

Community-Based Primary Prevention Programs & Community Readiness Grantees

Year 3 Evaluation Report



Alaska's Council on
Domestic Violence
& Sexual Assault



STRATEGIC
PREVENTION SOLUTIONS

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ACRONYMS, ABBREVIATIONS, AND TERMINOLOGY

Acronyms, Abbreviations, and Terminology

CBPPP – Community-Based Primary Prevention Program grantee

CDC – Centers for Disease Control and Prevention

CDVSA – State of Alaska Council on Domestic Violence and Sexual Assault

CDVSA Prevention grantees – Community-Based Primary Prevention Program and Community Readiness and Capacity Building grantees

CNA – Community needs assessments

CR – Community Readiness and Capacity Building grantee

CRA – Community Readiness Assessment

CQI – Continuous Quality Improvement

DV – Domestic violence: *Domestic violence is perpetrated by romantic partner(s), household or family members and includes a pattern of violent, controlling, coercive behaviors intended to punish, abuse, and control the thoughts, beliefs, and actions of the victim.*

GD – Green Dot

GOTR – Girls on the Run

IPV – Intimate partner violence: *Any behavior within an intimate relationship that causes physical, psychological, or sexual harm to those in the relationship.*

SPS – Strategic Prevention Solutions

SA – Sexual assault: *Sexual assault occurs any time a person is forced into a sexual act through physical violence, verbal threats, manipulation, abusing authority, or other ways that a person cannot and does not consent to sexual acts.*

SV – Sexual violence: *Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advanced, acts to traffic, or otherwise directed against a person's sexuality, using coercion, threats of harm or physical force, by any person, in any setting.*

TA – Technical assistance

TDV – Teen dating violence

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The State of Alaska's Council on Domestic Violence and Sexual Assault and Strategic Prevention Solutions greatly appreciate the prevention coordinators, volunteers, community stakeholders, advocates, practitioners, evaluators, technical assistance providers, and funders who supported domestic violence and sexual assault primary prevention initiatives in the state, and who shared their expertise and insights to inform this report.

EXECUTIVE SUMMARY

Executive Summary

Twelve grantees funded by the State of Alaska's Council on Domestic Violence and Sexual Assault (CDVSA) completed their third year in a four-year funding cycle to improve the primary prevention of domestic violence and sexual assault (DV/SA). This report aggregates progress reporting and evaluation findings of the CDVSA Community Readiness and Capacity Building (CR) and Community-Based Primary Prevention Programs (CBPPP) grantees' efforts to highlight key areas of capacity development and prevention activities implemented during FY2020. In addition to making notable efforts to build prevention capacity at their organizations, in FY2020, grantees¹:

- Facilitated 356 coalition/prevention team meetings
- Established 77 new community agency partnerships, MOUs, or other informal or formal agreements for community-based primary prevention efforts
- Dedicated, on average, 114 hours per week to the primary prevention of DV/SA among agency staff and coalition partners
- Provided presentations and community activities, 79% of which included a conversation on equity and/or inclusion
- Trained over 6,000 community members on DV/SA awareness, resources, and prevention programming; of those who attended trainings and were asked, an average of 79% reported an improvement in their awareness of/access to community resources for DV/SA
- Trained twice as many Alaskans (over 2,600) in Green Dot or another bystander program, including 982 community members and 788 high school students, compared to FY2019
- Facilitated prevention activities (e.g., presentations, equity dialogues, community meetings, specific prevention activities, coalition involvement) for more than 9,600 youth
- Implemented 26 unique primary prevention strategies in 11 communities, including Girls on the Run, Green Dot, and Boys Run

A review of quarterly reports submitted by grantees indicate that they are having success with efforts to improve capacity for prevention programming through agency leadership, increased staffing, and community events and trainings that introduce or strengthen existing prevention messaging across settings and populations. These implementation efforts are consistent with best practices, and over time will continue to have a positive effect on reducing violence in Alaska.

¹ When indicated, more information about these values is provided in the relevant sections of this report.

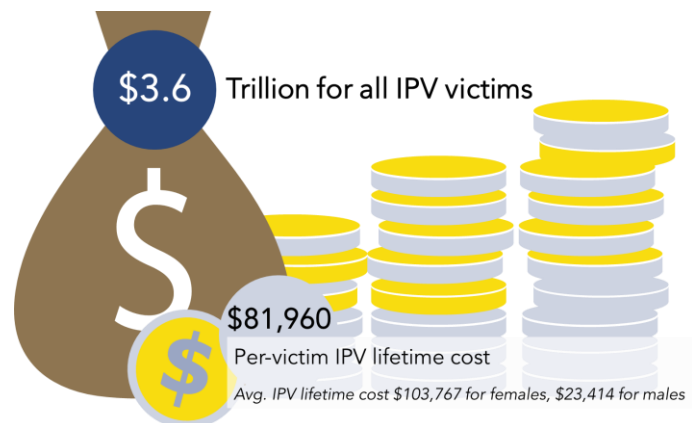
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Introduction

The purpose of the CR and CBPPP grants is to strengthen and enhance the comprehensiveness of existing community-based, coalition-driven strategies that address the primary prevention of DV and SA. Other forms of violence and terms associated with DV/SA include intimate partner violence (IPV), teen dating violence (TDV), and sexual violence (SV). Importantly, the language and terminology used in violence prevention discourse is sensitive and variations in terminology can greatly influence how the issues are conceptualized, researched, and discussed.

Primary prevention efforts focus on taking action before a condition or problem occurs. This approach can also be combined with strategies that target whole populations or groups that might be at higher risk for experiencing a problem in the future². In DV and SV prevention, this means reducing and eliminating the incidence of DV and SV³. IPV, DV, and SA are major public health concerns in the United States, with costs⁴ estimated to exceed \$3.6 trillion (2014 US\$) over the lifetime of US adults who have experienced IPV⁵. Preventing DV and SV is possible and a critical endeavor for preventing aversive harmful sequelae. Primary prevention efforts complement, not replace, or take priority over, interventions to respond to those who have experienced abuse.

Figure 1. Per victim IPV lifetime cost.



The CR and CBPPP grants provide opportunities for community programs with and without primary prevention program experience. The four-year awards are overseen by CDVSA. These

² <https://www.dhss.delaware.gov/DHSS/DSAMH/files/pds.pdf>

³ Harvey, A., Garcia-Moreno, C., & Butchart, A. (2007). *Primary prevention of intimate-partner violence and sexual violence: Background paper for WHO expert meeting May 2-3, 2007*. Geneva: World Health Organization.

⁴ Cost estimates include medical costs, lost productivity among victims and perpetrators, criminal justice activities, and property loss or damage.

⁵ Peterson, C., Kearns, M. C., McIntosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., Gordon, A., & Florence, C. (2018). Lifetime economic burden of intimate partner violence among U.S. adults. *American Journal of Preventive Medicine*, 55(4), 433–444. <https://doi.org/10.1016/j.amepre.2018.04.049>.

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grants were initially intended to be three years of funding, but due to impacts of COVID-19 on program implementation, an additional year was funded (i.e., FY2021). Those community agencies less experienced or with less primary prevention programming capacity receive funding through the CR grant, while the CBPPP grant provides support to communities with existing prevention plans and greater capacity for primary prevention efforts.



