



## 2022 DC Public Health Case Challenge

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



NATIONAL ACADEMIES *Sciences  
Engineering  
Medicine*

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## Disclaimer

All characters and organizations described in the case are fictional and do not reflect the views of actual organizations or specific individuals. The case scenario is complex and does not necessarily have a single correct or perfect solution, thus encouraging teams to develop a judicious balance of creative, interdisciplinary, and evidence-based approaches. The authors of this case study have provided facts and figures within it and appendixes with resources and references to help teams create their solutions. The data provided are derived from independent sources, may have been adapted for this case, and are clearly cited such that teams can verify or contest them within their recommendations whenever pertinent. Teams are responsible for justifying the accuracy and validity of all data and calculations in their presentations and supporting their assertions in front of a panel of subject matter experts who will serve as judges representing different stakeholders.

## Instructions

**Task:** Develop a feasible and creative proposal of a youth-driven intervention or interventions that will aid in producing supportive community environments to prevent, mitigate, and address intimate partner violence, specifically incorporating youth as part of the solution, in Washington, DC. Present your proposed solution(s) to address the challenge at the Case Challenge competition to be held on October 10, 2022.

**Scope:** The proposal is limited to a budget of \$1 million USD to be used during a 5-year span. Your proposal and presentation should specify which sector(s), groups of people, and/or organizations your intervention(s) will engage and provide a justification for these selections. Staff salaries for the intervention should be covered within the allowed budget.

**Case information:** The case includes some relevant background statistics and information. However, in your presentation, you do not need to address all the information presented in the case. Rather, you can use the materials as a reference to help guide your response.

**Outside resources:** Teams should also consider outside resources for a deeper understanding of the problem and to develop a stronger proposal. However, registered team members must generate the case solution independently. Faculty advisors and other individuals who serve as a resource should not generate ideas for the case solutions but may provide relevant supportive information, guide students to resources, and offer feedback on students' ideas and proposals.

for case solutions and recommendations and on draft slides/practice presentations. See Appendix B for a list of relevant resources.

**Judging:** Refer to the judging rubric (see Appendix E) for the criteria on which you will be assessed. Judges are drawn from organizations working with DC residents, academic and clinical medicine, and other nonprofit organizations.

If you have questions about the case, please e-mail Maggie Anderson (maanderson@nas.edu) before 9:00 a.m. on Friday, October 7, 2022. She will forward your question and the answer to all participating teams.

On the day of the presentation, please remember the following:

- Arrive at the National Academy of Sciences building (2101 Constitution Avenue, NW, Washington, DC; entrance on C Street) between 8:00 a.m. and 8:30 a.m. on October 10, 2022.
- The security guard will ask to see your ID and COVID vaccination card (either hard copy or a clear photo of the card) and direct you to the Lecture Room to check in.
- Bring a copy of your presentation in PowerPoint format on a flash drive, and give it to the Case Challenge organizers by 8:30 a.m.
- Your presentation should be no longer than 15 minutes and will be followed by 10 minutes of Q&A from the judges.
- Dress professionally, as you are representing your school in front of an audience. However, please do not wear anything that would identify your school.

For more information on the Case Challenge guidelines and logistics, refer to the guide in Appendix G for student teams and faculty advisors.

We are looking forward to hearing your ideas for contributing to a thriving DC community. Thanks for participating, and have fun!

## Case

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

### Problem Statement<sup>1</sup>

Violence in all its manifestations is a public health issue in the United States, and according to the American Public Health Association, “current efforts to reduce violence have not been sufficiently effective.”<sup>2</sup> Violence is defined as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”<sup>3</sup> This definition covers various types of interpersonal violence, which includes intimate partner violence (IPV), family violence, community violence, self-abuse, youth violence, social violence, political violence, and economic violence.<sup>5</sup>

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<sup>1</sup> Throughout the case, citations are provided as footnotes. For a complete list of these citations, see Appendix C.

<sup>2</sup> Violence is a Public Health Issue: Public Health Is Essential to Understanding and Treating Violence in the U.S., 2018: [apha.org](http://apha.org)

<sup>3</sup> Violence Prevention Alliance Approach, 2022: [who.int](http://who.int)

Violence is almost never “random” but rather is a result of societal dysfunction, associated with certain social and economic factors that are often multifaceted and cross from the individual level to societal levels. Violence is a contagious and epidemic health problem. Thus, it is valuable to consider the many factors that contribute to it as exposures, to identify potential pathways that can be interrupted to prevent a violent act.<sup>4</sup> Violence affects all of us but some groups far more than others, such as the disproportionate impact on Black male youth when compared to their white counterparts.<sup>4</sup>

During the COVID-19 pandemic, youth across the United States have experienced disruption in many areas of their life, such as at home, at school, and in their communities.<sup>4</sup> The pandemic is thought to have potentially exacerbated rates of violence among youth.<sup>5</sup> Youth violence is defined as the intentional use of physical force or power by young people ages 10–24 to threaten or harm others.<sup>6</sup> One form of violence is IPV, defined as abuse or aggression that occurs in a romantic relationship.<sup>7</sup> Although the reported youth prevalence of IPV varies across studies, the National Youth Behavior Risk Survey found that 8.2% of high-schoolers nationwide have experienced physical dating violence.<sup>8</sup> In DC specifically, 9% of high school students reported an experience of dating violence.<sup>9</sup> Traditionally, public health interventions to prevent IPV among youth have focused on programs that target the education system, particularly through universal school-based programs.<sup>7</sup> Long-term effects of IPV, especially on children and young people, include physical and behavioral issues (such as alcohol or substance abuse in adolescence and emotional difficulties in adulthood).<sup>10</sup> When thinking about IPV specifically, it is important to recognize that it is often invisible to a victim’s family, peers, coworkers, and the public.

## Funding Announcement

The Foundation for Innovative Social Change (FISC) is thrilled to announce a grant funding opportunity for nonprofit organizations working to prevent IPV among youth in DC targeted at the community level. This grant focuses on addressing the role that youth have in preventing IPV through catalyzing protective community environments. The FISC is seeking innovative approaches that recognize the structural factors that contribute to IPV among youth and showcase novel strategies that go beyond common recommendations.

This grant amount is \$1 million, and the grant period is 5 years. The award will go to the organization that develops a multifaceted, interdisciplinary, innovative, and evidence-based solution. The successful proposal will be one that is judged sustainable and feasible, with a clear focus on the role of youth in the solution, and ensures that lasting population health effects are achievable. Proposals that include cross-sector collaboration and leverage funding will be viewed favorably.

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<sup>4</sup> U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19: <https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>

<sup>5</sup> Data Reveals Violence Among Youth Under 18 Has Not Spiked in the Pandemic: <https://www.sentencingproject.org/publications/data-reveals-violence-among-youth-under-18-has-not-spiked-in-the-pandemic/>

<sup>6</sup> Preventing Youth Violence: <https://www.cdc.gov/violenceprevention/youthviolence/fastfact.html>

<sup>7</sup> Preventing IPV: <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>

<sup>8</sup> Prevalence of Teen Dating Violence: <https://youth.gov/youth-topics/prevalence-teen-dating-violence>; <https://nccd.cdc.gov/Youthonline/App/Results.aspx>

<sup>9</sup> YRBS 2019: <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2019/su6901-H.pdf>

<sup>10</sup> Children Exposed to Violence: <https://nij.ojp.gov/topics/articles/children-exposed-violence>

A recent program in DC that aligns with the goals of FISC offers an example of how a solution recognizes structural factors that contribute to violence while going beyond traditional prevention programming. The initiative focused on connecting city residents who were identified as most at risk of committing or being victimized by violent crime to services and programs through a matching arrangement with interagency service teams.<sup>11</sup> The primary goal was to disrupt cycles of violence, poverty, and incarceration through consistent engagement with individuals and interpersonal connections and comprehensive support and services, while using a holistic view of each individuals' lives and circumstances. The initiative included agency partners across the whole life span, including mental health, parks and recreation, and rehabilitation services.<sup>10</sup>

The FISC solicits submissions through an open, competitive process to eligible nonprofit organizations working to prevent IPV among youth in innovative ways in DC. Applicants will present their proposals to the foundation's panel of reviewers on Monday October 10, 2022. For the detailed judging criteria, please see Appendix E.

## The Challenge

You are a team member at a nonprofit organization or coalition in DC focused on creating a thriving community for all. While your organization or coalition could have a mission focused on preventing IPV, you might also have a different or broader mission but decide to engage in this area in response to community rates of IPV. Your team is submitting a proposal for a youth-engaged and -led intervention that focuses on the potential for protective community environments to prevent IPV among youth in DC, perfectly aligned with the desire of your organization to foster change. You consult with your organization's leadership and, with their support, you assemble a team of coworkers to complete the grant application, to be submitted in 2 weeks.

The FISC asks that applicants include youth, defined broadly here, as part of their solutions and that proposals focus on preventing youth from committing or being exposed to IPV. Proposals that take into account the perspective of youth victims and/or perpetrators as part of their prevention solution(s) will be particularly welcome. The grant calls for proposals that are focused on creating solutions that account for disparities and inequities across demographics and use a multifaceted approach that considers the impact of societal systemic and institutionalized discrimination. Moreover, given the recent landscape of violence within the United States, the FISC looks favorably upon proposals that successfully incorporate recent data and evidence. Successful proposals should capitalize on the interdisciplinary nature of the team, creating an innovative, equitable, feasible, financially sound, and sustainable solution.

