfenbrenner, 1977 and McLeroy et al., 1988).

Green Dot, Expect Respect, and One Love curricula (Rothman et al., 2021; Rothman et al., 2018; Coker et al., 2017; Reidy et al., 2017).

The DCAvengers in-school team would be composed of influential high school students and a school nurse or social worker who is familiar with the middle school student population. With the guidance of the youth leaders, the team would then tailor the curriculum to be culturally specific for middle school students. The school-based team would be guided by a VIP team member. The DCAvengers team would be trained in best practices to discuss IPV with a middle school audience and receive a stipend for their time. The program would be delivered throughout the year through program curriculum infusion, school events, and social media posts.

### **Intended Outcomes at the Organizational Level**

The DCAvengers program would:

- Change the relationship culture among middle school students by increasing their knowledge of signs of healthy and unhealthy relationship behaviors.
- De-normalize behaviors that increase the risk of IPV.
- Increase bystander intervention skills among middle school students.
- Increase the likelihood of intervention among middle school students when noticing signs of an unhealthy relationship in a peer.
- Enhance students' communication skills, including conflict resolution and de-escalation techniques.

### **Community Level**

Recognizing the relationship between ACEs and adverse community environments, VIP would also develop a Youth Advisory Board to foster resilient communities (Ellis and Dietz, 2017). The board would be composed of diverse youth, aged 12–24, from Wards 6, 7, and 8. Members would meet twice a month to identify strategies to address urgent and significant factors increasing youth exposure to violence within and outside their communities. The board would also identify commissioners of DC Advisory Neighborhood Commissions (ANCs) who can assist with fundraising for and implementing proposed solutions from the program. The board's members would represent ANC regions or single-member districts with the highest violent crime exposure, and stipends would be used to incentivize members to join the board. A VIP team member and mentors from partner community organizations would train and guide the board's members in essential leadership, project design, and project management strategies.

### **Intended Outcomes at the Community Level**

The VIP Youth Advisory Board would aim to reduce domestic and community-violence-related ACEs in Wards 6, 7, and 8. VIP's training and guidance would enable board members to

assess, identify, design, and advocate for practical solutions to violence-related ACEs. In the short term, the board should be able to help identify opportunities to improve community safety and provide ANCs with a youth perspective in addressing this issue. In empowering youth to lead community resilience projects targeting violence, VIP intends to de-normalize the acceptance and occurrence of physical, sexual, and community violence in the midterm. Reaching these goals would assist VIP's long-term goal of reducing IPV prevalence among middle and high school students in Wards 6, 7, and 8.

### **Policy Level**

VIP would develop a user-friendly website for a lay audience to make it easy for survivors of all ages to access information about legal and financial resources to help them leave abusive relationships. A goal of the website is to enable parents to leave abusive relationships and break the intergenerational cycle of IPV, since those who witness IPV as children are more likely to perpetuate it later in life (Ernst et al., 2009). Additionally, VIP would aim to promote housing stability, which is both a root cause and an effect of IPV (Sullivan et al., 2022). The VIP team would engage in policy research and advocacy to identify policies that support affordable housing and write reports summarizing their findings. These reports would be made available to local community organizations that work to establish more robust affordable housing protections in Washington, DC (Angelovski et al., 2021).

### **Intended Outcomes at the Policy Level**

The new website would empower survivors of abusive relationships with accessible information about protective orders and financial assistance programs. Survivors would be able to make informed decisions about their options to leave an abusive partner. The policy research and advocacy work for housing stability is intended to prevent housing instability and homelessness, which are root causes of IPV.

### **Potential Barriers and Solutions**

Potential barriers to this program include lack of interest or limited participation in the school-based program or the Youth Advisory Board community program. Another potential barrier is the lack of time or capacity of already overstretched school and community administrators and leaders to participate in and sustain these initiatives. A potential solution to combat these barriers would be to pay stipends to all youth and adults involved in the programs for their time and commitment, which may also increase accountability and interest in participating.

