The Safe Spaces Project: Community-Partnered Participatory Research to Address Interpersonal Violence in New Orleans

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Introduction

•Intimate partner violence (IPV) is physical, sexual, or psychological harm by a current or former partner or spouse

•Approximately 25% of women in the U.S. report experiencing IPV at some point,[1] and young Black women may be disproportionately affected.[2-4]

•Louisiana ranks fourth in the Nation for female homicides

•An estimated 4-8% or more women experience IPV during pregnancy, which causes implications for both maternal and child health.[5-7]

•Survivors of IPV are at an increased risk for a host of mental and physical health conditions

•There has been limited success in implementing culturally appropriate prevention programs and services, particularly for non-Hispanic Black women who continue to disproportionately experience IPV.

•Community health workers (CHWs) are trusted members of under-resourced communities who provide reliable health information and improve the cultural-appropriateness of service delivery.

•A CHW and a researcher co-developed the Safe Spaces Project, using a community-partnered participatory research (CPPR) approach

•The project aimed to establish a strong academic-community partnership to focus on issues related to experiences of IPV, the prevention of IPV, and its associated adverse birth outcomes in New Orleans.

Methods

- Focus groups
  - Team developed a guide that included pop-culture references to commonly known incidents of IPV to spark conversation
  - Trained two CHWs (one woman and one man) to conduct focus groups
  - Recruited at community events, agencies, and through word of mouth
  - Held in the evening to accommodate work schedules, lasted approximately 1 hour to 1.5 hours
  - All groups were recorded and professionally transcribed
  - Held at a community center in the project's partner community
  - All participants provided written informed consent
  - We provided a light dinner and offered participants a $40 pre-paid debit card to compensate them for their time
- Analysis
  - Applied thematic analysis techniques
  - Codebook developed based on review of transcripts
  - Independently coded by a trained CHW and student research assistant using Atlas.ti® software
  - Met to review coding and resolve discrepancies

Table 1. Demographics of Focus Group Participants

Characteristic	Women (n=32) n(%)	Men (n=16) n(%)
Age, years (mean ± SD)	43.5 (11.2)	39.9 (15.2)
African American	27 (84.4)	12 (75)
High school or less education	17 (53.1)	12 (43.8)
Heterosexual	21 (67.7)	8 (50)
In a relationship/married	17 (53.1)	6 (37.6)

Results

- Four main themes emerged: pregnant women; substance use; sexually transmitted infections (STIs); and behavior not perceived as abuse
- Other themes that arose:
  - growing up with abuse in the household
  - money, self-esteem, power, and control issues
  - worries about reporting to the police
  - not having anyone to report abuse to and/or resources
  - lack of respect for women in society
  - issues with children from previous relationship
- Uses of technology and providing education on healthy relationships were suggested during the focus groups

Table 2. Main Focus Group Themes and Quotes

Theme	Illustrative Quote
Pregnant women	*"I done see women fight, they'd be the ones that come down the steps first, the one with the big belly. She's coming down the steps and she's probably already aggravated anyway"-Women* *"Currently I know someone who is six months pregnant, but she's the aggressor".-Women*
Substance use	*"Every time we get drunk we're going to fight"-Men*
STIs	*"Because we were all mad with Chris Brown that he knocked the shit out of Rihanna until we heard she gave him HIV, STD or some shit, he should have hit her upside her goddamn head."-Men* *"I mean, acceptable, some people bring stuff on themselves. You tell this man you've got herpes, what you think he's gonna do"?-Women*
Behavior not perceived to be abuse	*"I used to brag about the fact that I wouldn't fight a woman. And one of my ex's told me, you know, she said, 'No you ain't never hit me but you could choke me.'…So I had to consciously think about that, you know? So, yeah, it can become a pattern because she say every time we got in argument I always grabbed her on her throat".-Men*

Table 3. Focus Group Intervention Suggestions

Theme	Illustrative Quote
Use technology	
Create an app	*"Create an app or number where only the woman knows that it is a number to call when in distress, but her partner does not know she is calling the police, or whoever, to help her"-Women*
Use web-based tools	*"Create an online quiz/survey about healthy relationships and how to help a friend in need who is in an abusive relationship"-Women*
Offer education about healthy relationships	
Use newspaper/mailers	*"…if they're not coming out the house, get in the house. People read the newspaper. Send them a little postcard like this is to the family and we're talking about healthy relationships. And this is what a health relationship looks like. If you need help, here's the number".-Women*
Educate parents	*"Provide education for parents to talk to their kids about healthy relationships"-Women*
School-based education	*"Ideally, if you could put something in the schools that teach healthy relationships".-Women*

Conclusions

- CPPR approach with CHWs is appropriate & possible for IPV
- Community members input was highly valuable
- CHWs were vital in recruitment for focus groups
- CHWs offered helpful insight in data analysis

Future Directions

- We are currently seeking funding to implement an intervention based on community input that will include CHW-led education about healthy relationships with technology-based support.

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References

1. Tjaden P, Thoennes N. Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the National Violence Against Women Survey. *Violence Against Women*. 2000;6:142-161.
2. Raiford JL, Wingood GM, Diclemente RJ. Prevalence, incidence, and predictors of dating violence: A longitudinal study of African American female adolescents. *Journal of Women's Health*. 2007;16(6):822-832.
3. Malik S, Sorenson SB, Aneshensel CS. Community and dating violence among adolescents: perpetration and victimization. *J Adolesc Health*. Nov 1997;21(5):291-302.
4. Rickert VI, Wiemann CM, Vaughan RD, White JW. Rates and risk factors for sexual violence among an ethnically diverse sample of adolescents. *Arch Pediatr Adolesc Med*. Dec 2004;158(12):1132-1139.
5. NCADV. Domestic violence national statistics. 2016. Retrieved from www.ncadv.org
6. Sharps P, Laughon K, Giangrande S. Intimate partner violence and the childbearing year: Maternal and infant health consequences. Trauma, violence & abuse. Apr 2007;8(2):105-116.
7. Berenson A, Stiglich N, Wilkinson G, Anderson G. Drug-abuse and other risk-factors for physical abuse in pregnancy among white non-hispanic, black, and hispanic women. Am J Obstet Gynecol. Jun 1991;164(6):1491-1499.