## Case Scenarios

Scenario 1: Sam is a 22-year-old who lives in a townhome with their partner's family in Southeast DC. They work as a receptionist at a local physical therapist's office and make just over minimum wage. Their home life is uncomfortable, and they loathe leaving work and having to come home. Their partner makes comments about them not being home and thinks they are cheating after work. This tension builds until one day their partner physically strikes them. Since they cannot afford to live alone, given rising rents, they weigh their mental and physical well-being against their need for shelter.

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<sup>11</sup> Government of The District of Columbia: <https://mayor.dc.gov/release/mayor-bowser-announces-initiative-pairing-approximately-200-residents-most-risk-gun-violence>

Scenario 2: At a homecoming pep rally, some students at Waverly High School have had exposure to social media, where jokes and humor are often considered a trigger for IPV. A group of those students re-enacted a 2009 domestic violence incident (in which the musician Chris Brown assaulted his musician girlfriend Rihanna), aiming to win the most applause and thus vie for the “Mr. Waverly” title (the organizers had not asked for skit descriptions in advance). But this idea did not go as planned. Most students considered this a joke, but some members of the community were offended. Alumni Ryan Bronson, in an interview with local media, said that people are too sensitive about domestic violence.

Scenario 3: Mia G., a 14-year-old student at a public middle school in Southeast DC, lives in the Capitol View area. Mia’s teacher, Ms. Smith, has noticed that Mia has become more withdrawn as the year has progressed and has been getting into verbal altercations with classmates. Recently, the local news cycle has been flooded with articles detailing the uptick in violence among youth in the area, and Ms. Smith notices that many of these incidents are occurring near the school. As the community around Mia experiences a greater number of traumatic events, the stress and trauma affect her, and she acts out in ways that are harmful to both her and those around her, including her girlfriend. Ms. Smith wonders how she and the school can help Mia and other students experiencing community violence.

Scenario 4: Janae is a 23-year-old who lives in Northeast Washington, DC with her high school sweetheart. Recently, Janae and her boyfriend have experienced unemployment, grief, substance abuse, and mental health issues. These circumstances increased tension and aggression in their relationship. Despite her reluctance, Janae decided to seek help within her community. Through research and encouragement from neighbors and family, Janae and her partner found an organization that focuses on primary prevention of IPV. They received both individual and couples therapy, which educated them on consent, warning signs, and rehabilitation for substance abuse. Ultimately, Janae and her partner were able to resolve issues within their relationship and themselves. With the support of the community, they were able to find resources to build a healthier relationship.

## Key Frameworks

### Social Ecological Model (SEM)<sup>12</sup>

The SEM of health is a conceptual model that represents the different levels of influence on health and well-being. At the center of the model is the individual, with gradually more upstream spheres of influence or domains for action: interpersonal, organizational, community, and public policy. Successful interventions often take each level into account and focus on multiple levels.

#### 1. *Individual*

- a. The inside circle (see Figure 1) refers to biological factors and personal history that shape health outcomes. In a community or public health intervention, the target can go beyond an individual person, such as a specific demographic.
- b. Often, emphasis at this level focuses on ways to increase an individual’s knowledge and self-efficacy about potential risks (e.g., of exposure to violence) and benefits of intervention.

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<sup>12</sup> Social Ecological Model: [https://www.atsdr.cdc.gov/communityengagement/pce\\_models.html](https://www.atsdr.cdc.gov/communityengagement/pce_models.html)



- c. Efforts should focus on facilitating access to resources (such as violence prevention programs), challenging traditional knowledge pathways, etc.
- 2. *Interpersonal*<sup>13</sup>
  - a. The second circle refers to relationships. Interventions at this level aim to facilitate behavior change through a focus on shifting social and cultural norms, with a particular focus on a person's closest social circle.
  - b. Efforts should focus on family-focused prevention programs, mentoring/peer-to-peer support, promotion of positive peer norms, problem-solving skills and impulse control, etc.
- 3. *Institutional*
  - a. At this level of influence, interventions typically incorporate various institutions, such as school systems, community organizations, local health departments, health care systems, law enforcement, and faith-based organizations.
  - b. Institutional policy is also important to consider, especially because it can often influence the visibility of an issue of public concern.
  - c. Efforts should focus on expanding access to resources or programs, supporting policies through advocacy, management of potential programs, etc.
- 4. *Community*
  - a. Interventions at the community level involve those that use and leverage relationships between community organizations, such as by motivating the community and its relevant stakeholders to address the issue.
  - b. Efforts should focus on changing or raising awareness of a social or physical public health issue and changing community norms (e.g., regarding interpersonal violence).
- 5. *Public policy*
  - a. The outermost circle focuses on actions by federal, state and local governments to support and enact policies to reduce violence and protect health.
  - b. Efforts should focus on creating supportive conditions, both legislative and otherwise, and eliminating community factors that promote violence.

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<sup>13</sup> The Social Ecological Model: A Framework for Prevention:  
<https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

*Figure 1: The Social Ecological Model<sup>14</sup>*



### Social Determinants of Health (SDOH)

The SDOH are the conditions in which people are born, live, work, learn, worship, play, and age.<sup>17</sup> They affect a wide range of health, functioning and quality of life outcomes.<sup>17</sup> They can be grouped into five areas:

1. Economic Stability
2. Education Access and Quality
3. Health Care Access and Quality
4. Neighborhood and Built Environment
5. Social and Community Context

Examples of the SDOH include safe housing, access to transportation, and safe neighborhoods, education attainment and income level, language and literacy skills, access to nutrient-dense foods and opportunities for physical activity, and racism, discrimination, and violence.<sup>17</sup> The SDOH contribute to a wide range of health disparities and inequities, so it is critical to take action to address conditions across people's environments and communities, including the effects of structural racism and institutionalized policies that seek to further disenfranchise people.<sup>17</sup>

### The Public Health Approach to Violence Prevention<sup>15</sup>

This model aims to provide the maximum benefit for the largest number of people, drawing on a multidisciplinary science base. It is a four-step process (see Table 1) rooted in the scientific method and can be applied to violence and other health problems that affect populations.

<sup>14</sup> An Ecological Perspective on Health Promotion Programs:  
[https://www.researchgate.net/figure/The-Social-Ecological-Model-Source-Adapted-from-McLeroy-Kenneth-R-Daniel-Bibeau\\_fig2\\_319043300](https://www.researchgate.net/figure/The-Social-Ecological-Model-Source-Adapted-from-McLeroy-Kenneth-R-Daniel-Bibeau_fig2_319043300)

<sup>15</sup> Public Health Approach to Violence Prevention:  
<https://www.cdc.gov/violenceprevention/about/publichealthapproach.html>

Table 1

<b>The Four Steps to a Public Health Approach</b>	
1. Define and monitor the problem	Understand the who, what, when, where, and how associated with violence, and use recent data.
2. Identify risk and protective factors	Understand what factors protect people or put them at risk for experiencing or perpetrating violence to identify where prevention efforts need to be focused. <ul style="list-style-type: none"><li>- <i>Risk factor</i> → characteristic that increases the likelihood of a person becoming a victim or perpetrator of violence</li><li>- <i>Protective factor</i> → characteristic that decreases the likelihood of a person becoming a victim or perpetrator of violence or provides a buffer against risk</li></ul>
3. Develop and test prevention strategies	Prevention strategies should use an evidence-based approach to program planning.  Findings from research literature and data from needs assessments, community surveys, key collaborator interviews, and focus groups are useful for designing prevention strategies.
4. Assure widespread adoption	Strategies from Step 3 are then implemented and adopted more broadly.  Communities are encouraged to implement strategies based on the best available evidence and continually assess whether the strategy is a good fit with the community context and achieving its goal of preventing violence <i>For example:</i> training, networking, technical assistance

*Figure 2: The Public Health Approach to Violence Prevention<sup>15</sup>*



## Intimate Partner Violence<sup>16</sup>

IPV, sometimes referred to as “interpartner violence,” is abuse or aggression that occurs in a romantic relationship. “Partner” can refer to current and former spouses, dating partners, or other romantic or intimate partners. IPV can vary in frequency and severity, ranging from one episode of violence to chronic and severe episodes over multiple years. IPV can include any of the following types of behavior:

- **Physical violence:** a person hurts or tries to hurt a partner by hitting, kicking, or using another type of physical force, such as objects or weapons.
- **Sexual violence:** forcing or attempting to force a partner to take part in a sex act, sexual touching, or a nonphysical sexual event (such as sexting) when the partner does not or cannot consent.
- **Stalking:** a pattern of repeated, unwanted attention and contact by a partner that causes fear or concern for their own safety or the safety of someone close to them.
- **Psychological aggression:** verbal and nonverbal communication intended to harm a partner mentally or emotionally and/or exert control over them.
- **Other behaviors:** can include economic abuse, emotional abuse, and coercion.

## IPV and Adverse Childhood Experiences

“Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0–17 years), such as experiencing violence, abuse, or neglect, witnessing violence in the home or community or having a family member attempt suicide.”<sup>17</sup> Aspects of a child’s environment can undermine their sense of safety, stability, and bonding, such as growing up in a household where adults may be living with substance use problems, mental health problems, or instability due to household separation. This is not an exhaustive list, and many other traumatic, negative experiences could impact health and well-being. A recent study found that IPV physical offenders had higher ACE scores than people who engaged in emotional abuse or other types of violence (e.g., outside of an intimate partner setting),<sup>18</sup> further underscoring the link between these two phenomena.