### **Uniformed Services University of the Health Sciences: Delivering Creative Local Youth Development, Education, and Relationship Skills for Healthy Intimate Partnerships**

Team members: Jordan Holland, Ha Eun Kim, Alyssandra Malinich, Elisabeth Mata, and Benjamin Pierson

Summary prepared by: Benjamin Pierson, Elisabeth Mata, Ha Eun Kim, Jordan Holland  
Faculty advisor: Weyinshet Gossa

**Background**

While a myriad of IPV resources exist within Washington, DC, in a preliminary needs assessment performed by the team, gaps were found in knowledge of and connections to these resources within DC schools. The proposed pilot program, Delivering Creative Local Youth Development, Education, and Relationship Skills for Healthy Intimate Partnerships (DC LYDERSHIP), would introduce IPV prevention clubs into the four DC public high schools in Wards 7 and 8. These clubs would seek to create a robust network within schools to connect students with available resources and provide a platform for youth-based leadership in addressing IPV.

**Program**

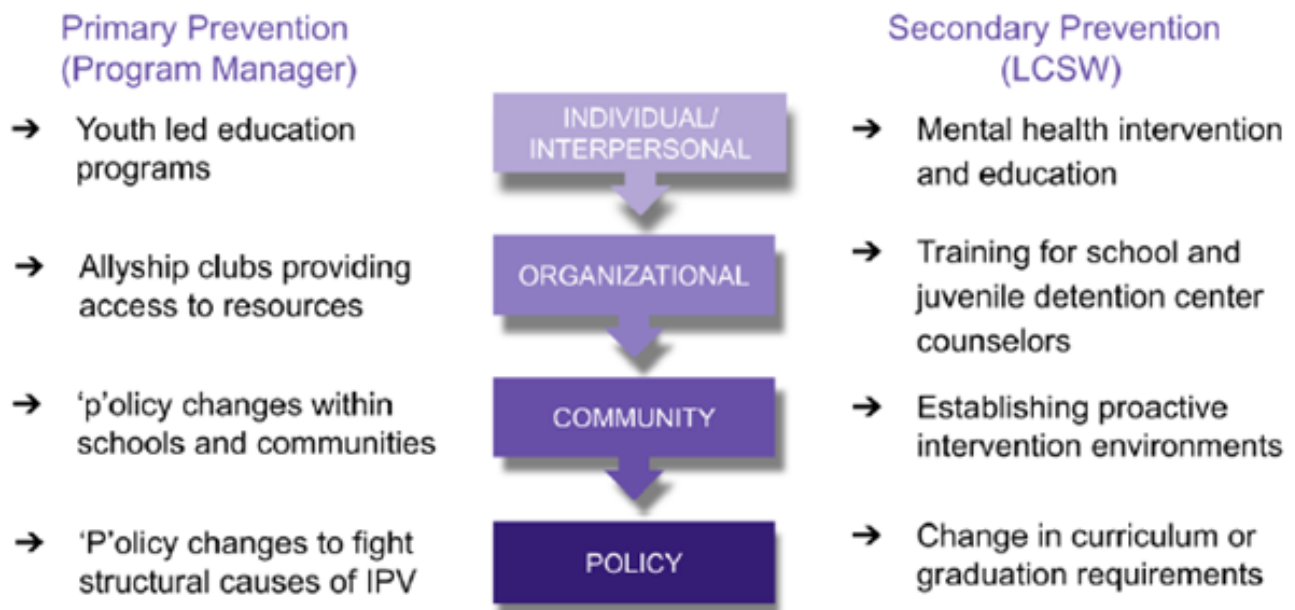
The intended objectives of DC LYDERSHIP include increasing rates of awareness of IPV resources in the community and increasing feelings of safety in intimate partnerships, as measured by programmatic surveys and the DC Youth Risk Behavior Survey. DC Survivors and Advocates for Empowerment (DC SAFE), an existing community organization, provides resources, safe spaces, and community to DC residents and would serve as a primary partner organization and model for the DC LYDERSHIP program.

High schools within Wards 7 and 8 were chosen as pilot locations for DC LYDERSHIP clubs, as these wards contain some of the highest proportions of the youth population who report concerns for violence and the impacts of socioeconomic disparities (OSSE, n.d.).

