



National Peer Learning Team on Intimate Partner Violence
Final Report

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Introduction

In September 2016, the Maryland Department of Health (MDH) in conjunction with the Centers for Disease Control and Prevention (CDC), launched a National Peer Learning Team (NPLT) on Intimate Partner Violence (IPV). The NPLT on IPV was one of five teams supported by CDC and launched that same year.

The purpose of the NPLT on IPV is to bring together a diverse group of professionals with experience researching or implementing IPV prevention programs, to participate in an IPV - focused think tank. The goal of the think tank is to create systems-informed mental models and maps to describe the perpetration and promotion of IPV in the United States. Such models and systems will be used to identify high leverage solutions for the prevention of IPV.

This report summarizes the NPLT on IPV's progress from Years 1-4, including how our mental models were developed, what we have learned regarding strategies to reduce IPV perpetration, what challenges we faced along the way, and preliminary high leverage points and action items for consideration.

Systems Thinking Framework

All five CDC NPLT teams were introduced to the Systems Thinking Framework during Year 1 of the project at an in-person meeting in Atlanta. This framework laid the foundation for our work throughout the project. In particular, we learned about the following systems thinking elements:

Key drivers: These are the key causal factors that lead to an outcome (behavior). The goal of our work on this NPLT on IPV was to identify a relatively small number of key drivers that are on the outer edges of the socio-ecological model, and map how they are related to one another and to our outcome (IPV perpetration).

Stock and flow map: This is a diagram that shows the relationship between key drivers and the outcome of interest. Stock and flow maps are never considered complete nor completely accurate; rather, we are always integrating new knowledge, to create "less wrong" models over time.

High leverage points: These are the places in the Stock and Flow map at which one can apply “pressure to the system” to disrupt the outcome, with a goal of achieving some or all of the following:

- Maximum impact for minimal investment
- Avoiding unintended consequences
- Working upstream (root causes)
- Long term, foundational improvement
- Multisolving

Once high leverage points are identified and prioritized, a “road map” identifying which high leverage points should be addressed, and in what order; recommended action steps related to the first high leverage point(s) will be proposed.

Intimate Partner Violence: What are we Talking About?

Intimate Partner Violence refers to behavior by a current or former intimate partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion and psychological abuse and controlling behaviors. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy.

We have had considerable discussions over the course of this year over “legal” vs. “illegal” forms of IPV. “Illegal IPV” has been used by some of our members to refer to those behaviors for which a person may face a criminal sanction – namely, physical acts of abuse (and, in some cases, sexual acts of abuse). “Legal IPV” refers to those behaviors that are the foundation for abusive relationships and yet are not actions that can lead to criminal prosecution at this time: a pattern of coercive control, including threats, limits, and other forms of economic and emotional abuse.

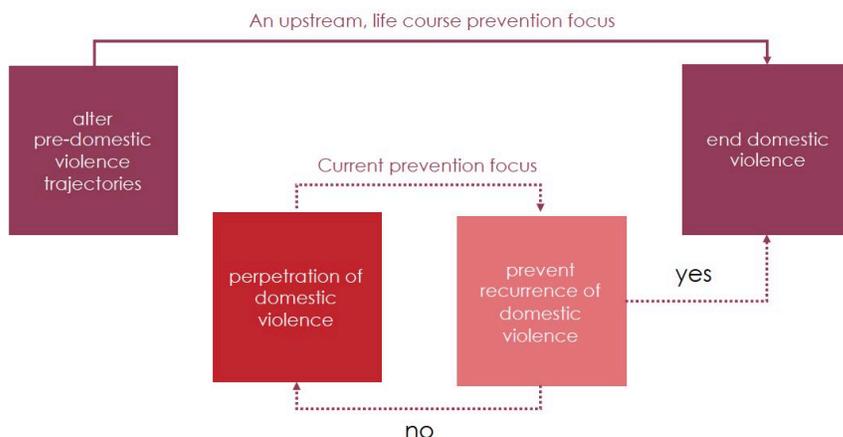
We are attempting to explain all forms of IPV perpetration in our models.

Intimate Partner Violence *Perpetration*: Our Focus

While IPV perpetration and IPV victimization share many common risk and protective factors, we have deliberately chosen to focus this NPLT on IPV on preventing *perpetration*. We want to be intentional about naming the problem behavior as perpetration (rather than victimization). Therefore, we want to answer the question “What leads certain people to abuse and harm those with whom they are in intimate relationships?” rather than “What leads certain people to enter into and stay in relationships with those who abuse and harm them?”

As illustrated in the publication from *Breaking the Cycle: A Life Course Framework for Preventing Domestic Violence* (Blue Shield of California Foundation, 2019), to end IPV, we need to focus on two fronts: altering those factors that give rise to new acts of IPV perpetration, and preventing recurrence of IPV perpetration (Figure 1). It is our intention to construct our model of IPV to be able to address both foci.

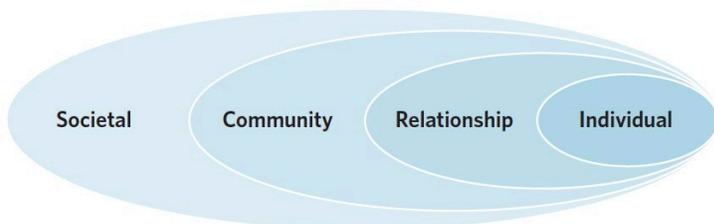
Figure 1. Two foci for ending IPV perpetration (Blue Shield of California Foundation, 2019)



The Ecological Model

Ecological models of human behavior seek to explain the complex etiology of a person’s behavior by examining multiple spheres of influence, including individual characteristics and experiences, relationship characteristics, and characteristics or features of a person’s various communities of importance and wider culture and social structure. Figure 2 presents a visual representation of this model from the World Health Organization (WHO).

Figure 2. World Health Organization Ecological model (World Health Organization, 2010)



For clarity, the WHO provides the following definitions for each sphere of influence:

- Individual: includes biological and personal history factors that may increase the likelihood that an individual will become a victim or perpetrator of violence.
- Relationship: includes factors that increase risk as a result of relationships with peers, intimate partners and family members. These are a person’s closest social circle and can shape their behavior and range of experiences.

- Community: refers to the community contexts in which social relationships are embedded – such as schools, workplaces and neighborhoods – and seeks to identify the characteristics of these settings that are associated with people becoming victims of perpetrators of intimate partner and sexual violence.
- Societal: includes the larger, macro-level factors that influence sexual and intimate partner violence such as gender inequality, religious or cultural belief systems, societal norms and economic or social policies that create or sustain gaps and tensions between groups of people.

Consistent with our Systems Thinking approach, the NPLT on IPV seeks to identify factors that are “upstream,” or root causes of IPV perpetration. Root causes are most often those that are found in the outer layers of the ecological model. However, in order to adequately represent the pathways from root causes to IPV perpetration, we will be including other key drivers from the inner spheres as well.