Figure 2. CR and CBPPP grantee overview

CR funds were granted to programs in seven Alaskan communities:

- Abused Women's Aid in Crisis ([AWAIC](#)) – Anchorage
- Advocates for Victims of Violence ([AVV](#)) – Valdez
- The LeeShore Center ([LSC](#)) – Kenai
- Tundra Women's Coalition ([TWC](#)) – Bethel
- Safe and Fear Free Environment ([SAFE](#)) – Dillingham
- Women in Safe Homes ([WISH](#)) – Ketchikan
- Working Against Violence for Everyone ([WAVE](#)) – Petersburg

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During the third year of funding, CR grantees focused on the following tasks:

- Revising and/or modifying prevention and evaluation plans
- Participating in statewide technical assistance (TA)
- Hiring and/or retaining an evaluator
- Building, enhancing, or sustaining a local coalition or workgroups to address DV/SA prevention
- Selecting strategies for implementation
- Implementing at least one strategy from the prevention plan

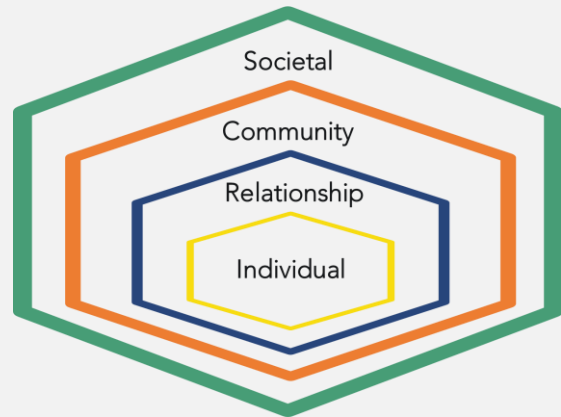
CBPPP funds were granted to programs in five Alaskan communities:

- Aiding Women in Abuse and Rape Emergencies ([AWARE](#)) – Juneau
- Cordova Family Resource Center ([CFRC](#)) – Cordova
- The Interior Alaska Center for Non-Violent Living ([IAC](#)) – Fairbanks
- Sitkans Against Family Violence ([SAFV](#)) – Sitka
- South Peninsula Haven House ([SPHH](#)) – Homer/Kenai Peninsula

CBPPP grantees focused on these tasks during their third year of funding:

- Enhancing and sustaining implementation of existing strategy(ies)
- Continuing with existing evaluation plan
- Integrating continuous quality improvement (CQI) measures
- Meeting regularly with evaluator to review findings
- Enhancing the comprehensiveness of prevention programming

Figure 3. Social ecological model.



The Social Ecological Model (SEM), or social ecology, helps to identify and understand the complex relationships between an individual, their interpersonal relationships, the local communities and groups of which they are a part, and the larger societal factors that influence their life. This model is particularly useful in [understanding risk and protective factors and how these relate to violence across the social ecology](#), and the Centers for Disease Control and Prevention (CDC) have compiled a list of these factors and how they correspond to each level of the SEM.

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CDVSA contracted with a local research and evaluation firm, Strategic Prevention Solutions (SPS), to provide state-level evaluation support. This included tasks such as identifying common indicators, tracking outcomes across grantees, and providing technical assistance at grantee meetings and summits.

Grantees also receive ongoing support for strategic planning and evaluation through collaboration with hired evaluators, as well as technical assistance provided by ANDVSA and CDVSA.

WHY PREVENTION MATTERS

Historically, societal responses to addressing DV and SA have consistently and predominantly centered on crisis intervention. While crisis intervention services are critically important for individuals and families impacted by these issues, they alone are not enough to comprehensively address these complex social issues. A response-only focused approach serves survivors but neglects to address the root causes of perpetration and thereby affords no benefit of preventing these forms of violence from occurring. To truly impact levels of DV and SA in Alaska, crisis intervention services must be complemented by proactive prevention strategies. This is supported by literature that began emerging in the 1990s and suggests prevention is valuable and can affect the overall health and quality of life for individuals⁶. In Alaska, we are building comprehensive prevention programming in communities, informed by existing and emerging primary prevention science and research. This includes promoting, using, and providing technical assistance to CDVSA DV/SA prevention funded communities around prevention theory, research-based models and strategies for prevention, and best practices. A comprehensive primary prevention approach means that communities are implementing activities that take place in various settings, with a variety of populations, across the community, and throughout the year. This contributes to consistent messaging and norm setting that saturate the various levels of the social ecology so that an individual is exposed to prevention activities in multiple settings they live and throughout their lifetime.

Comprehensive prevention programming helps to ensure that everyone in the community can participate, learn skills, and take an active informed role in fostering safe, non-violent

⁶ Veto Violence, n.d.

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communities⁷. Prevention activities are not just one-time events in a classroom or at a community awareness event. Violence is complex, and to address it, prevention efforts must be recurring and multifaceted, with sufficient dosage and community engagement across all levels of the social ecology. As communities increase resources for prevention, their ability to implement comprehensive prevention programming improves; this improves their ability to impact and reduce violence in their communities. It takes time, upwards of eight years, for communities to establish the needed resources and capacity for comprehensive prevention. The first few years of prevention programming are often dedicated to gaining knowledge and building community partnerships, internal organizational capacity, and community capacity for prevention. This is consistent with the prevention efforts put forth by CR grantees over the past three years. As capacity and resources grow, prevention expands within the community such that schools, youth mentors and organizations, tribes and tribal agencies, public health professionals, law enforcement, mental health professionals, and others are actively working together to prevent violence. With continued support, communities are able to begin implementing more comprehensive prevention programming, as demonstrated by CBPPP grantees; however, should that support be substantially diminished or removed, the years of capacity building and resource development efforts put in by a community will be challenged to actualize this transition. With this in mind, it is of critical importance that comprehensive primary prevention efforts in the state remain an ongoing legislative priority in order to truly impact the incidence of violence in Alaska.

OVERVIEW OF PREVENTION STRATEGIES

Grantees implemented a variety of strategies intended to support reductions in the incidence of DV and SA. These strategies were identified largely on the unique needs of the communities and populations served, as well as the available evidence and resources for implementing the programs with fidelity. Although it will take many more years of funding to see a significant reduction in community-wide rates of violence, these well-designed and targeted prevention strategies have laid the foundation for continued progress and sustainable change.

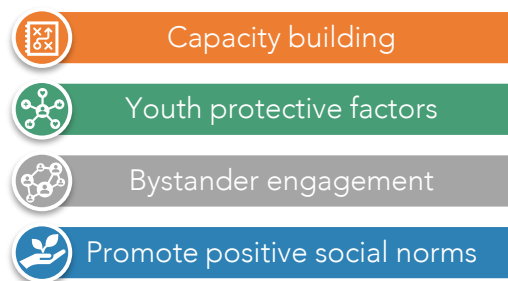
One of the ways that grantees are targeting prevention strategies to make them more efficient and effective is to identify the issues that are interconnected and share the same root causes (e.g.,

⁷ Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58, 449-456. doi: 10.1037.0003-066X.58.6-7.449.

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youth suicide, substance misuse, teen dating violence).⁸ CR and CBPPP grantees implement prevention strategies in their community that prevent and address overlapping root causes of violence (i.e., risk factors) and promote factors that enhance the resilience of people and their community (i.e. protective factors). An example of this is Girls on the Run, a prevention strategy being implemented by two-thirds of CDVSA prevention grantees. This program targets elementary school-aged girls, as well as their families and communities. It addresses a multitude of protective and risk factors across the social ecology via activities intended to improve self-esteem, encourage healthy relationships, strengthen family connectedness, and enhance social support. The impacts of these activities are far-reaching, helping to address and prevent several issues simultaneously, including teen dating violence, youth violence, suicide, and bullying⁹.

Most grantees' prevention strategies emphasize one of the following domains:



Capacity Building

The CDVSA prevention grants were designed to build and enhance the capacity of local stakeholders who could play a critical role in advancing IPV prevention in Alaska. Nearly every CR and CBPPP grantee developed, convened, participated in, and maintained engagement with a community coalition. Broadly, the goals of the coalitions are to engage community members, local organizations, agencies, faith-based, and tribal entities in building or enhancing culturally appropriate responses to DV/ SA primary prevention. Community engagement is a form of social action, based on principles of empowerment, authenticity, and community decision-making¹⁰.

⁸ Wilkins N, Myers L, Kuehl T, Bauman A, Hertz M. Connecting the Dots: State Health Department Approaches to Addressing Shared Risk and Protective Factors Across Multiple Forms of Violence. J Public Health Management Practice. 2018 Jan/Feb;24 Suppl 1 Suppl, Injury and Violence Prevention. doi: 10.1097/PHH.0000000000000669.