The development of DC LYDERSHIP is informed by the social ecological model, with services supporting all domains of the model (individual, relationship, community, and societal; CDC, 2022c). Two key professionals will be hired to facilitate the implementation of this program: a program manager and a licensed clinical social worker. The program manager will provide oversight of high school clubs, advocate for education, conduct workshops, and support student advocacy for policy change. The program manager also will perform administrative functions to facilitate the operations of meetings and events, but the meetings themselves will be led by youth in the targeted communities.

The social worker will be located at DC SAFE and will serve as the nexus among the community, the youth at the high schools, and the resources that are available through partner organizations. The social worker also will work with community partners to establish safe spaces within the community, providing youth experiencing IPV respite and housing as needed. A pernicious factor of IPV that drives further victimization is that those experiencing IPV may feel trapped and may not have the physical or financial means to leave the situation.

**FIGURE 3 |** Social Ecological Model of DC LYDERSHIP Program Intervention



**SOURCE:** Developed by Uniformed Services University of the Health Sciences authors (based on the principles of the ecological model developed by Bronfenbrenner, 1977 and McLeroy et al., 1988).

**NOTE:** Big “P” policy refers to formal state and local government policies; small “p” policy refers to informal changes in institutional and community policies.

The program will provide youth education, adapting an existing curriculum with input from club leaders and staff as appropriate. Safe Dates, an evidence-based curriculum, will help to raise awareness of IPV, provide resources, and develop healthy relationship skills (Foshee and Langwick, n.d.). Counselors, coaches, and teachers will also all learn about IPV, the signs of violence, and ways to address suspected or confirmed instances of IPV.

The DC LYDERSHIP clubs and their associated activities and events are the core of the solution. Activities at individual schools and at the community level will bring all four schools together. The activities will be youth driven and could include monthly meetings, essay competitions, art-driven activism, leadership education, and training opportunities. At a community level, the DC LYDERSHIP clubs will collaborate with each other to host an annual event to promote awareness of and recruitment into the clubs. This event will be large, and those within the four schools and surrounding community would be invited to attend. The goals of these events are to raise awareness, promote policy change, educate, and improve coping and relationship skills among the youth of DC.

Policy change is another factor in the longevity of this solution. Exact changes will be youth driven but could include mandatory faculty and student IPV education within schools, economic and housing justice, and social media regulations around IPV. All aspects of this program and how they are coordinated within the social ecological model are presented in *Figure 3*.

### **Potential Barriers and Solutions**

There are several limitations of the program that must be considered to ensure its effectiveness. The first is the need to establish buy-in from all key stakeholders. These stakeholders include, first and foremost, the youth leaders needed to drive the program. Other key stakeholders are school administrators, to support the implementation of the clubs; local partner organizations, to work with the DC LYDERSHIP clubs; and other community leaders, to promote and reinforce the efforts of the program. This limitation can be ameliorated by hiring within the target communities to ensure programmatic knowledge of the communities and by engaging with influential adults and peers in the communities to build a foundation of community support.

### **University of Maryland Baltimore: Connecting Youth & Creating Lasting Empowerment**

Team members: Mostafa Abu-Hijlih, Belen Avelar, Rebecca Faulkner, Marcus Jones, Hanna LeBuhn, and Emily Ly

Summary prepared by: Belen Avelar, Rebecca Faulkner, Mostafa Abu-Hijlih, Marcus Jones, Hanna LeBuhn, and Emily Ly

Faculty advisor: Greg Carey

### **Specific Problem, Background, and Statement of Need**

IPV involves violence, stalking, and psychological aggression. Its victims and perpetrators do not fall within a specific gender, age, race, or class, and it impacts millions of people throughout the

United States each year (CDC, 2022a). However, high-school-aged adolescents (14–17 years old), especially those from marginalized backgrounds, are at increased risk, both within Washington, DC, and nationally. Many adults who have experienced or are experiencing IPV were first victimized as youth (CDC, 2022a), so addressing IPV at the preventive level, starting with young adolescents, is key to decreasing the incidence and consequences of IPV.