<sup>16</sup> Preventing IPV: <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>

<sup>17</sup> Preventing IPV: <https://www.cdc.gov/violenceprevention/aces/fastfact.html>

<sup>18</sup> Adverse Childhood Experiences and Criminal Propensity Among Intimate Partner Violence Offenders: [https://pubmed.ncbi.nlm.nih.gov/29294616/#:~:text=IPV%20offenders%20had%20the%20highest,psycho%20pathy\)%20than%20both%20other%20groups](https://pubmed.ncbi.nlm.nih.gov/29294616/#:~:text=IPV%20offenders%20had%20the%20highest,psycho%20pathy)%20than%20both%20other%20groups)

ACEs can have lasting negative effects on health and well-being that can extend to life opportunities, such as education and employment potential.<sup>19</sup> An evidence base shows that ACEs can increase an individual's risk of injury, sexually transmitted infections, maternal and child health issues (such as early or unplanned pregnancy, pregnancy complications, and fetal death), and a range of chronic diseases, such as cancer, diabetes, and heart disease.<sup>20</sup> Additionally, those who experience ACEs are at a higher risk for thoughts of or attempted suicide.<sup>21</sup>

Often, ACEs and certain social factors, such as growing up in underresourced neighborhoods, experiencing food insecurity, or living in unsafe housing conditions, can cause prolonged or extended stress.

When a child grows up under this prolonged stress, also known as “toxic stress,” they may have difficulty forming healthy and stable relationships as adults, thus contributing to an increased risk of experiencing or perpetrating IPV. Some children may disproportionately experience exposure to toxic stress, and therefore its long-term consequences, due to systemic racism or the intergenerational impacts of poverty that result from limited economic and/or educational opportunities.<sup>22</sup> IPV may constitute traumatic events that affect children in a profound and lasting way.

### Public Health Approach to IPV

The traditional public health technique or approach to preventing IPV largely focuses on understanding and addressing the factors that put people at risk for or protect them from violence. According to the Centers for Disease Control and Prevention (CDC), current strategies include youth and parent-focused programs, therapeutic approaches with at-risk couples, community-based programs, and economic and policy-focused approaches.<sup>23</sup> Most of the programs that effectively change behavior target adolescents and prevention of dating violence.<sup>18</sup>

### Consequences of IPV

IPV is a significant public health issue that presents a multitude of individual and societal costs. Approximately 35% of female and more than 11% of male IPV survivors experience some form of physical injury. Additionally, IPV can result in death; reports have found that over half of U.S. female homicide victims were killed by a current or former male partner.<sup>17</sup>

Many negative health outcomes are associated with IPV, including a range of conditions affecting the heart, digestive system, reproduction, muscle and bones, and nervous system, many of which are chronic. IPV survivors also experience negative mental health impacts, such as anxiety, depression, and posttraumatic stress disorder (PTSD),<sup>17</sup> which can translate into higher chances of engaging in risky behaviors, such as smoking or binge drinking. Moreover,

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<sup>19</sup> Vibrant and Healthy Kids, 2019: <https://nap.nationalacademies.org/catalog/25466/vibrant-and-healthy-kids-aligning-science-practice-and-policy-to>

<sup>20</sup> Maternal Adverse Childhood Experiences, Mental Health, and Child Behavior at Age 3  
<https://pubmed.ncbi.nlm.nih.gov/30468793> and  
<https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm>

<sup>21</sup> CDC, 2019: <https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm>

<sup>22</sup> Vibrant and Healthy Kids, 2019: <https://nap.nationalacademies.org/catalog/25466/vibrant-and-healthy-kids-aligning-science-practice-and-policy-to>

<sup>23</sup> CDC Grand Rounds, 2014: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6302a4.htm>

the more subtle forms of IPV, such as economic/financial abuse or technology-facilitated abuse, negatively impact an individual's well-being in various ways, such as the sustained ability to be self-sufficient or control their circumstances.<sup>24</sup> People from groups that have been disempowered, such as those from racial and ethnic or sexual-orientation minority groups, face a disproportionate impact and are at higher risk for potential or worse consequences of IPV.<sup>17</sup>

## DC's Demographics and Governance

Washington, DC has approximately 129,600 children (ages 3–18) and 71,800 young adults (ages 18–24),<sup>25</sup> and the population of children is growing at a faster rate than the overall DC population.<sup>24</sup> DC is divided into eight wards, whose boundaries are updated every 10 years based on the results of the most recent decennial census.<sup>26</sup> Wards 7 and 8 are home to more than one-third of DC's youth population.<sup>2</sup> Ward boundaries were last updated in 2022, and each ward contains around 84,000–90,000 residents. The wards are further organized into a total of Advisory Neighborhood Commissions (ANCs).<sup>27</sup> Further detailed demographic information can be found online at the DC's Council's website or at Our Healthy DC. <sup>28</sup>These ANCs “consider a wide range of policies and programs affecting their neighborhoods, including traffic, parking, recreation, street improvements, liquor licenses, zoning, economic development, police protection, sanitation and trash collection, and the district's annual budget.”<sup>29</sup> Historically, the lines dividing the wards and neighborhoods have resulted in racial segregation, with persisting associated inequities.<sup>30</sup> Communities east of the river (Wards 6–8) have fewer resources available, showing that zip codes can be a factor in determining health outcomes. Assessment, treatment, and monitoring health are a lot more challenging if the answers are not within easy reach.

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<sup>24</sup> Digital Technologies and Intimate Partner Violence, 2017: <https://ncadv.org/blog/posts/quick-guide-economic-and-financial-abuse>; <https://dl.acm.org/doi/pdf/10.1145/3134681>

<sup>25</sup> DC Action: DC Demographics, 2021: <https://dckidscount.org/demographics/#:~:text=The%20population%20of%20children%20is,from%20roughly%2080%2C650%20to%2072%2C700>

<sup>26</sup> Maps of the Wards of DC, 2022: <https://planning.dc.gov/maps-wards-2022>

<sup>27</sup> Advisory Neighborhood Commission, 2022: <https://anc.dc.gov/page/about-ancs>

<sup>28</sup> DC Community Health Needs Assessment, 2020: <https://ourhealthydc.org/dc-chna/>

<sup>29</sup> Council of the District of Columbia, 2016: <https://dccouncil.us/learn-about-wards-and-ancs/>

<sup>30</sup> DC History Center, 2022: <https://dchistory.org/learn/contextfortoday>



Figure 3: Ward Map of DC. <https://planning.dc.gov/whatsmyward>

## Drivers of IPV and Structural Inequity

IPV is a crucial global, as well as a national, health issue and increases the risk of unfavorable health outcomes. IPV is greatly influenced by SDOH. Several drivers are highlighted below, but there are others, including poverty, childhood trauma (as discussed earlier), and normative use of violence in interpersonal relationships. Some of these factors increase poor mental health, substance use, and conflict and therefore further lead to IPV. Youth are “particularly sensitive to influences from their social environments,” as they are still developing.<sup>31</sup> Policies can also play an important role in preventing and addressing violence. As described, the SEM of health can inform an understanding of how contextual factors shape IPV and illustrate the different levels and levers for intervention.

## Physical and Social Ecological Environments

A World Health Organization multi-country study noted that IPV is prevalent across all countries, representing diverse cultural and geological settings,<sup>28</sup> and different types of violence often coexist. For example, globally, sexual violence is often accompanied by emotional violence and physical abuse.<sup>28</sup> In the United States, the SEM of IPV includes individual, social, and societal risk factors (see Figure 4). For instance, individual risk factors include impulsivity and personal substance abuse history or aggression. Social factors include informal (friends and family) and formal (school and workplace) relationships. When the violence, including emotional abuse and physical aggression, occurs between intimate partners or family members, it might cause psychological negative health outcomes and behavioral problems in their young children, such as PTSD and anxiety symptoms.<sup>32</sup> An association also exists between IPV and child maltreatment.<sup>29</sup> Research has shown that “46% of substantiated cases of child maltreatment

<sup>31</sup> DC CHNA, 2017: <https://ourhealthydc.org/dc-chna/health-outcomes/adolescent-health/>

<sup>32</sup> Child exposure to IPV, 2013: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3887080/>

occurred in situations in which the primary caregiver was a victim of IPV.”<sup>29</sup> Societal factors are the cultures and resources that support people against violence.<sup>33</sup>