⁹ US Department of Health & Human Services. (n.d.). *Discover connections*. Connecting the Dots. <https://vetoviolence.cdc.gov/apps/connecting-the-dots/content/discover-connections>

¹⁰ National Institute of Health (2011). CTSA Community Engagement Key Function Committee Task Force on the *Principles of Community Engagement* (2nd ed.) NIH Publication No. 11-7782.

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CR and CBPPP grantees' engagement and participation in local coalitions, a form of community engagement, is to promote and advocate for primary prevention of DV and SA. Through this collaborative endeavor, communities streamline and leverage their knowledge, resources, and networks to improve health and wellbeing for all. Via their engagement in community coalitions, CDVSA prevention grantees increase the readiness and capacity of fellow members to implement programming that builds healthy relationships, promotes equity, and emphasizes community connectedness.

Youth Protective Factors

Protective factors are conditions that decrease the likelihood of violence because they provide a buffer against risk¹¹. Protective factors are useful and inform prevention programming for grantees, helping coordinators and coalitions to consider how and where their efforts should be focused, and what strategies might be most effective in supporting their aims. Research with youth has indicated that preventing dating violence is a promising primary prevention strategy for IPV victimization¹², as well as using strengths-based programming that focuses on building skills and capacities for healthy relationships. Education-based programming also often targets conflict resolution, interpersonal skills, and promoting youth social-emotional learning competencies.

Among youth populations, effective programs provide opportunities for participants to build positive relationships with each other and program staff. Many of the grantees worked to identify collaborative opportunities with local schools or developed partnerships to expand prevention activities into school-based settings. This aids in creating a school climate that promotes respect and provides youth with opportunities to build relationships with trusted adults and experience a sense of belongingness.

Bystander Engagement

Bystander interventions are increasingly promoted in prevention programming as an effective skills-based approach to prevent violence by empowering individuals and equipping them with

¹¹ Centers for Disease Control and Prevention. Risk and Protective Factors for Sexual Violence. Retrieved from: www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html

¹² Exner-Cortens, D., Wells, L., Lee, L. et al. Building a Culture of Intimate Partner Violence Prevention in Alberta, Canada Through the Promotion of Healthy Youth Relationships. Prevention Science (2019). <https://doi-org.proxy.consortiumlibrary.org/10.1007/s11121-019-01011-7>

¹⁴ Centers for Disease Control and Prevention [CDC]. (n.d.). *Promoting respectful, nonviolent intimate partner relationships through individual, community and societal change*. Retrieved from https://www.cdc.gov/violenceprevention/pdf/ipv_strategic_direction_full-doc-a.pdf. Accessed 1 Mar 2017.

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knowledge and skills to stop situations that could lead to violence^{14, 15}. These approaches emphasize education, understanding barriers to intervening, debunking misinformation, building confidence, and teaching skills for intervening. Prominent bystander strategies include Green Dot Violence Prevention Strategy and Bringing in the Bystander. Bystander intervention emphasizes the role every individual can play in preventing violence in their communities. Bystander programs have increasingly been touted as helping to increase male engagement in programming and expand the roles men can play in preventing violence against women.

Promote Positive Social Norms and Healthy Relationships

There are different types of communication strategies that exist along a continuum of behavior change – from public awareness (targeting awareness) to social norms change (targeting

Healthy relationships are respectful, autonomous relationships where decision-making is shared, and conflict is negotiated in effective, non-violent ways¹⁴.

perceptions) to social marketing (targeting behavior change)¹⁶. Public awareness campaigns are a common approach to primary prevention used to combat the stigma and silence surrounding issues of DV and SA. Social marketing campaigns are also employed to disseminate persuasive messages informed by stakeholders and provide alternatives to behaviors or focus on dispelling beliefs about DV/SA. Those who adhere to norms and beliefs that are supportive of

violence are more likely to perpetuate violence¹⁷. Promoting positive social norms involves motivating individuals and groups to adopt social norms that result in positive changes¹⁸.

As capacity and comprehensiveness of prevention programming evolves, CR and CBPPP grantees have increasingly exerted effort and reported in this domain; indeed, during FY2020, eight grantees reported that they were engaging in various community-level communication

¹⁴ Coker, A.L., Fisher, B.S., Bush, H.M., Swan, S.C., Williams, C.M., Clear, E.R., & DeGue, S. (2015). Evaluation of the Green Dot bystander intervention to reduce interpersonal violence among college students across three campuses. *Violence Against Women*, 21(12), 1507-1527.

¹⁵ Katz, J. & Moore, J. (2013). Bystander education training for campus sexual assault prevention: An initial meta-analysis, *Violence and Victims*, 28(6), 1054-1067.

¹⁶ Violence Prevention Technical Assistance Center. *Community-level change: A communications perspective*.

¹⁷ Salter, M., & Gore, A. (2020). *The tree of prevention: Understanding the relationship between the primary, secondary, and tertiary prevention of violence against women*. Sydney N. S. W. pp. 67-91.

¹⁸ VetoViolence (2010) <https://vetoviolence.cdc.gov/violence-prevention-basics-social-norms-change>

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strategies as part of their programming to promote healthy prevention-focused messaging. These strategies included enhancing agency social media presence to disseminate information and resources, developing public awareness and media campaigns, including prevention content on the agency website, and facilitating community outreach and awareness events.

[There has been a] shift towards increasing outreach on social media, radio, and in the news... to get information out to parents and families on resources available in the community... [and] to increase community engagement in child abuse and violence prevention in the absence of students' interactions with mandated reporters in the school system.

Methodology

CDVSA contracted SPS to aggregate, analyze, and report on CDVSA's CR and CBPPP grantees' quarterly reports. In addition to the quarterly reports, CDVSA requested SPS review grantees' annual evaluation reports provided by each site to identify and highlight complementary outcomes and impacts of grantees' primary prevention programming efforts. This review was cursory and is not intended to be exhaustive or a cross-site examination of outcomes and findings. Additional information about individual grantees' specific programming and outcomes is documented in their site evaluation reports. In Spring 2020, CDVSA also requested SPS conduct a brief, anonymous survey of program coordinators to assess their satisfaction with and understand the needs for primary prevention technical assistance.

Information was collected, analyzed, and aggregated to document and interpret changes in capacity and comprehensiveness of DV/SA primary prevention programming implemented by CDVSA primary prevention grantees. Information will be used for continuous quality improvement (CQI) of TA implementation and reporting requirements, as well as used to assess and report on statewide DV/SA primary prevention capacity, implementation of programs, and assess outcomes and impacts of these programs efforts.

These questions were used to guide the analysis:

Process Evaluation Questions

1. What specific risk and protective factors were represented in CDVSA prevention grantee programming?
2. What populations were reached?
3. How many community members were exposed to DV/SA prevention messaging?
4. To what extent did primary prevention programming include equity and inclusion in their activities and practices?
5. How did COVID-19 affect program implementation?
6. To what extent are CDVSA grantees satisfied with TA delivery?
7. How many CDVSA grantees are working with an evaluator to assess the implementation, outcomes, and impact of their prevention programming?

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Outcome Evaluation Questions

8. What benefits, changes, or improvements in prevention capacity or program and strategy implementation were documented?
 - a. To what extent did prevention grantees increase their capacity to implement and evaluate DV/SA primary prevention programming?
 - b. Have communities seen an increase in opportunities for youth to be involved in DV/SA primary prevention programming?
 - c. To what extent are grantees utilizing opportunities and resources to promote positive norms surrounding DV/SA primary prevention and non-violent, respectful relationships within their community?
 - d. Have community leader or agency representation increased to be more inclusive and/or representative of the community?
 - i. Changed policy and/or practice to support DV/SA primary prevention work?
9. What does the local data tell us about short term and intermediate outcomes (by the end of the CDVSA funding period) that can lead to longer term impact (beyond end of the CDVSA funding period) across grantees?
 - a. What effects did programming have on participants (e.g., changes in knowledge, attitudes, behavior, skills, or practices)?