Previous efforts to address IPV at the preventive level in the DC community include curriculum designed for middle school students (DC Coalition Against Domestic Violence, n.d.). To build on current efforts to educate students and prevent youth IPV, our team has designed an intervention that connects students from the middle school, high school, and college levels to help build healthy relationships skills that they can carry into adulthood.

### **Goal**

To address the significant public health issue of IPV, our organization, Connecting Youth & Creating Lasting Empowerment (C.Y.C.L.E.), will work to promote youth wellness and safe environments through empowerment, support, education, and services. Our goals are to increase knowledge and awareness of IPV among middle school and high school students, enable access to clinical services, and provide advocacy across the life span. Additionally, we have structured our proposed intervention to cultivate young leaders and have them, in turn, lead intervention efforts during the five-year program.

### **Intervention Target Population**

Our multipronged intervention would target the 11th grade class at A. High School, as well as the 8th grade class at K. Middle School. These schools are located in Washington, DC's Ward 8, which has a population with a lower median income compared to the rest of DC (DC Health Matters, 2022b). Research indicates an association between lower income and increased risk for experiencing IPV (CDC, 2021).

### **Intervention Mechanism**

Previous programs—such as the CDC's Dating Matters and the DC Coalition Against Domestic Violence's DC University Leadership Initiative—have focused on youth aged 11–14 and college-age students, respectively (CDC, 2018; DC Coalition Against Domestic Violence, n.d.). C.Y.C.L.E. attempts to bridge these age groups and help students transition into early adulthood with the skills they need to prevent IPV.

C.Y.C.L.E. will begin with a school-wide speaker series to help students at A. High School understand the cycle of IPV. The series will include five speakers, including experts and survivors of IPV from the community. Speakers will focus on the risk factors and signs of IPV. At the conclusion of the first speaking event, IPV screening services will be made available for any students who believe they have been exposed to or are currently experiencing IPV. If a student is then identified as being at risk for or exposed

to IPV, they will be directed to health resources from C.Y.C.L.E.'s network of volunteer clinicians, who will guide these students through their options.

In addition, the 11th grade class at A. High School will be invited to join a Peers-Helping-Peers youth-based leadership program. We intend to enroll a cohort of 5–10 high school juniors in the leadership program. They will receive training on IPV awareness and education. The afterschool workshops will include interactive scenarios, dialogues with peers, and education on how to be a changemaker in their community. We will invite members of the Break the Cycle club at Howard University to be guest presenters during the workshops, to extend the peer-to-peer approach.

With their increased knowledge and awareness of IPV, the 11th grade peer group will lead educational workshops with the 8th graders at K. Middle School once a month during lunch. After these workshops, students will share a meal together to bolster peer support and relationship building.

Peer leaders who complete the training will receive training certificates and will be honored during an annual IPV Awareness Day. The awareness day will be a school-wide event that includes workshops with interactive scenarios, breakout sessions, IPV screening services, and an award ceremony for the peer leaders. Local celebrities will be invited to join IPV Awareness Day to show their support for the peer leaders who have completed the program.

### **Intended Outcomes**

The primary expected outcome of C.Y.C.L.E. is the increased knowledge base of student participants (grades 6–12) on IPV. Increased knowledge includes definitions of IPV, populations at risk, forms of IPV, and consequences. Another expected outcome is the creation and maintenance of a network of volunteer health practitioners to interview and screen students potentially at risk for experiencing IPV. Our goal is to retain at least 70 percent of students who participate in workshops throughout the academic year. Middle school students who participate in the program's workshops will be recruited to become youth leaders when they are in high school, to increase the sustainability of the model.

### **Intervention Potential Partners**

In addition to the two schools, we plan to engage students from Howard University and organizations in the community, such as the DC Coalition Against Domestic Violence, to help identify survivors and experts on IPV for our speaker series.

### **Potential Barriers and Solutions**

Our program may face challenges, including willingness to participate and the stigma surrounding IPV. It may be difficult to find high school juniors and middle school students to participate. A potential solution is to show the program's importance to participants through building leadership. We plan to emphasize program benefits, such as developing health relationship skills to

avoid IPV and building leadership qualities that will stand out on their future college applications.

