As a part of the group of Cal Turner Fellows working to address power-based interpersonal violence (IPV), I learned the importance of attending to the existing resources and stated needs of a community; I encountered the difficulties facing inter-professional engagement of an issue; and I saw the benefit of making cross-professional connections. As a group, we began with a massive question and potentially unmanageable scope: what does IPV look like on college campuses in Nashville, and how might—or do—professionals work to prevent and deal with it? Our interest in the project and the source of our general direction within the broader scope of IPV was the death of an undergraduate woman at UVA at the hands of her boyfriend the previous year. Having decided to focus on our context at Vanderbilt, we began to reach out to see what resources were already available on campus for addressing IPV. Although we had brainstormed about a myriad of possibilities, it became clear in our conversations with those already working on campus on this issue that much of what we had predicted could fulfill a need had already been done, would not have been productive, or would not have been responsive to the expressed needs of the community. I want to stress how vital this community mapping was, although it might seem an obvious course; we could easily have implemented a less-than-helpful or redundant project had we not prioritized discovering what made sense to those involved in daily work concerned with IPV at Vanderbilt. We focused our initial attention on the Women’s Center on campus and held several meetings with their staff members. We quickly learned that they had done a great deal of fact-finding regarding IPV on campus and were currently rolling out a major prevention campaign for which they had laid extensive groundwork. That campaign—Green Dot—was where they needed to spend their time and focus. After learning more about Green Dot, we realized that it may not translate as well into the graduate schools, having been designed for an undergraduate community. We also learned that the Women’s Center did not necessarily have established connections with students in the professional schools, for all that they have rich resources at their disposal from which graduate students would also benefit. Ultimately, we were able to narrow our scope by allowing two directives to guide our course: attending to the Fellowship’s mandate to explore leadership in the professions and allowing what already existed in the Vanderbilt community to provide the substance of our project. With these guidelines, we hoped to highlight the unique roles in combating IPV of those being trained in Vanderbilt’s professional schools. Our question then shifted and became more specific: how could we generatively address the role of professionals training at Vanderbilt in IPV? At this point we turned to the professional schools themselves to determine the extent to which they already address or hold resources for IPV work, as well as to determine who within them would be valuable in conveying the unique ways the represented professions can play a role in prevention and response. We wanted to bring the stakeholders in the professional schools together and emphasize the need for a thoroughly collaborative approach to an issue that impacts everyone. We also hoped to establish better connections between the Women’s Center and the professional schools to further the work of both. We decided to host a much-needed forum that emphasized collaborative efforts and conveyed an interdisciplinary understanding of the role of different professionals in combating and responding to IPV. Such a forum would, we hoped, also serve to make connections among the different professionals and students present. So that the conversation did not become overly abstract, we crafted questions regarding the schools’ resources for the panelists we invited from each professional program at Vanderbilt and carefully wrote a case study to which each panelist would respond. At the event, which we termed a ‘roundtable’ to emphasize the importance of collaboration, our conversation highlighted the insights of each of our experts and concretely grounded their words in situational contexts. Everything from the particular way to respond to a specific type of warning sign to the systemic and cultural nature of IPV was addressed, and the
specific difficulties IPV poses were not unmentioned. Ultimately, it felt as if we initiated a conversation that will – indeed, must – continue. We established important personal and disciplinary connections and explored the realities of IPV facing professionals so that their first experience of such a situation will not be their first encounter with the topic.