Description of Year 1

Year 1 was a planning year. The early part of this year was focused on creating relationships with our partners and conducting a SWOT (Strengths, Weaknesses, Opportunities and Threats) Analysis. During Year 1, we worked collaboratively with other NPLT teams in Atlanta to learn about systems thinking, create our first mental model of the problem and goals, and develop our implementation plan for the remaining 4 years of the project.

Description of Year 2 Meetings

Year 2 was focused on building our membership, engaging in peer learning, and developing our stock and flow models. We held 8 virtual meetings over the course of the year: including 3 webinars, 2 trainings, and 3 meetings focused on group discussions. Topics included an introduction to systems thinking, global perspectives on IPV, community responses to IPV, and one member’s experiences with key drivers and high leverage points related to sexual violence work. We also engaged our Core Membership in brainstorming to determine which type of additional stakeholders were needed for an Extended Team to further analyze and refine the key drivers and high leverage points for IPV perpetration.

Description of Year 3 Meetings

Year 3 was focused on the identification and engagement of an Extended Team. We reached out to professionals not typically represented in the Core Membership. In particular, we reached out to people working in direct service to IPV perpetrators, criminal justice, men’s organizations as well as other professionals working outside of the public health system.

The Extended Team attended three virtual meetings, and brought a new perspective to our work. We have benefitted from their willingness to engage with the models, and bring their critical questions to the group.

Description of Year 4 Meetings

Meetings in Year 4 were mostly discussion-based, and focused on creating “final drafts” of the following NPLT on IPV products: The Mental Model, Key Drivers, High Leverage Points, and Action Items. We call these items “final drafts” as we want to be clear that these products are not completed nor finalized. Rather, they are a starting point from which to build upon moving forward.

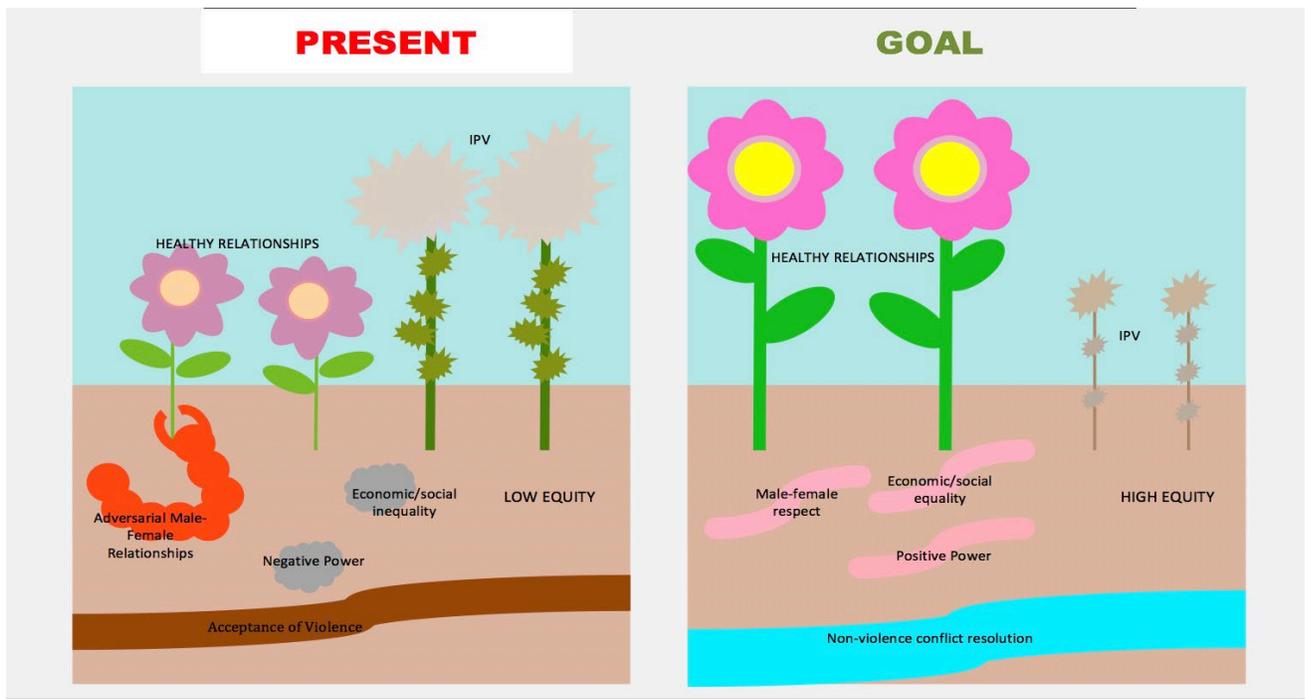
Model Development

There are three main models that have been developed over the course of the past 3 years: Social Soils, the Intimate Partner Violence Perpetration (IPV-P) Construct Model and the IPV-P Stock and Flow Map.

Social Soils

Social Soils was developed in Year 1 by the team from the Maryland Department of Health (Figure 3). This graphic illustrates our belief that healthy relationships are promoted and supported by certain features of our culture, similar to how the health of soil influences the health of the plants that grow in that soil. We identified some elements in our “soil” that we believe are important drivers in the development of IPV, and have illustrated how these features need to change in order for our culture to be more supportive of the development of healthy relationships.

Figure 3. Social Soils.



The elements we identified that interfere with the development of healthy relationships were:

Adversarial Male-Female Relationships: The belief that it is expected and natural for men and women to not only be different in various ways, but to be generally working in opposition to one another. Men and women are believed to have different basic desires and needs, and it is believed they will manipulate one another in order to get those needs met, rather than caring about the other one’s needs and desires. Stereotypical beliefs based on these ideas include that men are only interested in getting sex from women, and that women are only interested in getting money and things from men. We propose that the opposite of this belief system is male-female respect.

Negative Power: We first proposed that the use of “power over” was part of the problem, meaning one group using power over another group to oppress them. We later asked ourselves if the use of power alone was at the root of the problem, following the adage “Absolute power corrupts absolutely.” However, one of our team pointed out that power, used as a positive force, can and does lead to peace and justice. Thus, we used the terms *negative power* (“power over”) and *positive power* (“empowerment,” “power for”) to describe the opposing ends of this continuum.

Economic & social inequality: We believe that economic and social inequality in all forms are root causes of violence, including intimate partner violence. Where structural inequality in resources between groups exists (men over women, white over black race, heterosexual over homosexual sexual preference), the dehumanizing of some is normalized. This social backdrop is a foundation upon which unequal power and dehumanization within intimate relationships

can thrive. In addition, low economic and social status are risk factors for IPV as well as other types of violence and negative outcomes.