DATA COLLECTION AND MANAGEMENT PLAN

SPS oversaw the maintenance and technical support of the online quarterly reporting system for CDVSA prevention grantees. Data were compiled in secure electronic databases (i.e., SurveyGizmo) to track and maintain over time.

Primary Data Sources

CDVSA Quarterly Reports

CR and CBPPP grantees submit quarterly [CDVSA Prevention status reports online](#) via a survey and data management system. Grantees are asked to report on capacity development, implementation and evaluation efforts, TA needs, and a set of common indicators during the previous quarter.

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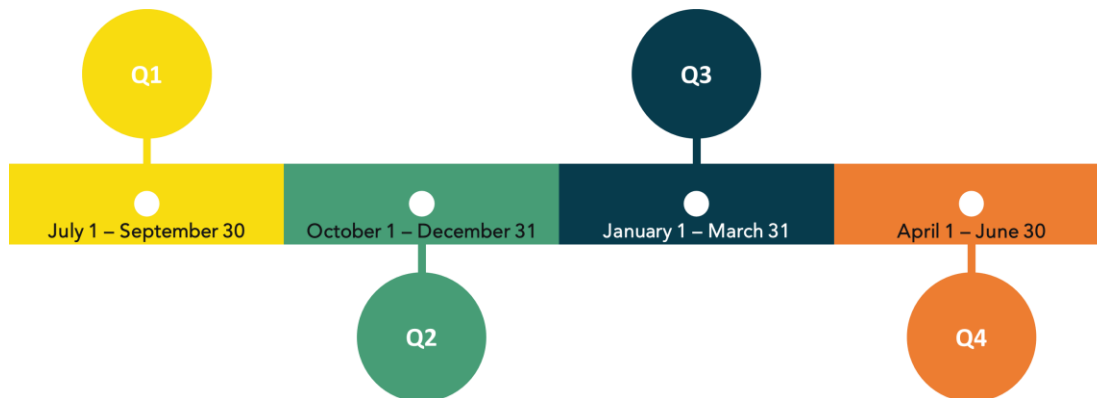


Figure 4. FY2020 timeline and corresponding quarters.

Please note, quarterly reports are submitted within 30 days of the quarter ending.

Technical Assistance Survey

In Spring 2020, a brief anonymous survey link was emailed to CR and CBPPP prevention coordinators at each site ($N = 12$). The survey included questions regarding the quality, accessibility, applicability, and utility of various TA activities. Prevention Coordinators were asked to reflect and evaluate the technical assistance provided through various methods, as well as identify potential topics of interest to support future planning. Eight sites responded (67% response rate).

Individual Evaluation Reports

As part of their funding obligations, CDVSA prevention grantees conduct an evaluation of their prevention efforts and submit an end-of-year annual evaluation report to CDVSA. Reports contain information relevant to grantees prevention program implementation, activities, capacity and staffing changes, and evaluation findings. Individual site evaluation activities and methods vary in type and complexity. In addition to enhancing local capacity for communities to implement comprehensive primary prevention programming, CDVSA is also building local evaluation capacity.

CONSIDERATIONS

Grantees report quarterly on their implementation efforts using the online reporting system. It has been observed that some narrative and quantitative responses are identical across quarters which may indicate some values should not be assumed discrete and may inflate the summative count. In the presentation of the findings this is noted throughout as a limitation where applicable.

METHODOLOGY

Readers should bear in mind several cautions when interpreting results presented in this report. Survey responses, from both primary sources in this report, as well as findings reported by CDVSA grantees in their annual reports, are used as estimates of attitudes, intentions, and frequency of behaviors in a larger population than is sampled. It is possible that those who participate in any survey are different from those who opt to not participate. This is one important limit to the generalizability of the findings.

DATA ANALYSIS PLAN

Data analysis used suitable statistical methodologies including observed counts of participants, implementation (process), information (key demographics, attendance, challenges), frequency counts, distributions, and averages were appropriate.

For each of the quantitative analyses the following steps were taken:

1. Examine the data for incomplete, duplicative, anomalous, or superfluous responses
2. Review item variance and outliers
3. Perform intended analysis
4. Generate data visualization and graphics

No substitutions were made and overall, the responses were complete. Results presented in this report were calculated rounding to a whole number. Values .49 and below were rounded down, values .50 and higher were rounded up. For qualitative data collected (i.e., open-ended entries), responses were organized and analyzed using structured theme-mining.

YEAR THREE FINDINGS

Year Three Findings

This section provides an overview of grantees' progress and end-year status in relation to the various primary prevention efforts being tracked. These include evaluation support, organizational capacity, common indicators, and prevention strategies being implemented.

Prior to reviewing grantees' efforts in each of these domains, it is important to consider various contextual factors that may be influencing the results. During FY2020 quarter 3, the planning for and implementation of prevention activities across the state was severely disrupted because of the COVID-19 pandemic. A recently completed survey indicates that 100% of responding grantees considered COVID-19 and the subsequent shelter-in-place mandates as a factor that prevented their organization from fully actualizing their implementation plan for prevention activities¹⁹. Individual site evaluation reports document site-specific adaptations and modifications to programming.

Regarding the widespread impacts of COVID-19 on grantees' programming, it is important to consider that most prevention strategies currently implemented by grantees target youth populations in education and after-school settings. Following the institution of

shelter in place mandates and school closures, many of these strategies were either cancelled or substantially altered. This has implications for the dosage, recruitment, and participation of community members. Several communities noted limitations in achieving intended dosage with programming and having to cancel programming altogether in Spring/Summer 2020. Some grantees and communities pivoted resources and staff to more secondary and tertiary prevention responses to accommodate increasing needs in the community.

A recently completed survey indicates that 100% of responding grantees considered COVID-19 and the subsequent shelter-in-place mandates as a factor that prevented their organization from fully actualizing their implementation plan for prevention activities.

¹⁹ Source: Technical Assistance Survey, 2020, N =12, 67% response rate (n = 8).

YEAR THREE FINDINGS

EVALUATION SUPPORT

Evaluation is a vitally important component of effective primary prevention, as it is through the process of evaluation that a program or strategy's effectiveness can be fully validated. As part of their award, CR grantees are required to contract with an evaluator to promote and develop evaluation capacity, whereas CBPPP grantees are encouraged to consult or contract with an evaluator to assist them with evaluating their programs. By the end of FY2020, one grantee had the staff capacity to complete the evaluation internally, and 11 of 12 grantees reported working with an external evaluator. As part of an open bid process, five grantees were contracted with Strategic Prevention Solutions, four with Goldstream Group, and two with Agnew::Beck.

Community Readiness Assessment

Primary tasks for CR grantees included conducting a community needs assessment (CNA) and/or readiness assessment (CRA) and developing a strategic plan for their DV/SA primary prevention efforts. These assessments provide critical information to support planning a tailored comprehensive primary prevention program and are critical to efficiently using prevention resources. The CNA, CRA, and strategic planning period enables and empowers communities to align prevention strategies to the specific characteristics, resources, and needs of the local community. CRAs can be a strong support in this process; moreover, they have the capability to function as both a planning tool and a snapshot of the local systems, policies, and strategies currently underway²⁰. By the end of FY2020, one CR grantee reported they had used the information gathered via their CRA to inform development of a community strategic plan, one stated their drafted strategic plan was being finalized, and one described having some issues with slow implementation of their plan. Most grantees ($n = 9$) did not report any updates or changes to their existing strategic plan developed and implemented in FY2018.