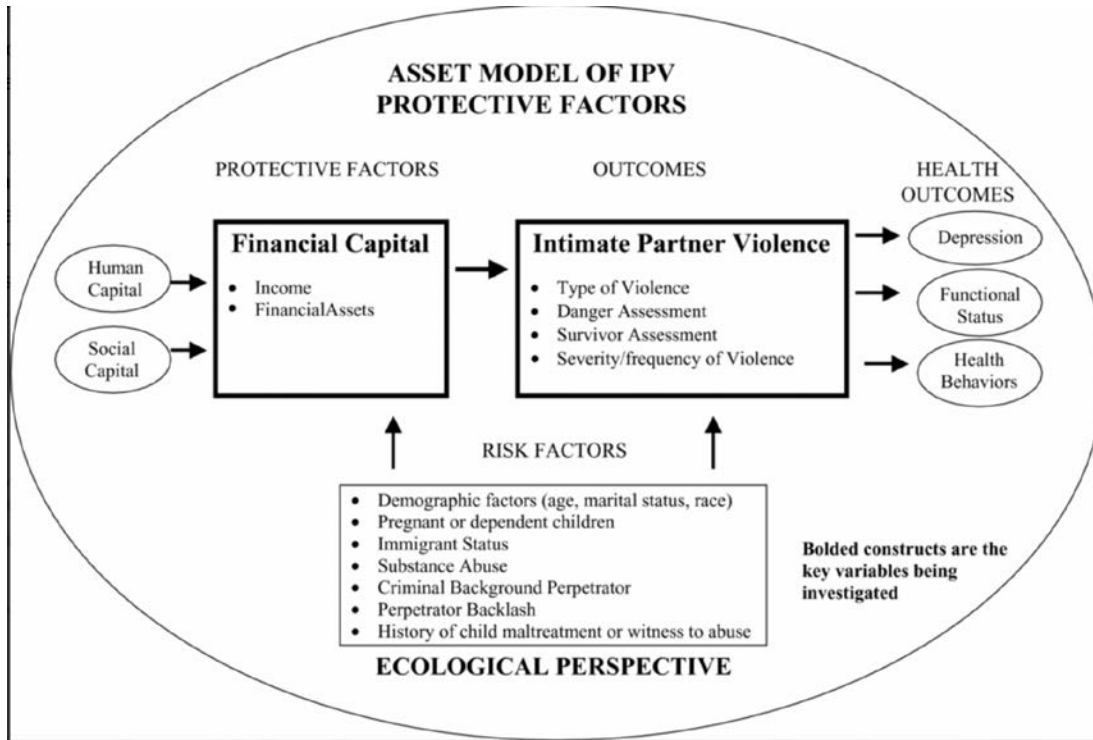


Figure 4: Intimate Partner Violence in the United States: An Ecological Approach to Prevention and Treatment

## Housing

Gentrification and “urban renewal” displace families and disrupt long-standing communities as housing costs increase.<sup>34</sup> “Sixty-two lower-income census tracts in the District gentrified between 2000 and 2013, putting the city third behind New York and Los Angeles for the highest number of neighborhoods that had transformed.”<sup>35</sup> The city does not meet its obligations for housing support to its poorer residents (see Figure 5).<sup>36</sup>

In DC, gentrification is associated with IPV health problems and limits victims' access to resources. Domestic violence calls increased from 31,000 to 35,000 a year from 2011 to 2015, and more than 1,000 people experiencing homelessness reported that it was a result of IPV—

<sup>33</sup> IPV in the United States, 2008: <https://www.cambridge.org/core/journals/social-policy-and-society/article/intimate-partner-violence-in-the-united-states-an-ecological-approach-to-prevention-and-treatment/9F4EBB8863439F623C13D785BB7BCED1>

<sup>34</sup> Segregating Where We Live, 2022: <https://dchistory.org/learn/contextfortoday/segregating-where-we-live/>

<sup>35</sup> DC Has the Highest “Intensity” of Gentrification, 2019: <https://www.washingtonpost.com/transportation/2019/03/19/study-dc-has-had-highest-intensity-gentrification-any-us-city/>

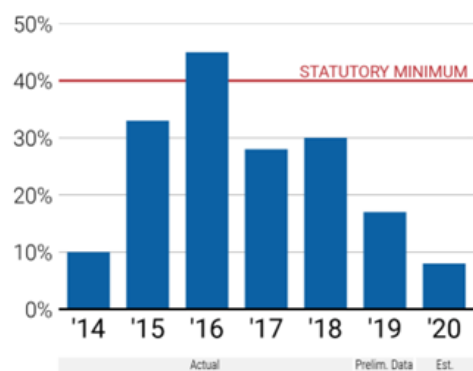
<sup>36</sup> A Resident’s Guide to the DC Budget, 2022: <https://www.dcfpi.org/all/a-residents-guide-to-the-dc-budget-4/>



the cost of housing was too high, but if they stayed in their situation, they would have had to continue to endure IPV.<sup>37</sup> In 2017 approximately one-third of women who were homeless in DC cited violence as the reason.<sup>38</sup> However, the DC government has not increased funding to provide support for housing programs and better resources for domestic violence victims, especially for African American residents.<sup>19</sup>

### Housing Production Trust Fund Fails to Dedicate 40% of Resources to DC's Lowest-Income Residents

Share of funds obligated in fiscal year to extremely low-income housing.



Note: For Fiscal Year 2019, DHCD provided preliminary data, expected to increase. Fiscal Year 2020 estimate is based on DCFPI analysis of proposed budget figures.  
Source: Dept. of Housing and Community Development, 2018-2019.

DC FISCAL POLICY INSTITUTE | DCFPI.ORG

Figure 5: Lack of budgeting resources for housing that benefits DC's lowest-income residents

## Education System

Education is important for current youth as well as adults. "Education is a key factor in adolescents' preparedness to live long healthy lives. Academic performance is one way to measure students' connectedness to their educational journey."<sup>39</sup> Violence or the threat of violence can cause students to miss school regularly.<sup>40</sup> Women who had less than secondary education are at a higher risk of IPV compared with those who have at least secondary education.<sup>41</sup> CDC describes educational opportunities among the protective factors that can help prevent IPV.<sup>42</sup> Quality early childhood education and "youth feeling connected to their

<sup>37</sup> No Shelter to Be Found: How Gentrification Exacerbates Domestic Violence in Washington, DC, 2020: <https://jgspl.org/no-shelter-found-gentrification-exacerbates-domestic-violence/>

<sup>38</sup> Intimate Partner Violence and Sexual Violence, 2017: <https://ourhealthydc.org/dc-chna/health-determinants-factors/ipv-sexual-violence/>

<sup>39</sup> DC CHNA, 2017: <https://ourhealthydc.org/dc-chna/health-outcomes/adolescent-health/>

<sup>40</sup> YRBS, 2019: <https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/2019%20DC%20YRBS%20Report.pdf>

<sup>41</sup> Effects of Rural–Urban Residence and Education on IPV, 2021: <https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-021-01286-5>

<sup>42</sup> Risk and Protective Factors, 2021: [https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html#anchor\\_1540315811820](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html#anchor_1540315811820)

schools, experiencing academic success, having positive relationships with teachers and other caring adults” are among the supportive factors that help prevent youth violence, including IPV.<sup>43</sup> Schools also provide a setting for implementing curricula and other strategies for primary prevention, beginning with bullying prevention.

### The Role of Social and Entertainment Media

Online abuse is posting another person’s personal information online without permission for the purpose of violent threats.<sup>44</sup> The social and entertainment media constitute complex factors influencing violence and IPV, such as sexting and cyberbullying (see theoretical model in Figure 6).<sup>45,43</sup> A meta-analysis reveals that in “over 100,000 individuals, teen sexting rates were between 14 and 28%,” and cyberbullying has also dramatically increased in the United States in the past few decades.<sup>46</sup> These behaviors would increase youth risk for victimization and are associated with IPV, since youth have a greater chance of abusive behaviors, substance use, and verbal conflict.<sup>43</sup> In addition, social media, such as Facebook and Snapchat, can be easily used to track someone all the time. For example, social media allows the perpetrators to control the victims even if they are in different locations through the threat of embarrassment or other harm.<sup>47</sup> In addition, a positive association exists between media violence and IPV/domestic violence perception,<sup>48</sup> perhaps leading to normalizing IPV.<sup>49</sup>

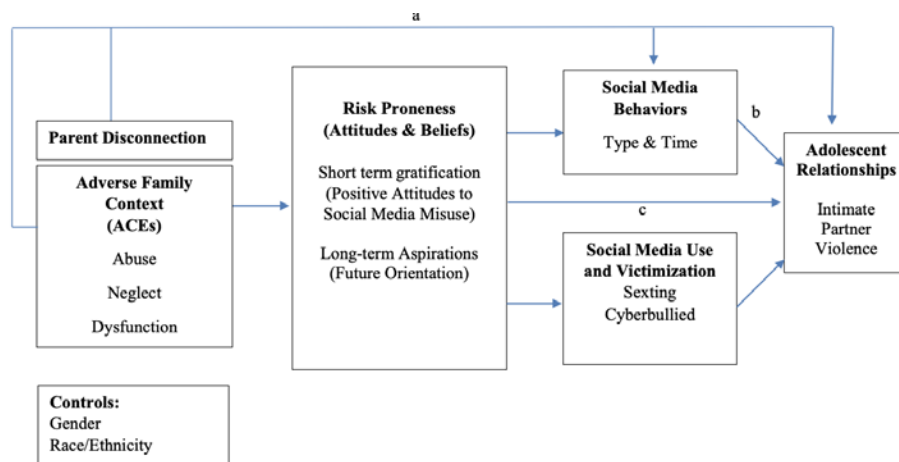


Figure 6: Adolescents’ adverse family context and intimate partner violence: Mediating role of social media experience<sup>50</sup>

<sup>43</sup> A Comprehensive Technical Package for the Prevention of Youth Violence, 2016: <https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>

<sup>44</sup> Technology-Facilitated Abuse, 2021: <https://vawnet.org/sc/technology-assisted-abuse>

<sup>45</sup> Media Violence and Youth Aggression, 2017: [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(17\)30033-0/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(17)30033-0/fulltext)

<sup>46</sup> Mediating Role of Social Media, 2022: <https://link.springer.com/article/10.1007/s12144-022-03160-5>

<sup>47</sup> Creating Protective Community Environments: <https://www.cdc.gov/violenceprevention/pdf/factsheet-yvpc.pdf>

<sup>48</sup> The Influence of Media Violence on IPV Perpetration, 2022: <https://link.springer.com/article/10.1007/s12147-021-09284-5>

<sup>49</sup> Contribution of Media, 2014: <https://austinpublishinggroup.com/psychiatry-behavioral-sciences/fulltext/ajpbs-v1-id1018.php>

<sup>50</sup> The Influence of Media Violence on IPV Perpetration, 2022: <https://doi.org/10.1007/s12144-022-03160-5>

## How IPV Affects Youth Nationally and in DC

Violence is influenced by factors such as gender, age, family structure, race and ethnicity,<sup>51</sup> in addition to social and contextual factors. For example, Black and Native American youth are at a high risk of domestic violence.<sup>50</sup> The 2010 Native Intimate Partner and Sexual Violence Survey reported that U.S. IPV prevalence rates among non-Hispanic Black and Native American people are 43.7% and 46%, respectively, compared to non-Hispanic White (34.6%) people.<sup>52</sup> Regarding family structure, the U.S. Department of Justice found that youth who do not live with their biological parents are more likely to be exposed to violence, such as physical assault, and to witness domestic violence.<sup>50</sup> In addition, girls and women are more likely to experience IPV compared with boys and men.