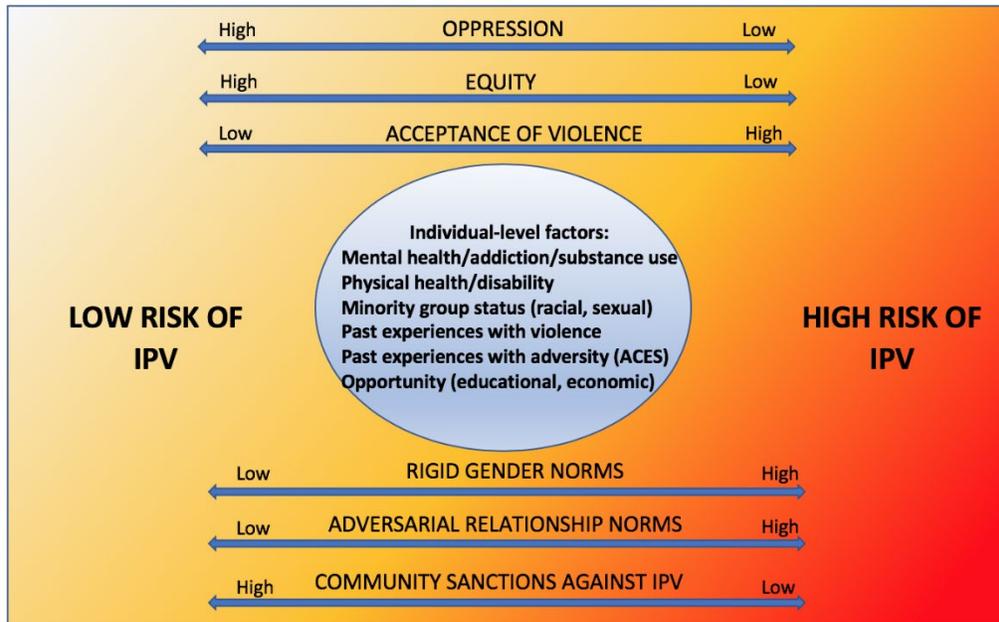
Low equity: When equity is low, people in some (marginalized) communities do not have access to what each of them needs to succeed. Various people and communities may need different things to reach their full potential. Equity is tied to yet distinct from equality, in that it recognizes that sometimes “equal” resources are not adequate for meeting a given person’s or community’s needs. E.g., given the effects of longstanding historical marginalization of some people in the United States, their communities may now need greater resources in order to reach their potential compared to non-marginalized peoples.

Acceptance of Violence: This is the belief that violence is natural and unavoidable. We suggested that “non-violent conflict resolution” is the opposing belief system that promotes healthy relationships.

Intimate Partner Violence Perpetration Construct Model

With Social Soils as a base, our next step was to take a bird's eye view and use what we'd learned about systems thinking and apply it to IPV. This resulted in our Construct Model (Figure 4).

Figure 4. Construct model of IPV perpetration. NPLT on IPV.



The goal for this model was to construct a visual representation including directionality along a continuum for each element. These elements (and their interactions with one another) increase or decrease the risk of the development of IPV perpetration, but are not deterministic for a person or community. The team felt strongly about including some of the known individual factors related to IPV perpetration in this model. We located them in the center of the diagram to indicate their importance in the development of IPV perpetration for any one person.

Some elements were modified from Social Soils as well. *Negative power* and *Economic and social inequality* have been combined under *Oppression*. We felt *Equity* and *Equality* were important but similar, and we chose *Equity* as being the more relevant of the two.

Adversarial male-female relationships was split into two elements: *Rigid gender norms* and *Adversarial relationship norms*, as further discussion among members revealed differences we believed were important. For definitions of these two elements, see the definitions following the Stock and Flow Map.

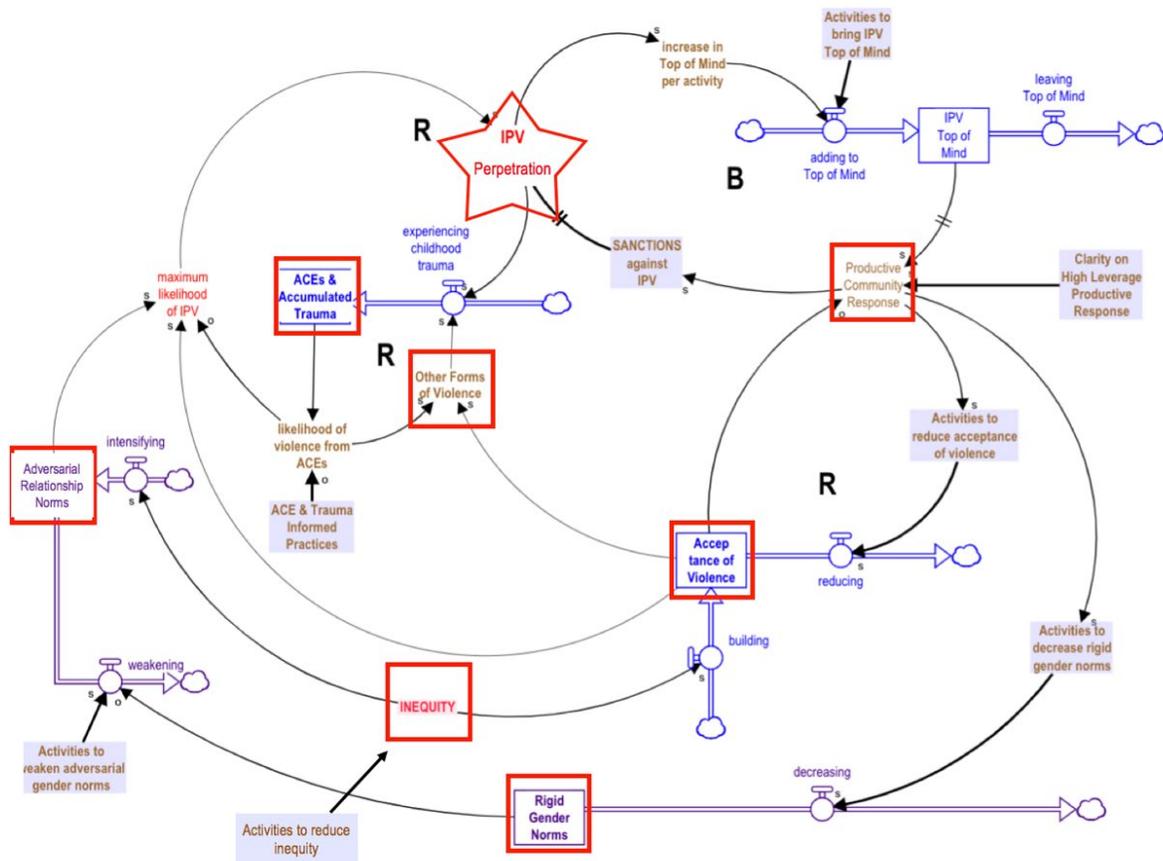
Finally, we added *Community sanctions against IPV* as an important element missing from the model.

Stock and Flow Map

Chris Soderquist from Pontifex Consulting, who was one of our trainers during year 1 of the launch of our NPLT, has been enormously helpful in assisting us in translating the Construct Model to a Stock and Flow Map. The Stock and Flow Map has been the subject of much dialogue between our Core and Extended Team members.