Developing a Strategic Community Prevention Plan

Grantees, in partnership with local stakeholders and coalitions, undertake strategic planning to develop a DV/SA Prevention Plan for their community(ies). This process, informed by the CNA and CRA, takes into account the unique features of a given community and outlines how prevention resources (e.g., funding, staffing, volunteers, partnerships, communal spaces) will be leveraged to support prevention efforts (e.g., activities, strategies, workshops, trainings). Of the eleven grantees who reported on the status of their community prevention plan, by the end of

²⁰ CDC, 2013

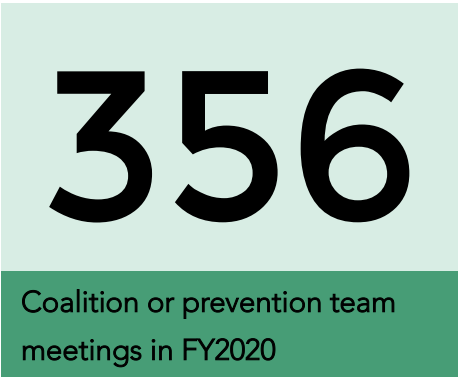
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FY2020, six were working to implement an existing prevention plan and three had finalized their initial plan or were in the process of doing so. Additionally, five grantees reported having worked to reevaluate or revise their prevention plan goals during FY2020, while two stated they intended to update their plan during FY2021. Grantees rationale for revisions to their prevention plans included CQI (i.e., using evaluation findings and observations to inform implementation modifications), adding or expanding goals to engage new populations (e.g., men), and adapting to COVID-19 mandates (e.g., virtual delivery of programming).

Community Coalitions and Partnerships

Historically, violence prevention efforts were incredibly siloed by topic (e.g., TDV) with separate funding streams, organizational structures, and stakeholder groups²¹. Informed by the CDC's Risk and Protective Factors framework, grantees have a better understanding of the different ways in which forms of violence are intertwined; this allows them to collaborate with other practitioners to coordinate and implement efforts across historical siloes, streamline initiatives, and scale up prevention efforts to better address violence in all its forms. In congruence with best prevention practices, CR and CBPPP grantees implement, participate in, or facilitate a local coalition that incorporates DV and SA violence prevention in its goals and objectives.

Eleven of the grantees reported on their progress engaging as part of a community coalition. Members of these coalitions represented diverse sectors and groups in their communities including local government leaders, health care, nonprofit agencies, education, media, corporations, and tribal entities. During FY2020, grantees held a total of 356 coalition/prevention team meetings (average per site: 12, range: 5-22; these values exclude one outlier site that reported 228 meetings, as it considerably skewed the results). They described some of the progress related to their prevention team/coalition, including outreach efforts, engagement with other community coalitions, and training.



356

Coalition or prevention team
meetings in FY2020

Figure 5. Number of coalition or prevention team meetings in FY2020.

²¹ Wilkins et al., 2018.

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Grantees' efforts include:

- Hosting strategic planning sessions
- Meeting regularly with workgroups and building relationships among members
- Increasing diversity and sector representation among partners
- Using a shared risk and protective factors framework to build buy-in from a diverse cross-section of community partners
- Meeting with local government officials to discuss ways to support community-based prevention efforts
- Working to decolonize coalition practices, programs, and efforts
- Adapting programming for delivery in a virtual context
- Identifying funding opportunities to sustain prevention efforts

Grantees noted several challenges related to their coalition efforts this year, such as:

- A variety of impacts resulting from the onset of the COVID-19 pandemic, including decreased coalition participation, difficulties related to transitioning to virtual platforms, cancelled meetings, and concerns about reduced prioritization of and funding for prevention efforts
- Inconsistent attendance at coalition meetings, especially during times of year important for subsistence activities in rural communities
- Lack of representation from some sectors
- Difficulty moving forward with planning due to turnover of prevention practitioners, agency staff, and volunteers

Additional Evaluation Support

Ten grantees described additional support they received from their external evaluator. This support typically involved tasks such as:

- Developing a comprehensive primary prevention plan
- Writing mission and vision statements, goals, and objectives
- Developing a logic model
- Aligning goals and objectives across different grants
- Providing technical assistance to collect, organize, analyze, and use data efficiently
- Assisting with meeting final reporting requirements

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ORGANIZATIONAL ASSESSMENT

A primary area of focus for the CR and CBPPP grantees is their efforts to build and enhance organizational capacity to implement comprehensive DV/SA primary prevention programming. Grantees reported on their progress and end-year status across five capacity domains:

- Leadership
- Structures & Processes
- Staffing
- Partnership Development
- Resource Development

These will be reviewed in turn; tables showing the specific areas of change that were selected by grantees, as well as their reported status at the end of FY2020, are available in the appendix.

Leadership

The leadership domain refers to the level of support for and prioritization of primary prevention among an organization's Executive Director, senior management, and Board members. Two CR grantees reported on their efforts to improve capacity in this domain; one of these grantees chose to do so each quarter during FY2020. The specific capacity changes grantees endeavored to make include the following (a full list is available in the appendix):

- Our Board members [vote] on adapting the organization's [mission statement, strategic plan, training materials, etc.] to include primary prevention
- Our Organization has a board member with primary prevention experience/expertise
- Our Organization has established ongoing training for organization leadership about primary prevention

Overall, grantees described a variety of ways in which their primary prevention efforts were supported and prioritized by their organization's leadership. These include:

- Discussing prevention efforts and information during Board meetings
- Including Board members as prevention coalition members
- Attending the Prevention Summit
- Sharing about prevention updates during dedicated time in Board meetings
- Providing leadership training for new Executive Directors

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Grantees also described ways in which they were *not* feeling like their primary prevention efforts have been supported and prioritized, including:

- Feeling as though prevention staff are the only ones trained on primary prevention
- Having limited trainings for or inquiries from the Board about prevention theory
- Noting an overall low general understanding of prevention approaches and practices among organizational leadership

Structures and Processes

The structures and processes domain refers to the incorporation of primary prevention in the way an organization formally organizes and operates. Five CR grantees reported on their efforts to improve capacity in this domain; three of these grantees chose to do so each quarter during FY2020. The specific structures and processes capacity changes grantees made efforts to achieve include the following (a full list is available in the appendix):

- Our Organization has revised mission/vision statements to include the goal of primary prevention of IPV
- Our Organization has added a section to the organization website about prevention of IPV, TDV and SA
- Our Organization utilizes data and/or theory to establish an evidence base that will inform the organization's primary prevention

Grantees described several ways they incorporated primary prevention into their structures and processes. For example, grantees reported:

- Including information related to IPV, TDV, SA, and/or prevention on the website, social media, and other materials
- Including primary prevention in onboarding training for new agency staff, Board members, volunteers, and community members
- Adding prevention topics to the training received by all newly hired staff
- Incorporating primary prevention objectives into agency strategic plans

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Staffing

The staffing domain refers to the integration of primary prevention into staff training and operations within the organization. Five CR grantees reported on their efforts to improve capacity in this domain; three of these grantees chose to do so each quarter during FY2020. Over the course of the year, three grantees reported staff were hired to fill a total of five positions, while staff in three positions were terminated or otherwise transitioned out. The specific staffing capacity changes grantees worked to complete include the following (a full list is available in the appendix):

- Our Organization incorporates IPV, TDV, and/or SA prevention topics into regular staff meetings
- Our Organization added a staff member whose primary work is in primary prevention of IPV, TDV, and/or SA
- Our Organization has revised staff position(s)/name of staff positions to include prevention activities

Grantees described their efforts to make improvements in their staffing capacity, including:

- Supporting student interns interested in engaging in prevention efforts
- Increasing overall knowledge of primary prevention theory and concepts among staff through training and mentorship consultation
- Increasing outreach efforts to engage youth, community members, and partners
- Developing violence prevention presentations to include in new staff orientation

Resource Development

The resource development domain refers to grantees' efforts to pursue and attain funding or in-kind support for primary prevention work. Four CR grantees reported on their efforts to improve capacity in this domain; three of these grantees chose to do so each quarter during FY2020. The specific resource development capacity changes grantees endeavored to make include the following (a full list is available in the appendix):

- Apply for/receive funding specifically for IPV prevention activities
- Partners provide [name in-kind resources] to the organization to support primary prevention work
- Designate a percentage of general funds raised to support primary prevention initiatives

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Grantees reported a variety of ways in which they have worked to enhance their resource development capacity and attain support for primary prevention work, including:

- Partnering with organizations and coalitions to provide personnel and other resources, including financial support, that directly support primary prevention activities
- Engaging in planning sessions to apply for upcoming prevention funding opportunities
- Meeting with local government officials to discuss ways in which prevention efforts could be supported and strengthened in the community

Partnership Development

The partnership development domain refers to the process of engaging new partners or developing existing partnerships for the purpose of building and/or supporting primary prevention work. All seven CR grantees reported on their efforts to improve capacity in the partnership development domain. The specific partnerships grantees reported developing include those with:

- | | |
|---------------------------------------|--|
| ➤ Community leadership entities | ➤ Social service agencies |
| ➤ Local primary and secondary schools | ➤ Agencies serving the LGBTQ+ community |
| ➤ Tribes and tribal agencies | ➤ Community libraries |
| ➤ Local university programs | ➤ Regional coalitions |
| ➤ Justice department | ➤ Mental health agencies |
| ➤ Law enforcement | ➤ Agencies serving youth experiencing homelessness |
| ➤ Public health agencies | |
| ➤ Agencies serving children | |
| ➤ Forensic nursing department | |

Grantees described their efforts to improve capacity related to partnership development, which included:

- Incorporating partnership development as one of the prevention plan goals
- Establishing new coalition partnerships from a variety of sectors
- Encouraging and supporting partners to commit time and resources to prevention efforts
- Engaging with partners to provide the local community with education, support, and access to primary prevention-focused activities
- Planning strategies to reinvigorate and bolster existing partnerships

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COMMON INDICATORS

Starting in 2018, CDVSA and SPS worked extensively to develop and refine a list of common indicators that would provide CDVSA with a consistent means of measuring the impact and outputs of prevention programming across grantee sites; these sites were diverse in their service population and programming. These indicators also allow CDVSA and grantees to use the data for CQI, strategic planning, technical assistance, and legislative advocacy. Grantees' progress and end-year status on the current iteration of the common indicators will be reviewed in the sections that follow.

New Partnerships

Eleven grantees reported establishing a total of 77 (average: 7, range: 1-27) new community agency partnerships, MOUs, or other formal or informal agreements developed for prevention efforts during FY2020. These new partners included:

- Regional prevention coalitions
- School districts and educators
- Police department
- Social services agencies
- Behavioral health providers
- Community grocery or retail stores



Figure 6. Number of new agency partnerships, MOUs, or other agreements in FY2020.

Compared to FY2019, grantees established fewer new partnerships overall (FY2019: 106); in addition to the impacts of COVID-19, this is likely reflecting grantees' ongoing efforts to maintain existing partnerships and sufficient sector representation among current membership.

Weekly Prevention Hours

Grantees reported that during FY2020, lead agency staff and coalition partners dedicated an average of 114 hours per week (range of averages: 38-400) to DV/SA prevention programming. Across all grantees, this equated to an average of 1,294 hours – about the equivalent of 32.4 full-time positions – being contributed by lead agency staff and coalition partners every week.

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Importantly, in the quarterly reporting system, this indicator is intended to separate hours from both lead agency staff and coalition partner; however, not all grantees reported them as separate values, and several grantees remarked at the difficulty of tracking partnering agency's hours effectively, often indicating they had estimated to the best of their ability. For the 11 grantees who reported their hours separately, lead agency staff provided an average of 58 hours per week (range of averages: 19-150) and coalition partners contributed an average of 30 hours per week (range of averages: 1-200).



Figure 7. Full time employee equivalent to the number of hours grantees and their partnering agencies reported spending on DV/SA prevention in FY2020.

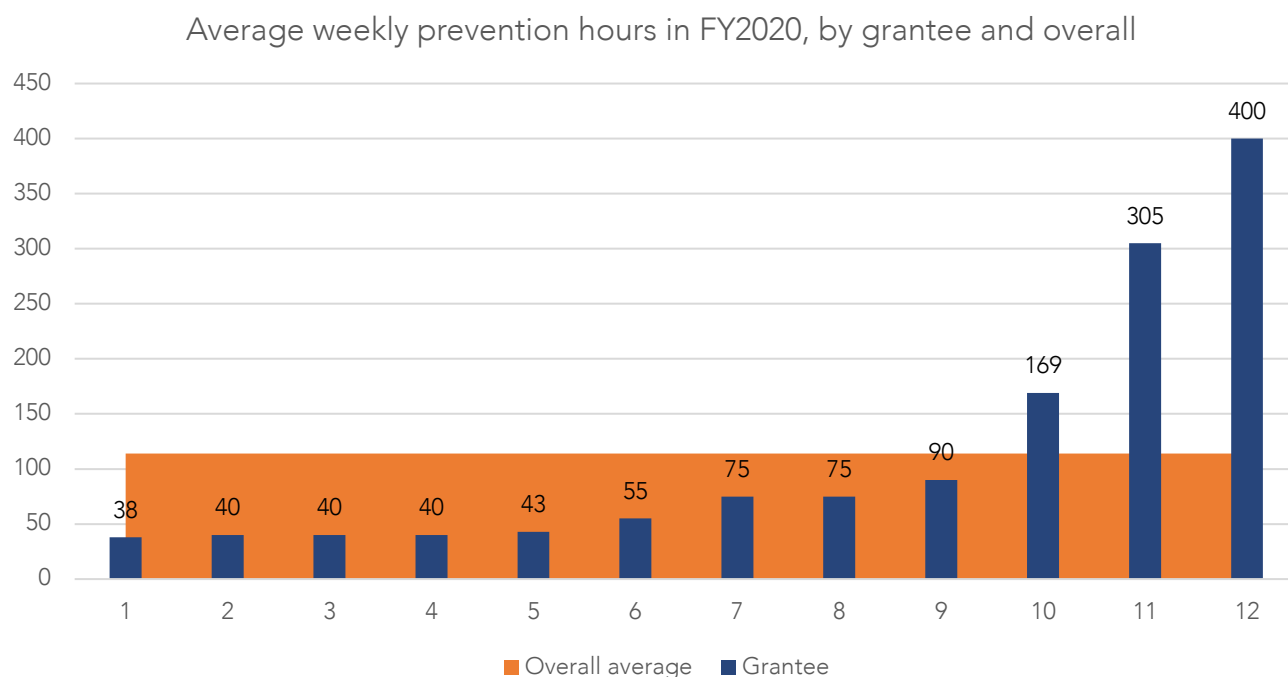


Figure 8. Average weekly prevention hours in FY2020, by grantee and overall.

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Grantee	AVG # Hours/Wk	Range	FTEs
1	38	32-45	0.9
2	40	39-41	1
3	40	40	1
4	40	7-80	1
5	43	30-70	1.1
6	55	55	1.4
7	75	79-110	1.9
8	75	65-105	1.9
9	90	84-96	2.3
10	169	154-185	4.2
11	305	290-330	7.6
12	400	400	10

Table 1. Average, range, and FTE equivalent of weekly hours dedicated to prevention by grantees and their partnering agencies in FY2020.

Compared to FY2019, grantees dedicated about the same number of hours per week (FY2019: 115 hours, on average) to prevention efforts, despite the implementation challenges associated with shelter-in-place mandates.

Equity

Promoting and advancing equity in violence prevention aims to address underlying conditions and systems of inequity that create and perpetuate violence. During FY2020, grantees reported that on average, about 79% (range of averages: 25-100%) of their presentations or other community-based prevention activities included a conversation on equity and/or inclusion. Many of the grantees indicated that most or all their prevention programming includes an equity lens or explicit discussion about equity and inclusion. Compared to FY2019, grantees reported a slightly higher percentage (FY2019: 75%) of activities that included a conversation on equity and/or inclusion.

Domestic Violence/Sexual Assault Training

Grantees reported that during FY2020, 6,001 community members were exposed to a DV/SA training facilitated by grantees or their partnering agencies (total per community range: 3-3,366; please note, these values are cumulative and do not necessarily represent unique individuals

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engaged in training activities). The participants included students, direct service providers, community partners, and general members of the local community. One grantee reported they were not tracking this indicator's information. Importantly, the onset of the COVID-19 pandemic impacted grantees' ability to offer training as agencies began transitioning to use of virtual platforms and adapting their programming, with several grantees mentioning its effects specifically.