Other potential barriers are lack of continued participant involvement and waning student engagement in the program. To address these challenges, we would distribute post-evaluation forms for middle school students completing the workshops, as well as for 11th grade students conducting the program. These forms would give both parties the opportunity to voice what is going well and what changes should be made to enhance the program. The forms would also help students to seek assistance if they are experiencing IPV themselves. Upon collecting and analyzing post-evaluation responses, our program could work to incorporate these suggestions to further improve the workshops.

## **Conclusion**

### **Overarching Reflections from the Organizers**

Solutions developed by the competing teams in 2022 had some common themes, although the teams pursued them differently. For example, a common approach among the teams this year was to use an evidence-based peer-to-peer model, which was applied in varied and, in some cases, innovative ways. As in years past, the teams generally included cross-sector partnerships and community participation or feedback when developing their solutions. Some of teams included youth in their solutions in innovative ways—including helping them become advocates for policy change.

Most of the proposed strategies paired evidence-based interventions with promising new approaches or new takes on existing approaches. A few solutions leveraged existing resources in novel ways, which could also help with the sustainability of the solutions (for example, partnering with Howard University and building on an existing arts and performance curriculum).

However, the judges' questions and comments underscored that not all teams thought through the ethical and related implications of undertaking IPV screening as part of their solutions. When screening like this is undertaken, it is essential to have a solid plan to help participants who may be identified as being in danger. In this case, if a participant screened positive for IPV risk, or if they shared with a mentor or via an app interface that they are currently in an abusive relationship, supports would need to be provided promptly, and a plan for confidentiality put in place. Another common limitation of several proposals was a lack of adequate planning for privacy and/or the security of data collected.

Although some aspects of the solutions were too general and insufficiently tailored to the DC community, some of the teams spoke with DC stakeholders and community members and used what they learned to tailor their interventions, making their solutions very applicable to the DC community and more likely to be adopted.

Finally, the teams' presentations and judges' questions highlight that addressing acts of IPV alone will not get to the root of the problem—acting on the social and environmental factors (such as access to housing) is just as critical. As several teams pointed out, DC has many IPV resources. However, more is needed to address the underlying drivers, and changes in policy are needed as well.

### Future Plans

The Case Challenge brings the work of the National Academies' HMD and the NAM to both university students and the DC community. The NAM and HMD are committed to continuing this activity with the 2023 DC Public Health Case Challenge, which will be hosted by the HMD Roundtable on Population Health Improvement with the support of the NAM's Kellogg Health of the Public Fund and involvement from other National Academies groups, including the Global Forum on Innovation in Health Professional Education. HMD and NAM staff continue to look for new ways to further involve and create partnerships with the next generation of leaders in health care and public health and the local DC community through the Case Challenge.

Case Challenge organizers will continue to provide information about the social ecological model (IOM, 2003) and upstream factors that affect health in the case document sent to the competing teams in future years. This will help teams prepare for the event and encourage them to use these key dimensions in their solutions.

Before the case is released, organizers will hold a webinar for the competing teams to provide a primer on evidence-based policy solutions for public health issues (in 2022, an overview was provided to the students by Alina Baci, PhD, senior program officer and director of the Roundtable on Population Health Improvement at the National Academies). The webinar will orient students to the Case Challenge, review best practices developed over the years, and feature a question-and-answer period. The webinar will be recorded so that students have future access to it.

The organizers have also noticed that often the budgets provided by the teams are not realistic, so in future years, a mechanism to help students with this will be developed.

The organizers are exploring ways to further engage the student case-writing team, which is critical to creation of the document that sets the stage for the Case Challenge. Activities could include a writing retreat, webinar, and meetings with DC leaders working on the topic they are exploring.

After the event, the organizers also hope to engage the competing teams and relevant DC stakeholders to further explore solutions to the complex issues presented in the Case Challenge.

More information about the Case Challenge can be found at <https://nam.edu/initiatives/dc-public-health-case-challenge/>.