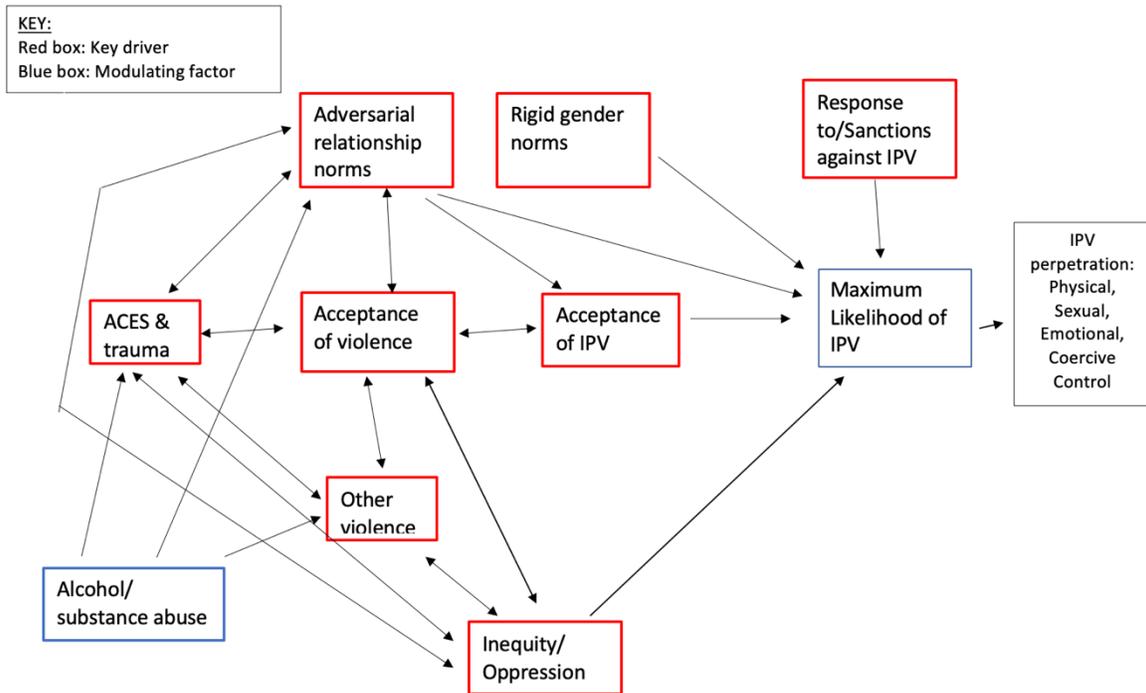
In the map below, key drivers are outlined in red. Arrows are drawn between key drivers, to indicate relationships between key drivers. An “s” or an “o” at the end of an arrow indicates a “similar” or “opposite” direction in relationship (respectively), such that an increase in one driver would cause an increase (s) or decrease (o) in another driver. An R notes a “reinforcing loop” such that changes in one key driver feed back to that driver in the same direction (reinforcing a lowering or raising of the key driver), while a B notes a “balancing loop” such that changes in one key driver end up causing an effect on that driver in the opposite direction, through a pathway with other key drivers. Gray boxes represent potential action items that may lead to changes in key drivers.

Figure 5. IPV Perpetration Stock and Flow Map (end of Year 3)



While the team has used the concepts of systems thinking as a foundation upon which to build our mental model, the use of the stock and flow map in particular was a continued challenge. Team members reported finding it visually and conceptually challenging to follow. In Year 4, we moved towards a simplified version, which is our final draft model.

Figure 6. Final Model: IPV Perpetration Simple Flow Map



Definition of Terms

IPV Perpetration:

A pattern of behaviors used by one person to exercise power and control over another, in order to prevent a person from doing what they wish or force them to behave in ways they do not want. Behaviors include physical and sexual violence, threats and intimidation, emotional abuse and economic deprivation.

This behavior happens within the context of an intimate relationship. An intimate relationship is defined as one in which two people are married or have been married (legal or common law); are engaged or have been engaged; are having or have had sexual contact whether or not they consider themselves in an ongoing, committed relationship and whether or not they are living together; or are the biological or adoptive parents of at least one child. Gender identity and sexual orientation are not relevant to this definition as it includes all genders, sexual orientations, and cultures.

Maximum Likelihood of IPV perpetration:

IPV is a complex behavior which arises under a complex set of societal, community, and individual conditions. There is no clear path that will always lead to IPV perpetration. This model seeks to identify factors that lead to the maximum likelihood that IPV perpetration will occur, in order to determine the high (optimal) leverage points for disrupting this system.

Community Response to IPV:

A person's world is made up of an overlapping set of different communities, from family to neighborhood to city, county, and country, with many other communities in between (faith, school, cultural, etc.). Each of these communities responds to IPV in different ways. Some of these responses discourage IPV, and others allow it or promote it. Responses include: laws and law enforcement, social/media messaging (e.g., movies, sermons during faith services ,etc.), and social support (e.g., offering resources to victims)

Acceptance of IPV:

For a person to perpetrate IPV, we postulate that this person must believe that IPV is an acceptable relationship behavior. These beliefs will vary, from a person believing that IPV is necessary in a relationship, or is necessary only under certain conditions, or is not necessary but is rather an unfortunate but acceptable behavior when certain conditions are present. These beliefs center on the victim/survivor needing or deserving abuse and/or control.

Other violence:

This key driver includes all other non-IPV forms of violence that a person (potential perpetrator) might experience.

ACES and other trauma:

This key driver includes all adverse childhood experiences that a person (potential perpetrator) might experience, and all other traumas that may happen after childhood (e.g., traumatic military service, loss of loved ones, incarceration etc.).

Rigid gender norms:

Any rigid definition of life opportunities based on gender.

Adversarial Relationship Norms:

The belief that it is accepted and expected that within intimate (and other) relationships, each person acts in a way to selfishly meet their own needs by manipulating the other person. This is often tied to rigid gendered norms, such as believing that male-identified people will manipulate female-identified people to get sex, while female-identified people will manipulate male-identified people to get material goods.

Acceptance of Violence:

We believe that acceptance of violence in general is a necessary precursor to acceptance of IPV. These beliefs will vary, from a person believing that violence is necessary in order to achieve certain goals, or is necessary only under certain conditions, or is not necessary but is rather an unfortunate but acceptable behavior when certain conditions are present.

Equity:

Equity will have been achieved when all people have whatever tools and resources they need in order to reach a given outcome, or their full potential. The tools and resources each person or community might need in order to achieve an outcome will vary. No person should be unable to reach a goal due to belonging to a group that has historically been denied access to needed resources (jobs, housing, education, goods), leaving them economically/socially disadvantaged.

Oppression:

We define oppression as a combination of prejudice and institutional (structural) power which creates a system that discriminates against some groups and benefits other groups. Examples of these systems include racism, sexism, heterosexism, ableism, classism, ageism, and anti-Semitism. These systems enable dominant groups to exert control over target groups by limiting their rights, freedom, just treatment and access to basic resources such as health care, education, employment, food, and housing.

** NOTE this key driver was not in the stock and flow model due to an oversight.

Alcohol/substance Use:

Alcohol and substance use was considered for inclusion in the model during Year 3, although there were conflicting views within the team regarding its appropriateness for inclusion, as it is considered a “modulating factor” rather than a key driver (see below). This factor was thus given less attention than the others. While there was agreement that the term “substance use” was preferred over “substance abuse,” we did not operationalize this term clearly. This would need to be addressed moving forward.