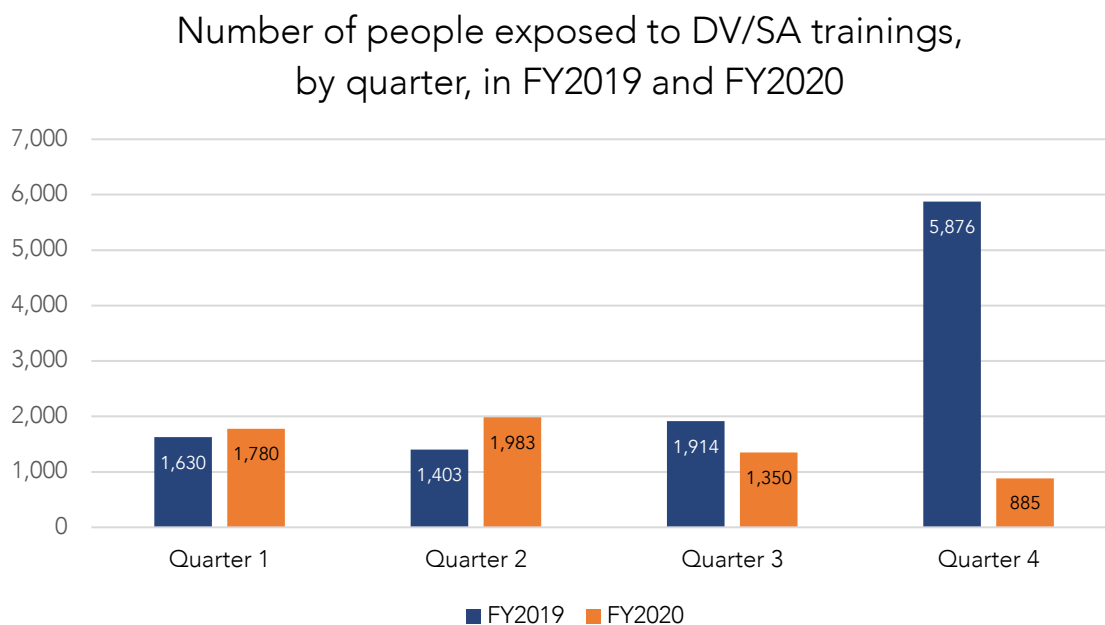


Figure 9. Number of people exposed to DV/SA trainings, by quarter, in FY2019 and FY2020.

Compared to FY2019, substantially fewer community members (FY2019: 10,823) were exposed to DV/SA trainings facilitated by grantees or their partnering agencies, a decrease of nearly 45%. As shown in the graph above, for over half of the community members who were exposed to DV/SA trainings in FY2019, this exposure took place during quarter 4, one of the quarters most affected by the onset of the COVID-19 pandemic during FY2020. Given that, it is likely this decrease is in part due to the transition of grantees' efforts to virtual platforms, as well as grantees' optimizing resources to move beyond awareness and trainings to more skills-based activities and events.

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Awareness

Seven grantees reported during FY2020 that an average of 79% (range of averages: 52-100%) of people who attended a training demonstrated or reported an improvement in their awareness of and access to community resources related to DV/SA. Five grantees reported this information was not being collected as part of their prevention activities. Compared to FY2019, grantees reported a slightly higher percentage (FY2019: 72%) of individuals who increased their awareness of and access to community resources related to DV/SA.

Bystander Training

Eight grantees reported a total of 2,654 people were trained in any bystander program (e.g., Green Dot; please note, these values are cumulative and do not necessarily represent unique individuals engaged in bystander training) during FY2020. This included 982 community members (reported by eight grantees; average per community: 123, range: 6-529) and 788 high school students (two grantees; average: 394, range: 377-411). Partners' programming reportedly reached an additional 884 people (two grantees; average: 442, range: 148-736). During FY2020, two grantees reported that an average of 70% of people who attended a bystander training (range of averages: 50-90%) described having initiated follow-up conversations with peers, colleagues, family and/or friends, or participated in other active efforts.

Compared to FY2019, grantees reported twice as many people (FY2019: 1,322) were trained in any bystander program. This may reflect increased availability of bystander programs, as well as improved ability to transition those strategies to a virtual format following the onset of COVID-19.

Social Emotional Learning in Public Schools

During the final quarter of FY2020, eight grantees reported that a total of 142 public schools in their service areas were implementing elements of social-emotional learning (SEL; e.g., empathy, goal-setting, social engagement, problem-solving, appreciating diversity and culture. Identifying emotions, self-confidence, self-efficacy) curricula in their classrooms. This included 84 elementary schools, 26 middle schools, and 32 high schools; there was minimal change in the number of schools reported across the different quarters. Compared to FY2019, more public schools in grantee communities (FY2019: 128) were reported to be implementing SEL curricula. This likely reflects an increase in interest, availability, and adoption of SEL materials, as well as increased partnerships with local school districts.

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Six of the grantees provided feedback related to the number of public schools in their service area that were implementing elements of SEL-based curricula. One grantee reported the local school district was in the process of developing an online SEL curriculum. Two grantees reported that each of the schools in their community were implementing SEL-based curricula, with one noting, “All schools implement SEL curriculum in some way. However, there are differences in the frequency, materials, and fidelity to the programs as reported by staff.” Two grantees described specific strategies or programs, such as 4th R, Great Body Shop, and Sources of Strength, that were being planned or implemented.

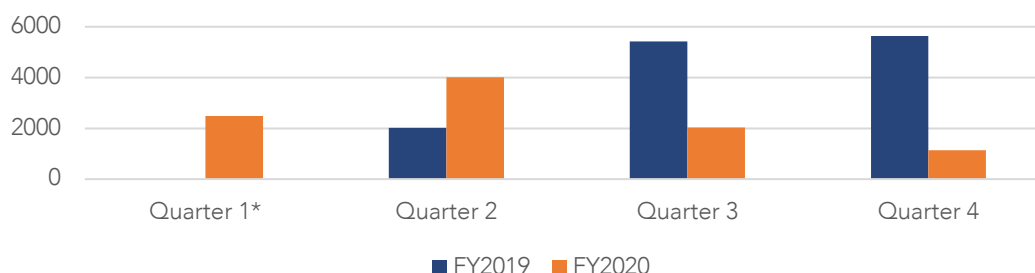
Youth Engagement

Grantees reported that during FY2020, a total of 9,659 youths (range: 68-3,976) participated in prevention activities, such as attending a prevention-focused presentation (5,386 youths in 12 communities, range: 34-1,982), serving as a peer mentor (166 youths in 7 communities, range: 3-80), participated in specific prevention activities or strategies (e.g., Girls on the Run, LeadOn!; 3,845 youths in 11 communities, range: 5-1,982), engaged as a youth member on a coalition (51 youths in 3 communities, range: 5-34), or engaged in other prevention planning and implementation efforts (211 youths in 11 communities, range: 2-80). Please note that this value is cumulative and does not necessarily represent the number of unique individuals who engaged in youth programming.

Compared to FY2019, grantees reported a nearly 30% decrease in the number of youths engaged in prevention activities (FY2019: 13,153). As shown in the graph below, youth engagement during FY2020 quarters 3 and 4, those most affected by the onset of COVID-19, was markedly less than that time period during FY2019. Given that many grantees’ prevention efforts for youth are school based, and several grantees described difficulty consistently engaging with youth virtually, it is likely this decrease is largely attributable to the onset of the pandemic and subsequent lessened opportunities for engagement with youth.

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Number of youth engaged in prevention activities,
by quarter, in FY2019 and FY2020



* For FY2019 Quarter 1, this indicator was tracked differently; as such, there is no equivalent value.

Figure 10. Number of youth engaged in prevention activities, by quarter, in FY2019 and FY2020.