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## DOI

<https://doi.org/10.31478/202309a>

## Suggested Citation

Geller, A., A. Baciu, M. Anderson, M. Abu-Hijlih, N. Altaher, K. Authelet, B. Avelar, E. Baran, A. Brenner, A. Chace, M. Curley, R. Faulkner, C. Hoffman, J. Holland, U. Jhaveri, M. Jones, H. E. Kim, C. Krekorian, H. LeBuhn, E. Ly, E. Mata, R. Miloh, A. Naumova, A. Parsons, G. Pappier, P. N. Patriarca, B. Pierson, R. Rafi, P. Raghavan, C. Rice, L. Santacrose, K. Sheehi, A. Singh, B. Smith, L. Smith, and H. Tandy. 2023. Ninth Annual DC Public Health Case Challenge: Protective Community Environments and Their Contribution to Intimate Partner Violence Prevention: The Role of Youth. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/202309a>.

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## Acknowledgments

The 2022 Case Challenge was funded by the NAM's Kellogg Health of the Public Fund (Kellogg Fund) and the HMD Roundtable on Population Health Improvement. The Kellogg Fund seeks to increase the NAM's impact in its efforts to improve health by better informing the public and local public health decision makers about key health topics, as well as by developing targeted health resources and communication activities that are responsive to the needs of local communities. The roundtable brings together individuals and organizations that represent different sectors to dialogue about what is needed to improve population health. The Case Challenge was carried out with additional support from the HMD Global Forum on Innovation in Health Professional Education.

The 2022 case was written by a team of students from the current and past participating local universities. **Mary Kate Fogarty** (Georgetown University, American University alum) led the case-writing team, and **Jorge Garcia Cordero** (University of Pittsburgh, George Mason University alum), **Catherine Gardiner** (Georgetown University alum), **Yongyi Li** (American University alum and Johns Hopkins University), and **Adeze Okoroajuzie** (Howard University alum) provided research and writing support.

The competing student teams were recruited, organized, and advised by **Melissa Hawkins** (American University), **Patrice Winter** (George Mason University), **Debora Goetz Goldberg** (George Mason University), **Anne Rosenwald**

(Georgetown University), **Gene Migliaccio** (The George Washington University), **Jen Skillicorn** (The George Washington University), **Weyinshet “Winnie” Gossa** (Uniformed Services University of the Health Sciences), and **Greg Carey** (University of Maryland Baltimore).

The organizers of the 2022 event include **Amy Geller, Alina Baciú, and Maggie Anderson**. Additional staff contributors from HMD include **Ruth Cooper, Hannah Goodtree, Joe Goodman, Rose Marie Martinez, Crysti Park, Grace Reading, and Brielle Dojer**; and **Talia Lewis and Laura DeStefano** from the NAM.

Finally, input from both local and national experts is vital to the success of the Case Challenge. The following individuals served as external reviewers of the case and offered valuable feedback:

- **Kelly Klinger**, member services and wellness coordinator, DC Coalition Against Domestic Violence
- **Therese S. Richmond, PhD, RN, FAAN**, Andrea B. Laporte Professor of Nursing, associate dean for research & innovation, professor of nursing in surgery, Perelman School of Medicine, University of Pennsylvania
- **Rediet “Redd” Woldeselassie, MSHI, CAPM**, doctoral student, health services research; National Science Foundation Research Trainee fellow; president, AcademyHealth student chapter, George Mason University

The following individuals served as judges at the 2022 event:

- **Candace “Candy” Campbell, DNP, MSN-HCSM, RN, CNL, FNAP**, professor of nursing, University of San Francisco
- **Brenda “Bren” Elliott, EdD**, chief, Office of School Improvement and Supports, District of Columbia Public Schools
- **Cynthia B. Greer, PhD**, associate professor, graduate program in counseling and mental health, School of Nursing and Health Professions, Trinity Washington University
- **Kelly Klinger**, member services and wellness coordinator, DC Coalition Against Domestic Violence
- **Rita K. Kuwahara, MD, MIH**, primary care internal medicine physician and United States Senate Congressional Health Policy Fellow
- **Christian Sutton**, organizer for food distribution and technology programs, Serve Your City DC/Ward 6 Mutual Aid; changemaker, New Deal for Youth (a program at The Center for Law and Social Policy)

## Conflict-of-Interest Disclosures

None to disclose.

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## Disclaimer

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