Known Correlates of IPV Perpetration: Research Support for our Key Drivers

The key drivers in our models have taken shape via numerous discussions over Years 1-4 with people from various public health and human service sectors. These key drivers all have some support in the research literature. There are additional correlates of IPV with research support that did not make it into our model due in part to our focus on working upstream and identifying those root causes of IPV often found at the community and societal levels. Correlates were also selected based upon input from members of the NPLT on IPV.

As indicated, research has identified correlates of IPV at all levels of the ecological model. In this section, we present 3 overviews of this literature. The CDC has produced a list of correlates of IPV, which covers both perpetration and victimization (Figure 7).

Figure 7. Risk factors for IPV (Centers for Disease Control and Prevention, 2020)

Individual Risk Factors

- Low self-esteem
- Low income
- Low academic achievement/low verbal IQ
- Young age
- Aggressive or delinquent behavior as a youth
- Heavy alcohol and drug use
- Depression and suicide attempts
- Anger and hostility
- Lack of non-violent social problem-solving skills
- Antisocial personality traits and conduct problems
- Poor behavioral control/impulsiveness
- Borderline personality traits
- Prior history of being physically abusive
- Having few friends and being isolated from other people
- Unemployment
- Emotional dependence and insecurity
- Belief in strict gender roles (e.g., male dominance and aggression in relationships)
- Desire for power and control in relationships
- Hostility towards women
- Attitudes accepting or justifying IPV
- Being a victim of physical or psychological abuse (consistently one of the strongest predictors of perpetration)
- Witnessing IPV between parents as a child
- History of experiencing poor parenting as a child
- History of experiencing physical discipline as a child
- Unplanned pregnancy

Relationship Factors

- Marital conflict-fights, tension, and other struggles
- Jealousy, possessiveness, and negative emotion within an intimate relationship
- Marital instability-divorces or separations
- Dominance and control of the relationship by one partner over the other
- Economic stress
- Unhealthy family relationships and interactions
- Association with antisocial and aggressive peers
- Parents with less than a high-school education
- Social isolation/lack of social support

Community Factors

- Poverty and associated factors (e.g., overcrowding, high unemployment rates)
- Low social capital-lack of institutions, relationships, and norms that shape a community's social interactions
- Poor neighborhood support and cohesion
- Weak community sanctions against IPV (e.g., unwillingness of neighbors to intervene in situations where they witness violence)
- High alcohol outlet density

Societal Factors

- Traditional gender norms and gender inequality (e.g., women should stay at home, not enter workforce, and be submissive; men support the family and make the decisions)
- Cultural norms that support aggression toward others
- Societal income inequality
- Weak health, educational, economic, and social policies/laws

In 2010, The World Health Organization produced the report *Preventing intimate partner and sexual violence against women: Taking action and generating evidence*. In this document, they present risk and protective factors, separately for IPV perpetration by men and victimization of women. Risk factors are presented in Figure 8.

Figure 8. Risk factors for IPV. World Health Organization (From Preventing IPV and SV, WHO 2010)

TABLE 3

Risk factors for intimate partner violence^a

Perpetration by men	Victimization of women
INDIVIDUAL LEVEL	
<p>DEMOGRAPHICS</p> <ul style="list-style-type: none"> ▪ Young age ▪ Low socio-economic status/ income ▪ Low education ▪ Unemployment 	<p>DEMOGRAPHICS</p> <ul style="list-style-type: none"> ▪ Young age ▪ Low socio-economic status/income ▪ Low education ▪ Separated/divorced marital status ▪ Pregnancy
<p>EXPOSURE TO CHILD MALTREATMENT</p> <ul style="list-style-type: none"> ▪ Intra-parental violence ▪ Sexual abuse ▪ Physical abuse 	<p>EXPOSURE TO CHILD MALTREATMENT</p> <ul style="list-style-type: none"> ▪ Intra-parental violence ▪ Sexual abuse
<p>MENTAL DISORDER</p> <ul style="list-style-type: none"> ▪ Antisocial personality 	<p>MENTAL DISORDER</p> <ul style="list-style-type: none"> ▪ Depression
<p>SUBSTANCE USE</p> <ul style="list-style-type: none"> ▪ Harmful use of alcohol ▪ Illicit drug use 	<p>SUBSTANCE USE</p> <ul style="list-style-type: none"> ▪ Harmful use of alcohol ▪ Illicit drug use
<ul style="list-style-type: none"> ▪ Acceptance of violence ▪ Past history of being abusive 	<ul style="list-style-type: none"> ▪ Acceptance of violence ▪ Exposure to prior abuse/victimization
RELATIONSHIP LEVEL	
<ul style="list-style-type: none"> ▪ Educational disparity ▪ Multiple partners/infidelity 	<ul style="list-style-type: none"> ▪ Educational disparity ▪ Number of children
<p>RELATIONSHIP QUALITY</p> <ul style="list-style-type: none"> ▪ Marital dissatisfaction/discord ▪ Gender role disputes ▪ Marital duration 	<p>RELATIONSHIP QUALITY</p> <ul style="list-style-type: none"> ▪ Marital dissatisfaction/discord
COMMUNITY LEVEL	
<ul style="list-style-type: none"> ▪ Acceptance of traditional gender roles 	<ul style="list-style-type: none"> ▪ Acceptance of traditional gender roles
<p>NEIGHBOURHOOD CHARACTERISTICS</p> <ul style="list-style-type: none"> ▪ High proportion of poverty ▪ High proportion of unemployment ▪ High proportion of male literacy ▪ Acceptance of violence ▪ High proportion of households that use corporal punishment 	<p>NEIGHBOURHOOD CHARACTERISTICS</p> <ul style="list-style-type: none"> ▪ High proportion of poverty ▪ High proportion of unemployment ▪ High proportion of female literacy ▪ Acceptance of violence ▪ Low proportion of women with high level of autonomy ▪ Low proportion of women with higher education
<ul style="list-style-type: none"> ▪ Weak community sanctions 	<ul style="list-style-type: none"> ▪ Weak community sanctions
SOCIETAL LEVEL	
	<ul style="list-style-type: none"> ▪ Divorce regulations by government ▪ Lack of legislation on intimate partner violence within marriage ▪ Protective marriage law
<ul style="list-style-type: none"> ▪ Traditional gender norms and social norms supportive of violence 	<ul style="list-style-type: none"> ▪ Traditional gender norms and social norms supportive of violence

^a Some of these factors are also risk factors for sexual violence (see Table 2 for risk factors for both intimate partner and sexual violence).

Which of these and other correlates are likely to be causal and by what pathways have been the topic of many NPLT on IPV discussions.

Correlates Chosen for Key Drivers

This section presents a brief overview of the correlates chosen by the NPLT on IPV for inclusion in the current model.