According to the DC Coalition Against Domestic Violence, more than 37% of U.S. girls and women reported IPV during their lifetime, which is similar to the rate of IPV in DC.<sup>53</sup> A survey also found that an estimated 104,000 female DC residents have experienced physical or psychological aggression by an intimate partner, such as being punched, threatened, or raped.<sup>52</sup> An estimated 26% of male DC residents are victims of IPV, which is also higher than the national average (10%).<sup>54</sup> According to the National Survey of Children's Exposure to Violence survey, IPV in the last year is highest among those aged 14–17 (16.3% were sexually victimized in the last year, and 27.3% had been during their lifetimes).<sup>19</sup> "In 2017, 8.5% of high school students reported that they had ever been forced to have sexual intercourse and 14.1% reported physical dating violence in the past year."<sup>55</sup> Therefore, it is important to solve IPV health issues among DC youth because experiencing and being exposed to IPV is associated with adverse health outcomes in both childhood and later life, such as psychological health, physical health, educational, and behavioral issues (see Figure 7).<sup>20</sup>

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<sup>51</sup> Children Exposed to Violence, 2020: <https://www.ojp.gov/program/programs/cev>

<sup>52</sup> IPV and Its Health Impact on Disproportionately Affected Populations, 2015: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4302952/>

<sup>53</sup> Surviving DC Report, 2018: <https://dccadv.org/wp-content/uploads/2018/09/Surviving-DC-Report-Final.pdf>

<sup>54</sup> DC resources, 2021:

<https://wtop.com/dc/2021/11/for-those-experiencing-domestic-abuse-dc-has-resources-that-can-help/>

<sup>55</sup> DC CHNA, IPV, and Sexual Violence, 2017: <https://ourhealthydc.org/dc-chna/health-determinants-factors/ipv-sexual-violence/>

Physical Health	Academic Difficulties	Psychological Health	Behavioral Problems
<ul style="list-style-type: none"> <li>• asthma (19%)</li> <li>• diabetes (8%)</li> <li>• frequent headaches (20%)</li> <li>• chronic pain (14%)</li> <li>• activity limitations (22%)</li> </ul>	<ul style="list-style-type: none"> <li>• Impediments</li> <li>• Spiral Effect</li> </ul>	<ul style="list-style-type: none"> <li>• Post-traumatic stress</li> <li>• Re-experiencing</li> <li>• Avoidance</li> <li>• Emotional numbing</li> <li>• Difficulty sleeping</li> <li>• Depression</li> </ul>	<ul style="list-style-type: none"> <li>• Problem-Focused (based on severe trauma)</li> <li>• Emotional-Focused (coping mechanisms)</li> </ul>

Figure 7: Description of health outcomes associated with youth exposure to IPV<sup>56</sup>

## Monitoring and Surveillance

Challenges and gaps in monitoring IPV are caused by several factors. First, people fear reporting IPV, and issue is sensitive. In addition, data collection among racial and ethnic minorities is often inadequate and therefore may present only a partial representation of the scope of this public health challenge. CDC conducts several national surveys to collect data on violence. The Youth Risk Behavior Survey (YRBS) is a nationally representative, biennial, in-school survey for 9–12th graders. The Behavioral Risk Factors Surveillance Survey is conducted by states, DC, and other territories annually over the phone with adults over 18 and collects data on violence. CDC also conducts the National Intimate Partner and Sexual Violence Survey that continuously collects national and state-level data on sexual violence, IPV, and stalking in adult men and women. It monitors lifetime prevalence and past 12-month experiences of IPV.

## Protective Community Environments

The SEM can inform an exploration of the causes and effects of violence and the complex interplay among the levels of intervention that buffer IPV. To understand the relation of violence prevalence and prevention, researchers closely examine societal and community factors.

Protective community environments are spaces that provide support, guidance, safety, and stability for youth to foster healthy habits and relationships. Examples include libraries, community centers, interactive after-school activities or programs, and organizations make it a goal to connect youth to these environments. Supported by the CDC, the National Academic Centers of Excellence in Youth Violence Prevention describe these community environments as

<sup>56</sup> Intimate Partner Violence and Academic Performance, 2019: <https://pubmed.ncbi.nlm.nih.gov/31544629/>

means to implement “effective violence surveillance tools to monitor trends in youth violence, partner with community organizations to build capacity to prevent violence, conducting interdisciplinary research to rigorously evaluate prevention strategies, and develop community approaches for youth violence prevention that are scalable and can inform national prevention efforts.”<sup>57</sup> These are key factors to consider for primary prevention strategies; at the individual and relationship levels, these aim to reduce the probability of becoming a victim or perpetrator of domestic violence by creating conditions that make it less likely. In comparison, community-level prevention strategies focus on changing the community conditions that increase or buffer against risk for violence, yielding sustainable and cost-effective results.

Protective intervention environments have been proven to “have the potential to facilitate larger population impacts and longer-lasting changes in risk and protective factors for sexual and intimate partner violence perpetration.”<sup>58</sup> These strategies aim to cultivate environments of safety, offer guidance, and teach skills for healthy relationships. They can include bystander intervention programs, after-school peer mentorship programs, and events for youth facilitated by community leaders and the health department. For example, a youth-led organization could work with community leaders and health officials to organize an event that develops youth knowledge and skills on sexual health violence through conversations of consent, understanding warning signs, and overall strengthening of leadership skills to engage with peers on prevention tactics. Improving protective community environments changes the context in which youth develop, which will reduce various forms of violence among youth.

## Role of Accessible Community Support, Resources, and Organizations for IPV and Violence Prevention

Accessibility to community support, resources, and organizations is important in secondary and tertiary IPV prevention, which are the immediate responses to violence and the long-term services provided in the aftermath of trauma, respectively. It is important to assess the prevalence of violence caused by environmental and social risk factors within communities. As discussed, these include safe and affordable housing, socioeconomic conditions, community resilience, and gentrification.<sup>59</sup> Focusing on accessibility to resources that reduce these risk factors will create a sustainable approach of violence prevention. Within Washington DC, only a few initiatives and organizations specifically focus on a sustainable approach that offers youth various opportunities, safe spaces, and responsiveness to individual needs. In 2018, the DC Office of Neighborhood Safety and Engagement implemented the Violence Intervention Initiative to achieve the following:

- Develop tactics to address potential conflicts by collaborating with communities at potential risk;
- Stabilize communities following a violent conflict;
- Offer support to individuals at high risk of being directly involved in violence, whether as a victim or perpetrator; and
- Provide services to address residents’ physical and mental health needs.<sup>60</sup>

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<sup>57</sup> Creating Protective Community Environments: <https://www.cdc.gov/violenceprevention/pdf/factsheet-yvpc.pdf>

<sup>58</sup> National Center for Injury Prevention and Control, 2019: <https://www.cdc.gov/violenceprevention/pdf/sv/Continuing-The-Dialogue-508.pdf>

<sup>59</sup> Continuing the Dialogue, 2019: <https://www.cdc.gov/violenceprevention/pdf/sv/Continuing-The-Dialogue-508.pdf>

<sup>60</sup> [Violence Intervention Initiative, 2019: https://onse.dc.gov/service/violence-intervention-initiative](https://onse.dc.gov/service/violence-intervention-initiative)

Other initiatives include The People of Promise, “an initiative focused on building a safer, stronger DC by connecting residents to services and programs that get them on a better, safer path forward.”<sup>61</sup> It aims to disrupt cycles of violence, poverty, and incarceration via consistent engagement with individuals and connections to supports and services. Change is more likely when resources, accessibility issues, and coordination are addressed. Ultimately, initiatives, programs, and resources within the community that recognize how these resources and programmatic services are available or inaccessible to youth will likely create change in practices, policies, protocols, and prevention tactics.

## Youth as Part of the Solution

To effectively create youth-driven solutions for IPV, it is important to examine current examples of organizations, initiatives, or programs that aim to create positive change for youth, by youth. Below are prominent examples of youth-driven solutions nationwide and in the DC area. These examples extend beyond IPV to illustrate the breadth of expertise and leadership youth bring to the table.