One of the challenges in developing a model of IPV perpetration is ensuring that the model is robust enough to explain female-initiated IPV perpetration as well as IPV between same-sex couples, both of which cause just as much harm to victims, families, and communities as male-perpetrated IPV in heterosexual relationships. While we have not focused closely on these expressions of IPV, we did keep this challenge at the forefront of our discussions.

Harmful gender norms

There is considerable research support showing an association between “traditional gender norms” and IPV. While these norms differ somewhat over various eras and across different cultures, common features include that the norms are built on patriarchal systems of male dominance over women, and typically include ideas supporting limitations on a woman’s freedom to make her own decisions and be involved in public life. Under traditional gender norms, a man is typically allowed to make decisions, including decisions regarding corporal punishment, for women; this power typically transfers from the woman’s father to her husband upon marriage, although it can also be transferred to another male family member. These norms have also been referred to as “hegemonic masculinity” (e.g., Smith et al, 2015).

Associations between such beliefs and IPV perpetration have been documented over decades of research at the individual level. It is well established that those who hold beliefs supporting traditional gender roles are more likely to perpetrate IPV. There is also ample support showing a correlation between beliefs in traditional gender norms and IPV at the community and national level. Heise and Kotsadam (2015) found in a cross-national analysis, norms related to male authority over females and norms justifying wife beating predicted the geographical distribution of IPV. Policies and social structures upholding traditional gender norms have also been found to be related to the prevalence of IPV at the community level. Willie and Kershaw (2019) examined examining these constructs among various states in the U.S. using the United Nations Gender Inequality Index (GII), and found a positive association between the GII and any form of IPV, as well as psychological IPV towards women.

Some researchers and practitioners have identified a set of gender norms referred to as “toxic masculinity,” which together also are related to IPV (as well as rape). The Good Men Project defines “Toxic masculinity” this way:

Toxic masculinity is a narrow and repressive description of manhood, designating manhood as defined by violence, sex, status and aggression. It’s the cultural ideal of manliness, where strength is everything while emotions are a weakness; where sex and brutality are yardsticks by which men are measured, while supposedly “feminine” traits – which can range from emotional vulnerability to simply not being hypersexual – are the means by which your status as “man” can be taken away.

The strength of the association between such norms and IPV is what has led to the development of interventions targeted at men and boys that are based in “gender transformative” approaches— approaches that seek to explicitly question existing gender norms and expectations, and encourage the adoption of new conceptions of masculinity founded on emotional and relational health (Casey, Carlson et al 2018; Jewkes, et al; Promundo).

Harmful relationship norms

In addition to these gendered behavioral expectations, many cultures uphold a related expectation that intimate relationships will be based on underhanded competition between the motivations and desires of two very different individuals, rather than being based on the cooperation and mutual respect of two very similar individuals.

The CDC has listed “Dominance and control over women” as a risk factor for intimate partner violence. We understand that seeking dominance and control over any relationship partner is the broader definition, which can apply to same sex relationships as well.

Acceptance of violence and acceptance of IPV

Not surprisingly, individuals who agree that violence is an acceptable response in certain circumstances are more likely to commit violent acts themselves. Similarly, those who believe IPV is an acceptable response in certain situations are more likely to perpetrate IPV. The association between these attitudes and perpetration of IPV has been found on the individual level as well as the societal level, and has been supported in the literature for decades. Stith, et al (2004) who used nested ecological theory to guide the factors they explored, found “attitudes condoning partner violence” to be among the variables with the largest effect sizes in their meta analysis of risk factors for IPV perpetration.

Herrero et al (2017) ran a multilevel regression model of data from 72,730 respondents of 51 countries and found strong relationships between sexism, acceptability of general violence, and acceptability of IPV. They concluded that “the highest levels of acceptability of IPV were found among those sexist individuals who also present positive attitudes toward the use of violence in social relationships.”

Other forms of violence

Researchers have found that approximately half of men who abuse their partners are also concurrently physically aggressive to others outside the home (Petersson and Strand, 2018). Thus, there is a strong relationship between aggression towards intimate partners and aggression towards others. Among the individual risk factors on the CDC’s IPV risk factors list are many factors associated with committing other acts of violence: Aggressive or delinquent behavior as a youth, anger and hostility, lack of non-violent social problem solving-skills, conduct problems, and poor behavioral control.

Oppression and inequity

Initially, we identified gender equity and oppression of women as root causes of IPV perpetration. However, through discussion we determined that expressing these factors in a gendered approach was not comprehensive enough for this model, nor reaching the “root cause.” Given that IPV is defined by the ongoing use of power and control in an intimate relationship, all forms of oppression (economic, political, personal) against any subgroup (women, homosexuals, people of different abilities, religious groups, etc) ultimately upholds a social structure in which IPV is more likely to occur due to the socially sanctioned dehumanization of some people.

Additionally, we theorize that IPV perpetration by and against people in marginalized groups will be influenced by intersecting oppressive forces.

Many of the correlates of IPV perpetration are related to various forms of structural oppression and inequity, including unemployment and underemployment, poverty, and racism. While these factors were once listed as key drivers in early models, we collapsed them into inequity in the current model.

Heise and Kotsadam (2015), in a multi-national analysis, found that the extent to which access to land, property, and other productive resources was restricted by the structural oppression of women was predictive of the geographical distribution of IPV.

Community response

This factor was originally titled Community Sanctions Against IPV (see Conceptual Model). Through further discussions, we expanded this factor to include responses other than sanctions. One common Community Sanction against IPV is the criminal justice response, including protective orders, arrest, incarceration, mandated treatment.

While these sanctions are appropriate and impactful in some IPV cases, recent research has highlighted the complicated relationship between criminal justice responses and IPV outcomes. Due to systemic racism, other unequal applications of the law, and corruption, many entire communities do not feel comfortable using the criminal justice system to address IPV in their lives. Reaching out to the criminal justice system, for some, is too costly to their families, their communities, and to themselves, as well as to the abuser.

In her recent book, *Decriminalizing Domestic Violence* (2018), Leigh Goodmark, Professor of Law at the University of Maryland School of Law and one of our webinar presenters, provides an introduction to other community responses to IPV, including Circles of Support and Accountability and Restorative Justice Models.

Alcohol

There is strong evidence that alcohol use increases IPV risk, both on an individual and community level. In their 2012 meta-analysis of research on the link between alcohol use and teen dating violence, Rothman et al provide a review of the literature on the link between alcohol use and IPV among adults, and review several theoretical explanations for this link. There are multiple pathways by which alcohol can lead to increased violence in general, and increased IPV in particular. Theoretical explanations include alcohol's immediate impairment of information-processing capacity, alcohol's negative neurological effects as a result of regular heavy drinking, the negative impact of alcohol use on relationship satisfaction, a shared risk factor perspective, and a moderator perspective, that proposes the relationship between alcohol and IPV varies "as a function of both individual (e.g., temperament) and contextual or situational (e.g., setting, relationship type) characteristics." Their meta-analysis did find support for an increased risk of dating violence among young people who drank more frequently and in higher quantities, or were problem drinkers.

Cunradi et al (2014) provide a review of the research on environmental risk factors for alcohol-related IPV, such as alcohol outlet density, and provides a conceptual framework for the pathways in which environmental factors lead to an increased risk of IPV.

Leonard and Quigley (2017) write, "Whether alcohol is framed as a trigger, a contributing cause or a factor that increases severity, it is difficult to argue that excessive alcohol use has no impact on violence." They argue that alcohol use actually "meets all of the epidemiological criteria for causality" of IPV. Despite the strong research evidence, little progress has been made in understanding how best to reduce alcohol-related IPV.

However, we are in widespread agreement that substance use disorder does not cause IPV; rather, it is one factor that can contribute to IPV perpetration, just as it can increase the risk of perpetrating child abuse or homicide. This is discussed below in the section on Root Causes vs. Modulating Factors. There are some NPLT on IPV members who are concerned that putting alcohol and/or substance use disorder in the model would have negative repercussions, including sending the wrong message to those who view our model. To be clear, we are not suggesting that if a person stops drinking, they will stop perpetrating IPV. Nor are we suggesting that all or most IPV is alcohol related.

ACES and trauma

While many people who experience adverse childhood events leading to trauma do not become perpetrators of abuse, there remains a strong correlation between ACES, trauma, and the use of violence, including IPV. Among the individual risk factors in the CDC's (2020) list related to ACES and trauma are:

- Being a victim of physical or psychological abuse – listed as being “consistently one of the strongest predictors of perpetration”
- Witnessing IPV between parents as a child
- History of experiencing poor parenting as a child
- History of physical discipline as a child

Similarly, the WHO (2010) list includes witnessing parental violence and exposure to physical and sexual abuse in childhood at the individual level, and a high proportion of households that use corporal punishment at the community level.

Root Causes vs. Modulating Factors

In Year 4 meetings, the NPLT focused on making a distinction between those features in our model that are root causes versus those that are “modulating factors.” Modulating factors increase the negative impact of the root causes and increase the risk of IPV occurring, but they are not themselves the cause of IPV. If these modulating factors were eliminated, this would decrease IPV, but not end IPV.

One example of a modulating factor is alcohol use. As outlined above, there is considerable research support to indicate that alcohol use disorder leads to a higher prevalence of violence, including IPV. However, we are in widespread agreement that substance use disorder does not cause IPV.

We considered if there were other factors in our model which could be modulating factors rather than key drivers; we also considered if there are other modulating factors that merited inclusion. Some suggestions for additional modulating factors were unemployment and social isolation/community connectedness. These discussions occurred near the end of Year 4, and we did not reach consensus on whether or not to add these items.

While alcohol use is in the Final Draft Simple Flow Map, the team agreed that future work on modulating factors would need to be informed by input from research reviews or topical experts.

High Leverage Points

In March 2019, our Core and Extended Teams met to begin our identification of High Leverage Points.

There was considerable agreement on the need to address belief systems that promote and support abuse and oppression. The key drivers we chose to focus on are:

- acceptance of violence
- rigid gender norms
- adversarial relationship norms

Team members who work directly with people who use abuse voiced their concern that IPV prevention efforts have largely focused on the message not to *physically* harm a relationship partner, with little to no emphasis on not employing other abusive tactics including psychological abuse and coercive control. All team members agreed that there should be an increase in attention to the reduction of non-physical means of coercive control and abuse, and identifying effective strategies to teach and model healthy relationship norms.

Action Items

In Year 4, we dedicated two meetings to brainstorming action items for each of these three key drivers. Appendix 1 presents three tables corresponding to the three key drivers. The top row contains notes and ideas from the first meeting; the bottom row contains more specific action items. Teams were given the following prompt:

Discuss which should be high priority action items, considering factors like

- a. Target population for action item*
- b. Cost*
- c. Benefit of gaining “small win” first vs “big win” first*
- d. Buy in or barriers from community*
- e. Impact*

At the end of the second working session, each group was asked to identify three action items for prioritization. We then polled our membership via email, asking everyone to vote for three of the nine listed action items. Table 1 presents the three action items chosen by each group, and the three most highly endorsed items from our poll, with 13 respondents.

Table 1. Action Items Prioritized by Team Members (most highly endorsed items highlighted)

Key driver	Action Item	Total Votes*
ACES & Trauma	Mandatory ACE training in school curriculum Pediatricians, teachers, law enforcement etc	6
	Community-based educational efforts	4
	Screening by school nurses-situational or universal - as well as hospitals and health care systems	4
Adversarial Gender Norms	Partner with evidence based programs and existing resources to make education and skill building available to the community and connect with families	9
	Provide guidance to women about how to negotiate salaries by creating a go-to resource	2
	Work with employers and organizations to provide more equitable pay structures for women	6
Oppression/Inequity	Need to collect data on race to identify inequity that is available at the local level (courts)	2
	Encourage transparent salary disclosures within organizations	2
	Establish protections and enforcement mechanisms for discrimination of individuals (queer and transgender, POC, immigrants, etc.) to rent housing	4

* Votes collected from 13 poll respondents

Moving Forward

The work of the NPLT on IPV has resulted in “Final Drafts” of a mental model/flow map, key drivers, and action items. We believe these drafts help set the stage for future discussions. To continue this work, we propose the following issues will need to be addressed:

Key drivers, modulating factors, and number of factors in the model

The suggestion to introduce alcohol use into the model generated valuable discussion surrounding the purpose(s) of model building in general, and the goals of this model in particular. Some of the questions raised included:

- Should we only include root causes in the model?
- If we do include some modulating factors, how should we determine which or how many modulating factors to include?
- If we include modulating factors, like alcohol use, won't we be turning our efforts to addressing issues that are not the root causes of IPV, and thus not upholding our purpose (and not addressing the considerable amount of IPV that is not alcohol involved)?

- If we include modulating factors, like alcohol use, might we send the message to policymakers, community leaders, and individuals that we believe e.g., alcohol use is a cause of IPV, although we do not?
- If we don't include modulating factors, like alcohol use, won't we be missing opportunities to reduce IPV, perhaps in great measure?

Key driver "relative weights"

In discussions with Chris Soderquist about moving from key drivers to action, he mentioned the practice of assigning "relative weights" to key drivers in a model. These weights would indicate the approximate relative impact a change in a particular driver would have in reducing the target outcome. While we found this idea intriguing and potentially useful, assigning such weights was beyond the scope of the NPLT.

Initiatives to Watch

Over the course of our work in the NPLT on IPV, we have had the pleasure to get connected with practitioners and other professionals around the country who are doing ground-breaking work to reduce IPV. We have found this work to be very relevant to our current efforts, and we will be following their progress in the coming years.

Safe Future Collaborative - Collective Impact Project to Reduce Relational Violence

The YMCA of Annapolis and Anne Arundel County is leading a collective impact project to improve the system of care for individuals in the Baltimore-Annapolis region affected by interpersonal violence. This project is being supported with private foundation funding and guided by Due East Partners, an Annapolis-based consulting firm, non-profit, public and private partners, and survivors of relational violence.