### Youth-Driven Solutions for Community and Social Issues Nationwide

#### 1. The Empathy Alliance<sup>62</sup>

After being bullied throughout elementary and middle school for being “too feminine,” Sameer Jha founded The Empathy Alliance at age 14, with the mission of making schools safer for LGBTQ+ youth. It focuses on “educating the educators,” to expand the ways in which adults in the school system can support LGBTQ+ youth. Jha’s nonprofit began in one school in one city and has grown into a national entity that has reached over 1,000,000 people, educating the public on topics through keynotes, workshops, op-eds, radio shows, panels and events. The Empathy Alliance works closely with organizations such as the [Human Rights Campaign](#), [GLSEN](#), and the [Tyler Clementi Foundation](#).

#### 2. Log Off<sup>63</sup>

Founded by youth for youth, Log Off is passionate about lowering social media’s impact on mental health, while teaching teenage users and their parents about how to navigate life on social media. It uses an array of platforms, such as a podcast, websites, and blogs, to investigate and inform how social media affects adolescent users worldwide. The Teen Leadership Council, in conjunction with its two teenage female founders, is made up of 28 teens from across the United States and around the world who have each taken on a role in bringing Log Off to life, from political action to creating task forces around well-being. Additionally, nine teenagers from the United States, Canada, and Pakistan are responsible for all the writing that the Log Off team publishes on its various platforms.

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<sup>61</sup> Mayor Bowser Announces Initiative Pairing Approximately 200 Residents Most at Risk of Gun Violence to Interagency Support Teams Led by Cabinet Members, 2022: <https://mayor.dc.gov/release/mayor-bowser-announces-initiative-pairing-approximately-200-residents-most-risk-gun-violence>

<sup>62</sup> The Empathy Alliance: <https://www.theempathyalliance.org/>

<sup>63</sup> About Log Off: <https://www.logoffmovement.org/themission>

### 3. Gonzales Youth Council<sup>64</sup>

Based in the City of Gonzales, California, the Gonzales Youth Council aims to give voice and action to the future leaders of the community. Its commissioners represent the youth of the city at both city council and school board meetings and fully participate with elected and appointed leaders. The Youth Council is part of the discussion in these spaces, and it suggests policy improvements for the community, city government and school, while working to represent and inform Gonzales youth on issues affecting the entire community.

### 4. Force of Nature<sup>65</sup>

Force of Nature aims to mobilize mindsets for climate action by empowering young people to turn their eco-anxiety into agency. It works with leaders across business and education to drive intergenerational solutions to the climate crisis. Research conducted by the youth-led founding team found that 70% of young people feel hopeless in the face of the climate crisis, but only 26% know how to meaningfully contribute to solving it. As a result, the team created Becoming a Force of Nature, a three-part program created by and for young people to help turn eco-anxiety into agency, discover one's power, and realize the potential an individual can have to catalyze change in the world.

## DC Organizations That Incorporate Youth into Their Leadership

### 1. SMYAL<sup>66</sup>

SMYAL creates opportunities for LGBTQ youth to build self-confidence, develop critical life skills, and engage their peers and community through service and advocacy. Its flagship event is the Rise Up! Conference for queer and trans youth organizers, where they can learn more about what it means to be a youth organizer, connect with fellow organizers, and build skills. SMYAL also offers scholarship opportunities and workshops, all created and led by youth for their peers.

### 2. Critical Exposure<sup>67</sup>

Critical Exposure believes that youth have a voice and should be given the space to use it. This organization trains DC youth to harness the power of photography and their voices to fight for educational equity and social justice. Critical Exposure aims to engage youth in critical thinking about their schools and communities and document the issues that affect their lives, ultimately using their images and voices to launch a campaign to collectively address an issue. More than 2,800 youth have helped secure millions of dollars for educational and improvement funds that directly benefit them and their peers through Critical Exposure's programs. Moreover, Critical Exposure believes as an organization that "Black and Brown youth should have the opportunity to address and break down the policies and practices that maintain the unequal opportunity they might face in education."

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<sup>64</sup> Gonzales Youth Council: <https://gonzalesca.gov/government/gonzales-youth-council>

<sup>65</sup> Force of Nature: <https://www.forceofnature.xyz/>

<sup>66</sup> SMYAL: <https://smyal.org/>

<sup>67</sup> About Us Critical Exposure: <https://criticalexposure.org/about-us>

### 3. Black Swan Academy<sup>68</sup>

Black Swan Academy empowers Black youth in underserved communities across DC through civic leadership and engagement, giving them a comprehensive set of tools needed to succeed in life and become active social catalysts in their communities. It is committed to creating a pipeline of Black youth leaders who are improving themselves and their communities. The youth leaders are active participants in advocacy efforts around housing, mandatory reporting, and policing.

## Conclusion

IPV among youth is a complex public health problem that can result in long-term effects on the well-being of individuals, families, and communities. A myriad of factors, including access to education, socioeconomic status, and the environment in which a person lives, works, and goes to school can contribute to or prevent IPV. It is critical to understand how individual, community and societal environments shape potential risk factors of becoming a perpetrator or victim of IPV, so that targeted opportunities for prevention, especially primary prevention, can be identified.

## Appendix A: List of Acronyms and Initials

ACE	Adverse childhood experience
ANC	Advisory Neighborhood Commissions
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus disease 2019
DC	District of Columbia
FISC	Foundation for Innovative Social Change
IPV	Interpartner violence
LGBTQ+	Lesbian, gay, bisexual, transgender, queer, and plus identities
NASEM	National Academies of Sciences, Engineering, and Medicine
PTSD	Posttraumatic stress disorder
SDOH	Social determinants of health
SEM	Social ecological model
SMYAL	Supporting and Mentoring Youth Advocates and Leaders
U.S.	United States of America
YRBS	Youth Risk Behavior Survey

## Appendix B: Resource List

### National

American Academy of Pediatrics  
Centers for Disease Control and Prevention  
Department of Health and Human Services  
Division Adolescent and School Health at the Centers for Disease Control and Prevention  
Everytown  
Family and Youth Services Bureau  
Family Violence Prevention and Services Program  
Futures Without Violence  
Healthy People 2030

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<sup>68</sup> About Black Swan Academy 2022: <https://www.blackswanacademy.org/about-us>



John W. Gardner Center for Youth and Their Communities  
National Academies of Sciences, Engineering and Medicine  
National Center on Injury Prevention and Control  
National Institute for Criminal Justice Reform  
National Institutes of Health  
National Resource Center on Domestic Violence  
National Sexual Violence Resource Center  
National Teen Dating Violence Awareness Month  
Prevent IPV  
Women Deliver  
World Health Organization  
United Nations Fund for Population Activities  
United Nations Women  
U.S. Department of Health and Human Services  
Youth.gov

### **DC, Maryland, Virginia**

Black Swan Academy and the DC Girls Coalition  
Child and Adolescent Protection Center of Children's National Health System  
Children's National Hospital  
Community of Hope  
DC Coalition Against Domestic Violence  
District Alliance for Safe Housing  
District of Columbia Children's Advocacy Center  
District of Columbia Council  
District of Columbia Department of Health  
District of Columbia Public Schools  
District of Columbia Office of the City Administrator  
District of Columbia Office of Neighborhood Safety and Engagement  
District of Columbia Office of Planning  
DC SAFE—Support for Empowerment  
DC State Data Center  
District of Columbia State Board of Education  
District of Columbia Office of Victims Services and Justice Grants  
DC Youth Empowerment Group  
George Washington University Hospital  
Medstar Washington Hospital Center  
Metropolitan Police, Washington DC  
The Women's Center  
United Medical Center

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## Appendix D: List of Figures and Tables

Figure 1: The Social Ecological Model. *Source: Adapted from McLeroy, Kenneth R., Daniel Bibeau, Allan Steckler, and Karen Glanz. 1988. An Ecological Perspective on Health Promotion Programs. Health Education Quarterly* 15(4): 351–377 and from United Nations Children's Fund (UNICEF). 2015. Module 1: Understanding the Social Ecological Model (SEM) and Communication for Development. *A Global Communication Strategy Development Guide for Maternal, Newborn, and Child Health Programs.*

Figure 2: The Public Health Approach to Violence Prevention. *Source: Centers for Disease Control and Prevention. 2022. Violence Prevention: Public Health Approach*

Figure 3: Ward Map of DC. *Source: DC Office of Planning. n.d. What's My Ward?*

Figure 4: Map depiction of DC Wards by ANCs. *Source: DC.gov. 2022. Locate Your ANC and SMD through 2022*

Figure 5: Lack of budgeting resources for housing that benefit DC's lowest-income residents. *Source: DC Fiscal Policy Institute. 2022. A Resident's Guide to the DC Budget*

Figure 6: Adolescents' adverse family context and intimate partner violence: Mediating role of social media experience. *Source: The Influence of Media Violence on IPV Perpetration. 2022. https://doi.org/10.1007/s12144-022-03160-5*

Figure 7: Description of health outcomes associated with youth exposure to IPV. *Source: Surviving DC: A Research Synthesis of Domestic Violence Survivors' Experiences (DC Coalition Against Domestic Violence, 2018)*

Table 1: The Four Steps to a Public Health Approach. *Source: CDC. 2022. Violence Prevention: Public Health Approach*

## Appendix E: Judging Rubric

These criteria will be considered collectively through a facilitated judging discussion to determine the overall grand prize winner and category prizes. The criteria contributing to the three category prizes listed are below.