Collective impact (Kania and Kramer, 2011) is based on the premise that to bring about systemic change, no one organization, no matter how influential or powerful can achieve success alone. Employing the key success factors for collective impact, the YWCA has brought together a cross section of collaborators to develop a common agenda (vision, priorities), mutually reinforcing activities (strategies) and shared metrics (expected short- and long-term outcomes) around Intimate Partner Violence (IPV), Sexual Violence (SV) and Sex Trafficking. The project's ultimate goal is to achieve population-level impact, and to achieve this goal the group is examining the root causes of relational violence, analogous to what we have done on the NPLT on IPV by seeking to work upstream. Root causes identified by the project include, but are not limited to belief systems, toxic masculinity, control over another, entitlement/exalted status (systemic racism, gender bias) and homophobia. A member from this initiative is also a member of the NPLT on IPV.

Community Toolkit Addressing Alcohol and Sexual Violence (SV) Perpetration

The Maryland Department of Health (MDH) plans to launch a comprehensive toolkit for communities to address alcohol and sexual violence perpetration. MDH, through a contract with Bridging Environments for Health, LLC, a Maryland based research and consulting firm is developing the community toolkit utilizing federal funding. Once complete, the toolkit can be used by community-based organizations and college campuses to partner with businesses and communities to address the link between sexual assault and alcohol. MDH selected this project in part due to the relationship alcohol has to multiple forms of intentional and unintentional injury, including child maltreatment, teen dating violence, intimate partner violence, sexual violence, youth violence, bullying, suicide, elder maltreatment, impaired driving, and motor vehicle injuries. MDH's goal in developing the toolkit is to reduce alcohol and other drug-facilitated rape, contact SV, and non-contact unwanted sexual experiences in settings where excessive alcohol consumption can exacerbate risk for sexual and other forms of interpersonal violence at individual, relationship, community, and societal levels across the social ecology. This toolkit will emphasize a comprehensive strategy that touches upon each level of the social ecology, including environmental and policy approaches. The toolkit may include components such as outreach to patrons; barroom training and policy development; modifications of physical spaces; and other related activities that may result in shifting social norms and changing behavior to reduce SV perpetration in settings where alcohol is obtained and/or consumed.

The intention is to expand the capacity of users to work with intention across the social ecology to address a risk factor for sexual violence and related forms of intentional and unintentional injury, and be able to evaluate these efforts. Once the toolkit is developed and made available, a competitive award will be made to pilot the toolkit within a specific community in Maryland.

The Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Impact Program

DELTA Impact is a federally funded initiative which supports ten State Domestic Violence Coalitions to implement strategies and approaches designed to prevent intimate partner violence while also funding local communities to do the same. The purpose of DELTA Impact is to decrease risk factors in communities that may lead to intimate partner violence and to increase protective factors that prevent it.

DELTA-funded states are working in innovative ways to prevent domestic violence, including policy efforts around paid leave and economic supports as well as work on urban greening.

Implications for Practice

At the end of Year 4, the impact of the work of the NPLT on IPV on future research, programming and policy remains undetermined. Although we reached our goal of identifying high leverage points and action items, the ability to implement these items is beyond the scope of the NPLT. During the final year of this project, the NPLT on IPV will continue to offer opportunities to learn together, focusing on key drivers identified during Years 1-4. We will also develop a lessons learned document looking at considerations for using peer learning teams to make recommendations for public health practice and further research.

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APPENDIX: ACTION ITEM TABLES, BY KEY DRIVER

PRIORITY ITEMS HIGHLIGHTED

ACES & Trauma

	Leadership Development & Power Building	Norms and Culture Change	Policy and Systems Change	Access to Resources
ACES & Trauma	<ul style="list-style-type: none"> Educate leaders in ACES & Trauma 	<ul style="list-style-type: none"> Teach skills for resiliency Reduce violence in our language Use peer opinion leaders, like with Green Dot 	<ul style="list-style-type: none"> Increase policies that support expansion of mental health services 	<ul style="list-style-type: none"> Reduce poverty Increase access to housing Increase access for primary & secondary prevention of mental health disorders
Action Items	<p>CDC Vito Violence Training</p> <p>Mandatory ACE training in school curriculum</p> <p>Pediatricians, teachers, law enforcement etc</p>	<p>Partner with Futures Without Violence and other partners already doing the work.</p> <p>Community-based educational efforts</p>	<p>ACES refresher/continuing education</p> <p>Evaluation plan/data</p> <p>Screening by school nurses-situational or universal - as well as hospitals and health care systems</p>	

Adversarial Gender Norms

	Leadership Development & Power Building	Norms and Culture Change	Policy and Systems Change	Access to Resources
Adversarial Gender Norms	<ul style="list-style-type: none"> • Financial education for women • Mentoring for skill building for women/young women • Mentoring/Healthy male role models 	<ul style="list-style-type: none"> • Teach Healthy sexuality • Teach Healthy masculinity • Teach Healthy relationships • Peer support for men and boys • Healthy male role models 	<ul style="list-style-type: none"> • Support financial education for women • Reduce pay gap 	<ul style="list-style-type: none"> • Economic empowerment of women • Address pay gap • Provide financial support to victims
Action Items	<p>1. Partner with evidence based programs and existing resources to make education and skill building available to the community and connect with families ex: fatherhood initiative programs (Healthy start), Boys and Girls Clubs, department of public instruction, women's empowerment organizations, maternal child home visiting programs, Junior Achievement</p>	<p>-Partner with evidence based programs such as fatherhood initiative programs (Healthy Start) to connect with families</p>	<p>-Provide education and advocacy about how pay gaps make women vulnerable</p> <p>2. Provide guidance to women about how to negotiate salaries by creating a go-to resource</p> <p>3. Work with employers and organizations to provide more equitable pay structures for women</p>	

Oppression/Inequity - Erin

	Leadership Development & Power Building	Norms and Culture Change	Policy and Systems Change	Access to Resources
Oppression/Inequity	<ul style="list-style-type: none"> • Leadership training institutes for POC • Leadership training institutes for survivors 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Address inequity in pay for different groups • Increase access to housing
Action Items	<p>Work with WOCN to market their org/services/programs OR develop toolkit for local organizations to replicate their model</p> <p>Support capacity building for minority/women owned businesses (MWBE), esp. Black women owned business, and to increase the percent of gov't and municipal contracts going to MWBE</p>		<p>Need to collect data on race to identify inequity that is available at the local level (courts) III</p> <p>U.S. Transgender Survey – reach out and look at how they collect info responsibly</p> <p>Add indicators to NISVS to collect LGBTQ+ populations and expand gender definitions/ options</p> <p>Establish evidence-informed, culturally appropriate /informed/responsive etc. home ownership programs to support individual living in poverty .</p> <p>Monitoring mortgage lenders for inequity (loan terms/rates) and holding them accountable</p> <p>Supportive student loan forgiveness programs and ensure they are accessible to POC</p>	<p>Encourage transparent salary disclosures within organizations II</p> <p>Establish protections for queer and transgender employees preventing discrimination</p> <p>Establish protections and enforcement mechanisms for discrimination of individuals (queer and transgender, POC, immigrants, etc.) to rent housing II</p>