**Category Prizes: \*Practicality Prize; #Interprofessional Prize; Wildcard Prize**

	Poor	Acceptable	Very Good	Outstanding	Comments
<b>Analysis of Problem/Challenge</b>					
<ul style="list-style-type: none"> <li>• Astute synthesis of problem</li> <li>• Identification of key issues</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Appropriateness/Justification of Solution</b>					
<ul style="list-style-type: none"> <li>• Justification of chosen priorities</li> <li>• Justification of chosen intervention(s)</li> <li>• Evidence to support likely effectiveness</li> <li>• Fit to Washington, DC context</li> <li>• Cultural/political/social factors</li> <li>• Resourcefulness in gathering information</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Acceptability/Uptake of Solution*</b>					
<ul style="list-style-type: none"> <li>• Acceptability to relevant DC area stakeholders</li> <li>• Cultural acceptability</li> <li>• Social/behavioral considerations</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Implementation Considerations*</b>					
<ul style="list-style-type: none"> <li>• Implementation plan</li> <li>• Timeline and budget</li> <li>• Feasibility (budget and other resources, time frame, leverages local partners/resources, logistical/infrastructure constraints)</li> <li>• Monitoring and evaluation plan</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Potential for Sustainability*</b>					
<ul style="list-style-type: none"> <li>• Addresses/considers root causes &amp; structural factors that lead to disparities in health outcomes (institutional racism, social/economic/physical conditions, etc.)</li> <li>• Long-term maintenance and growth (feasibility, funding)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Interdisciplinary/Multisectoral#</b>					
<ul style="list-style-type: none"> <li>• Use of collaborations/interactions among disciplines and/or sectors</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Teamwork#</b>					

<ul style="list-style-type: none"> <li>● Engagement of whole team in preparation and/or presentation</li> <li>● Clear team understanding and use of each other's roles and expertise</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Presentation Delivery</b>					
<ul style="list-style-type: none"> <li>● Clarity of content and logic of flow</li> <li>● Time management</li> <li>● Audience engagement</li> <li>● Visual aesthetic</li> <li>● Professionalism, poise, and polish</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Questions and Answers</b>					
<ul style="list-style-type: none"> <li>● Clarity and thoughtfulness of responses</li> <li>● Ability to draw from evidence</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Appendix F: Case-Writing Team Biographies

*Each year, students from local universities work together to write this background document for the competing teams, including identifying the specific topic to be addressed.*



**Mary Kate Fogarty, She/Her (Case Lead):** Mary Kate is a graduate of Georgetown University's School of Health Master of Science in Global Health program, where she concentrated on maternal and child health and disease prevention and completed a thesis on global COVID-19 vaccine hesitancy. She works as a Policy Fellow at Organon, a global health care company focused on improving women's health around the world. She has experience in public health both domestically and abroad, ranging from a grassroots public health clinic in Nairobi, Kenya to Save the Children U.S. Mary Kate graduated in May 2020 with a bachelor of science in public health from American University, where she was an undergraduate research assistant, was involved in various student-run organizations, and, most importantly, fell in love with living in DC! She participated in the 2019 DC Public Health Case Challenge representing American University, was a member of the case-writing team for the 2021 challenge, and is so excited to be leading the case-writing team for the 2022 challenge.



**Jorge Luis Garcia-Cordero, He/Him (Case Writer):** Jorge graduated with a B.S. in neuroscience from the University of Pittsburgh and recently received his MPH in epidemiology from George Mason University. He competed in the DC Public Health Case Challenge in 2021 representing George Mason University. He works with the Substance Abuse and Mental Health Services Agency evaluating grants for substance use prevention. Jorge was a community health worker with the Fairfax County Health Department in response to the COVID-19 pandemic.



**Catherine “Cat” Gardiner, She/Her (Case Writer):**

Cat is a JD '20/LLM '22 graduate from Georgetown Law Center in National and Global Health Law with graduate certificates in both U.S. health law and refugee/humanitarian emergencies. Cat currently works as a Presidential Management Fellow at the Centers for Medicare and Medicaid Services, focusing on Part D Policy. While a law and graduate student, Cat was a research assistant for the O'Neill Institute with both the Health Families Initiative and the COVID Law Lab. Cat was a member of Georgetown's 2021 DC Public Health Case Challenge team, which won the Practicality Prize. She is very excited to be part of the case-writing team for 2022!



**Yongyi Lu, She/Her (Case Writer):** Yongyi is a 1st-year master's student at Johns Hopkins Bloomberg School of Public Health in population, family, and reproductive health. She graduated from American University with a B.A. in public health in 2021. She worked as a research assistant at the Shenzhen Center for Chronic Disease Control to analyze comprehensive strategies of sexually transmitted disease prevention. She was a member of the American University team for the 2021 DC Public Health Case Challenge.



**Adaeze Okoroajuzie, She/Her (Case Writer):** Adaeze is a recent graduate of Howard University. She studied health science while minoring in biology and maternal child health. She is a PG, County native and active member in her community. As a certified birth doula, she provides free doula services to young mothers through DC Mary's Center doula volunteer program. She educates her community about birth education through her content creator account, “DaezetheDoula.” She aspires to continue educating, influencing, and cultivating an environment to advocate for global health equity by pursuing an MD. She was

a member of the 2019 and 2021 Howard University team, which won the Wildcard prize. This is her 1st year as a case writer.

## Appendix G: Guide for Student Teams and Advisors

The National Academies will host the ninth annual DC Public Health Case Challenge on October 10, 2022 to promote interdisciplinary, problem-based learning for the betterment of our DC-area community. Teams will be asked to approach a realistic public health issue facing that community and develop a multifaceted plan to address it. A panel of expert judges will watch student presentations and pick winning solutions.

### Organizers

NASEM Health and Medicine Division (HMD) Staff

**Point of Contact:** Maggie Anderson ([maanderson@nas.edu](mailto:maanderson@nas.edu))

Amy Geller ([ageller@nas.edu](mailto:ageller@nas.edu))

Alina Baci ([abaciu@nas.edu](mailto:abaciu@nas.edu))

### Case-Writing Team

Mary Kate Fogarty (American, Georgetown alum, co-lead)

Jorge Garcia-Cordero (George Mason University)

Catherine (Cat) Gardiner (Georgetown University)

Yongyi Li (American University)

Adaeze Okoroajuzie (Howard University)



## Overview

- **Universities form a team** of 3–6 graduate and/or undergraduate students representing **at least three disciplines, schools, or majors**. The case will require a comprehensive solution, and it is advisable that teams be composed of students representing a variety of disciplines or subjects (health, nursing, public health, law, business, communications, engineering, IT, gender studies, anthropology, economics, sociology, etc.). Teams are encouraged to have both undergraduate and graduate students.
- A **webinar** will take place for all students who will be competing (advisors are also welcome to tune in). The purpose of the webinar is to provide a primer on **upstream, evidence-based policy solutions for public health issues**, an overview of the Case Challenge process, and Q&A. The webinar will take place from 12–1:00 pm ET on Monday, September 26.
- **Student teams** will be provided with a case that is based on a real-life challenge faced by individuals and organizations in the DC area. Teams will be given 2 weeks to **develop comprehensive recommendations to present to a panel of expert judges**. The recommendations will be judged on criteria such as content, creativity, feasibility, interdisciplinary nature, and strength of the evidence base. The case will include more detailed information on the judging criteria.
  - Information from the 2013–2021 DC Case Challenge events is available at <http://nam.edu/initiatives/dc-public-health-case-challenge/>

## Prizes/Incentives for Student Teams

- Experience working with multiple disciplines to tackle a multifaceted public health challenge.
- Practice for [Emory University's International Global Health Case Competition](#).
- Press release announcing the winning solution through the National Academy of Medicine (NAM) and the HMD of the National Academies.
- Publication by NAM summarizing each team's solution written by team members (team members listed as authors). Past publications are available at <https://nam.edu/initiatives/dc-public-health-case-challenge/>.
- Breakfast, lunch, and a small reception will be provided.
- FREE registration to the virtual NAM annual meeting on Monday, **October 17** for ALL interested team members and advisors.
  - The NAM annual meeting is an exciting opportunity to meet and connect with leaders in the fields of health, medicine, and beyond. See <https://nam.edu/events/> for more information.
  - ***A minimum of one team member must be available on October 10 to present at a poster session at the meeting (times forthcoming)—contact National Academies staff with any questions.***
  - *Advanced registration for the NAM meeting is required for those interested in attending; information will be sent to the teams in September.*
- **Prize money**
  - Grand Prize: \$3,000
  - 3 “Best in Category” Prizes: \$1,800
    - Interprofessional Prize
    - Practicality Prize
    - Wildcard Prize

- **Payment**
  - To receive the payment for the cash prize, students must have an SSN, SSN Type 2, or ITIN (tax ID) or the university must be able to accept the prize on a student's behalf.

## Time line

Please note that the time lines are firm

- **Friday, September 9:** Deadline for universities to confirm participation (please e-mail Maggie Anderson at [maanderson@nas.edu](mailto:maanderson@nas.edu)).
- **Wednesday, September 19:** Deadline to submit the team roster (*use the form on the last page of this guide*):
  - Team member names with areas of study and e-mail addresses for final team registration.
    - **IMPORTANT NOTE:** Once team rosters are submitted, membership cannot be changed (except in extreme circumstances; contact the organizers if an issue arises).
- **September 23, 12–1:00 pm:** A 1-hour informational webinar for competing students (and advisors) will take place before the case is released. The webinar will be recorded and posted online, so any students who are not available can view the recording. Students (and advisors) are welcome to e-mail questions in advance. The purpose of the webinar is to provide a primer on upstream, evidence-based policy solutions for public health issues, an overview of the Case Challenge process, and Q&A.
- **September 26 at 1:00 pm:** Case is released.
- **September 26–October 10:** Teams develop their solution to the case.
- **Monday, October 10:** Teams present their solutions to a panel of judges. Presentations will be followed by an awards ceremony. The event will take place from approximately 8:30 am to 5:00 pm; we will let you know the exact times once we know the number of participating teams. Breakfast, lunch, and a reception will be provided.
- **Monday, October 17:** NAM annual meeting, where all teams will have the opportunity to attend and present their solutions at a poster session.

## Getting to the National Academy of Sciences Building

The National Academy of Sciences (NAS) building is located at **2101 Constitution Avenue, NW, Washington, DC** and is accessible by car or metro.

**Driving to the NAS building:** Limited visitor parking is available within the NAS building's main parking lot. To park for free, tell the garage attendant that you are participating in the Case Challenge and provide your name and license plate number. Street parking is also available at normal DC rates.

**Taking the Metro:** The closest metro station is Foggy Bottom, located along the blue and orange lines. Upon exiting the metro, head South on 23rd Street, NW. Walk for about half a mile. Turn left onto C Street, NW (before Constitution Avenue, NW) and walk on the side of C Street opposite the State Department. The NAS Building will be the second on your right, after you pass 22nd St NW, which is closed to traffic.

Upon entering the building, you will need to present a photo ID and proof of vaccination to the guard at the front desk. Proceed to the auditorium to check in and receive further instructions.

## Appendix H: Student Team Guidelines and Rules

### Suggested Team Preparation:

Teams are encouraged to meet several times before they receive the case to get to know each other, look at examples from previous case competitions (available at <https://nam.edu/initiatives/dc-public-health-case-challenge/>), and loosely plan an approach. It may be helpful for team members to agree on communication strategies and time commitments for the 2 weeks during which they will be developing the case solution.

### Developing the Case Solution:

- Designated members of the case-writing team will be available to respond via e-mail to questions and requests for clarification during the 2 weeks while teams prepare their solutions (contact details will be provided with the case). To ensure that all teams have access to all information about the case, all teams will receive a copy of the question and the response within 24 hours of receipt. Questions will NOT be accepted after 9:00 am on Friday, October 7.
- Teams should not discuss their case presentations or case content with other teams during the case challenge period (September 26–October 10) until the judges have completed final scoring.
- Teams can access and use any available resources for information and input, including both written resources (publications, Internet, course notes/text, etc.) and individuals within and outside of the team's university. Students are encouraged to ground their solutions in public health theory, particularly the social ecological model of health.
- This is a student competition and should reflect the students' ideas and work. The case solution must be generated by the registered team members. Faculty advisors and other individuals who are used as resources should not generate ideas for case solutions but are permitted to provide relevant information, guide students to relevant resources, provide feedback on ideas and proposals for case solutions and recommendations generated by the students, and provide feedback on draft/practice presentations.
- Participants may not speak individually with the judges about their case solution until judging has concluded on October 10. Please help the organizers by adhering to this rule during breaks.

### Faculty Advisors:

Each team must have at least one faculty advisor. The faculty advisor(s) will serve as a point of contact with the Case Challenge organizers. The faculty advisor will also ensure that the team is made up of only undergraduate and graduate students of their university and that the team has representatives of at least three disciplines. Faculty advisors can also help student teams prepare for the competition within the following parameters:

- Faculty advisors **CAN**:
  - Ensure that the case is grounded in public health theory, in particular the social ecological model of health
  - Assist teams with practice sessions or practice review of sample cases in the weeks preceding the release of the case
  - Suggest resources relevant to the case
  - Provide feedback on ideas for case solutions and recommendations generated by the students
  - Provide feedback on draft/practice presentations
  - Communicate with the Case Challenge organizers about Case Challenge guidelines and logistics

- Faculty advisors **CANNOT**:
  - Generate ideas for case solutions and recommendations
  - Communicate about the case with faculty advisors and students from other competing teams
- Faculty advisors should contact the Case Challenge organizers if they have any questions or concerns about accessibility issues (for example, people with physical disabilities), we will do everything we can to accommodate. The NAS building has many accessibility and inclusion features (such as ramps/elevators, assistive hearing devices, lactation room, gender neutral bathrooms).

### Presentations:

- Presentation time: Each team will have a total of 25 minutes (note: there will be 5 minutes of transition time between presentations).
  - 15 minutes are allotted to present analysis and recommendations.
  - 10 minutes are allotted for Q&A with judges.
  - Timing will be strictly enforced.
  - Any leftover time will be used at the discretion of the judging panel.
  - Teams may not view other teams' presentations until they have delivered their own presentation. However, we are looking into providing recordings of each team's solution after the event.
  - Handheld wireless microphones and a podium with a microphone will be available.
  - Team members will advance their own slides with a wireless clicker.
  - Hardcopies of each team's PPT will be provided to judges by staff. If desired, teams may bring a hard copy of any additional materials to distribute to the judges.
- Format:
  - Analysis and recommendations should be presented in Microsoft PowerPoint.
  - Presentations will be loaded onto the computer and projection screen for you by a Case Challenge organizer. Teams will have an opportunity to check the compatibility of their file in advance of the presentation.
  - Judges will receive a black-and-white printout of each team's slides.
  - Teams are encouraged to build appendix slides to help answer questions that they anticipate from the judges.
  - Judges will not know the university affiliation of teams until after judging is completed. The names of team members can be included in the presentation, but **DO NOT** include the university name or any identifying information in your presentation (e.g., school mascot).
- Presenters:
  - As many team members can participate in the presentation as the team sees fit. All team members should stand at the front of the room during the Q&A session at the end of the presentation.
- Dress code:
  - Competing teams are encouraged to present their case solution in business attire. The teams will not be identified by university to the judges, so students should not wear or carry any identifying logos, insignias, etc.
- Deadline to turn in completed case:
  - To ensure that each team has an equal amount of preparation time, each team's final presentation should be loaded onto the presentation computer **by 8:30 am on Monday, October 10**. Failure to submit the presentation on time will result in

disqualification. No changes can be made to presentations after that time, and teams should not continue to work on their case solution and presentation while they are awaiting their presentation time.

#### Judging:

- The judges have agreed to participate in this event as volunteers. The judges will be announced 1 week before the event, and biographical sketches of the judges will be available to student teams at that time.
- In evaluating the proposed case solutions, judges will consider the following:
  - Rationale/justification for strategies proposed
  - Specificity and feasibility
  - Interdisciplinary nature of the solution
  - Creativity and innovation
  - Clarity and organization
  - Presentation delivery
  - Team work
  - Ability to respond to questions

## Appendix I: Presentation Day Agenda

**October 10, 2022**

National Academy of Sciences Building | 2101 Constitution Avenue, NW, Washington, DC

8:00–8:30am	<b>Arrival and Registration</b> ( <i>East Court, outside of the Lecture Room; breakfast available outside Room 120, tables available in the tent outside and Room 120</i> )
8:30am	<b>Deadline to Turn in Presentation</b> ( <i>Lecture Room</i> ) <i>Please take your flash drive to the Case Challenge staff member at the computer. This is when teams draw a number for presentation order.</i> <b>Judges Check In</b> ( <i>Judges Table, front of Lecture Room</i> )
8:45am	<b>Welcoming Remarks</b> ( <i>Lecture Room</i> ) <i>J. Michael McGinnis, MD, MA, MPP, Leonard D. Schaeffer Executive Officer, National Academy of Medicine</i>
8:55am	<b>Logistics</b> ( <i>Lecture Room</i> )
9:00am–12:40pm	<b>Presentations</b> ( <i>Lecture Room</i> ) <i>At this time, all but the first team should leave and go to Room 120 or the tent outside. Return to the Lecture Room when it is your teams turn to present. After your team has presented, you may remain in the Lecture Room to watch the remaining presentations, Room 120, or outside/tent. During the morning, an organizer will gather each team to take a photo at the Einstein statue in front of the NAS building—see the schedule on page 2.</i>

9:00–9:30	Team 1
9:30–10:00	Team 2
<b>10:00–10:30</b>	<b>Break</b>
10:30–11:00	Team 3
11:00–11:30	Team 4
<b>11:30–12:00</b>	<b>Break</b>
12:00–12:30	Team 5
12:30–1:00	Team 6

9:00-10:30am

**Team Photo Times (meet at registration table):**

Teams 3 & 4: **9:00am**

Teams 5 & 6: **9:30am**

Teams 1 & 2: **10:00am**

1:00–2:15pm (*students*)

**Lunch** (*Food available in the outside room 120*)

1:00 – 3:20pm (*judges*)

**Judges’ Deliberations** (*pick up lunch from outside Room 120 and reconvene in Board Room at 1:20*)

2:15–3:10pm

**Team Solutions Recap** (*Lecture Room*)

*Each team will provide an overview of their solutions (5 min each) so everyone can hear how other teams approached the challenge. There will be time for discussion after.*

3:20–3:35pm

**Group Photo with Students, Advisors, and Judges** (*Outside*)

3:35 – 3:50

**Presentation and Discussion:**

**Early Childhood Trauma: Prevention and Healing**

**Cynthia Greer, Ph.D., M.A.**

*Associate Professor of Counseling; Lead, Research Team Initiative on Adverse Childhood Experiences and Trauma  
Trinity*

3:50–5:00pm

**Awards Ceremony and Reception** (*Awards Ceremony: Lecture Room; Reception: Room 120*)