Four grantees reported an average of 85% of youths (range of averages: 72-100%) described feeling like they belong in their community. Importantly, some grantees described using a variety of measures (i.e., Girls on the Run survey, Boys Run survey, School Climate and Connectedness survey, Sitka Youth Leadership Committee post-survey) to indirectly evaluate youths' feelings of belongingness. Several grantees reported difficulty assessing this information due to the impacts of the COVID-19 pandemic; for example, one grantee described receiving only one completed survey from the entire population of secondary school youth in their community. One grantee questioned how this information could be collected most effectively. Compared to FY2019, grantees reported a slight increase in the number of youths who described feeling as though they belong in their community (FY2019: 83%; percentage change points FY2019-20: 2%).

ADDITIONAL FEEDBACK

Grantees described some of their additional thoughts related to implementation, collaborations, successes, and challenges. These thoughts include:

- Nearly all grantees described challenges associated with navigating the changes in service delivery, programming needs, outreach, and community engagement following the onset of the COVID-19 pandemic; these challenges broadly centered around disrupted planning or implementation for prevention strategies and difficulty engaging youth and families virtually amid stay at home mandates

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- Despite these challenges, several grantees described ways in which they were enhancing their prevention efforts through the COVID-19 changes, including one grantee who reported using the time to align their program goals and outcomes to provide more coordinated and integrated prevention efforts, and four grantees who described successfully adapting their materials to be delivered virtually
- Two grantees reported a need to develop evaluation tools (i.e., surveys) that specifically address the common indicators
- Several grantees reported working closely with their local school districts to develop and implement relevant school-based programming
- One grantee described difficulties related to staff turnover, noting a variety of logistical related to hiring, onboarding, and supporting new staff members to ensure their success in the new position
- One grantee described that their prevention team was meeting regularly and the prevention coalition was growing in membership
- Several grantees described having success with engaging partners in their coalition's prevention efforts, often with the support of a strong, data-informed strategic plan
- No grantees reported having a grievance or other formal complaint filed against them

Grantees also shared feedback related to their questions and concerns regarding resources, implementation, programming, reporting, and evaluation, including:

- One grantee reported anticipating challenges related to data collection for a community readiness assessment
- One grantee described needing to develop additional evaluation tools to better collect information needed to address risk factors
- One grantee expressed a need for statewide training for Green Dot, noting repeated requests from the community to teach it in the schools
- Three grantees described a need for increased organizational capacity for prevention
- One grantee recommended developing a level of statewide infrastructure to support the orientation and training needs of new executive directors who lack prevention knowledge

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Finally, grantees described some of their needs or suggestions for technical assistance topics or areas for discussion during monthly statewide prevention calls, including:

- Access to curriculum materials for Boys Run
- Facilitation of capacity check-ins and brainstorming opportunities for enhancing capacity
- Strategies for facilitating effective coalition meetings in virtual settings
- Development of effective training about prevention for non-prevention staff
- Strategies for advocating for prevention needs within an agency or Board
- Additional evaluation support, including tool development and tracking
- Consideration of how prevention can be sustained and embedded in a community setting

These findings are consistent with those gathered from a recent survey of grantees regarding their experience with and needs for TA as part of their involvement with the grant. Respondents indicated a need for TA about the following to support their future implementation efforts:

- Individual mentorship
- Podcasts, eLearnings, and microlearnings
- Selecting or creating evaluation tools and measures
- Guidance on DV/SA evaluation indicators to demonstrate program impact
- Planning and implementing media campaigns

Respondents endorsed the following TA opportunities as those they felt best supported their capacity development, prevention programming, and skill building:

- Individual TA provided by an external evaluator or consultant hired by their site (100%)
- Written materials (i.e., SPS Prevention Programming Planning & Evaluation workbook) (100%)
- Collaboration and/or facilitated discussions with other CR/CBPPP grantees (88%)
- Prevention Gathering sessions (88%)
- Prevention Summit sessions (88%)
- Monthly TA Grantee Cohort Calls (88%)

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PREVENTION STRATEGIES

A final area in which the CR and CBPPP grantees have dedicated a great deal of time and effort is the realm of specific prevention strategies. Eleven grantees reported implementing a total of 26 unique primary prevention strategies (average per grantee: 2.4, range: 1-8), with a total of 39 strategies implemented across all the sites.

	Girls on the Run	Youth Engagement ²¹	Boys Run	Parent Engagement ²²	Green Dot	Men's Engagement ²³	Community Engagement ²⁴	# OF STRATEGIES PER SITE
Abused Women's Aid in Crisis (AWAIC) – Anchorage	1	2		2			1	6
Advocates for Victims of Violence (AVV) – Valdez		1						1
Aiding Women in Abuse and Rape Emergencies (AWARE) – Juneau	1	2	1			3	1	8
Cordova Family Resource Center (CFRC) – Cordova	1	2			1			4
The Interior Alaska Center for Non-Violent Living (IAC) – Fairbanks	1				1			2
The LeeShore Center (LSC) – Kenai					1			1
Safe and Fear Free Environment (SAFE) – Dillingham								--
Sitkans Against Family Violence (SAFV) – Sitka	1	1	1					3
Tundra Women's Coalition (TWC) – Bethel		2				1		3
South Peninsula Haven House (SPHH) – Homer / Kenai Peninsula	1				1			2
Women in Safe Homes (WISH) – Ketchikan	1	3		1	1			6
Working Against Violence for Everyone (WAVE) – Petersburg	1	1						2
TOTAL # OF SITES IMPLEMENTING STRATEGY/IES	8	8	2	2	5	2	2	39

Table 2. Prevention strategies offered during FY2020, by community.

²¹ **Youth Engagement** strategies: Advocates for Youth, 3Rs, Live Respect, Teens Acting Against Violence, Safe Dates, BIONIC Peer Helpers, Sitka Youth Leadership Committee, Let Me Run, Coaching Boys Into Men, Second Step, Heart and Sole, education about personal safety

²² **Parent Engagement** strategies: Positive Discipline Parenting, Darkness to Light, Communication Skills for Talking with Teens

²³ **Men's Engagement** strategies: Compass, Safe Bars, Men at Work, Men's Circle, Men Ending Violence, Men's Gathering

²⁴ **Community Engagement** strategies: Equity Toolkit and Community Conversations, Make It Your Business

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Grantees reported that nearly 5,700 Alaskans were engaged with these prevention strategies, including more than 4,200 youth. Please note, these values are cumulative and do not necessarily represent the number of unique individuals who were engaged. The three strategies that were implemented by more than one grantee will be reviewed in greater detail; these are:

- Girls on the Run
- Green Dot
- Boys Run

Girls on the Run (GOTR) is an empowerment program for 3rd-8th grade girls. The program combines training for a 5k running event with healthy living and self-esteem enhancing curricula. GOTR instills confidence and self-respect through physical training, health education, life skills development, and mentoring relationships. The 10 week/20 lesson afterschool program combines life lessons, discussions, and running games in a fun, encouraging, girl-positive environment where girls learn to identify and communicate feelings, improve body image, and resist pressure to conform to traditional gender stereotypes.

During FY2020, eight grantees reported implementing Girls on the Run. Grantees and their community partners had about 403 meetings and facilitated 414 activities to plan and implement this strategy. A total of 637 youth and 152 adults were engaged over the course of FY2020 (please note, these values are cumulative and do not necessarily represent the number of unique individuals). A more detailed breakdown of participant ages can be found in Table 3. Importantly, one grantee combined their GOTR data with data from other girls' empowerment strategies (i.e., Heart and Sole), which prevented their number of participants from being included in this section.

FY2020 GOTR participants, by age

Youth 0-4	7
Youth 5-11	598
Youth 12-14	28
Youth 15-17	4
Adults 18-20	0
Adults 21-24	12
Adults 25-44	115
Adults 45-64	25
Adults 65+	0

Table 3. FY2020 GOTR participants, by age.

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Overall, 35% fewer youth engaged in Girls on the Run programming in FY2020, as compared to FY2019.

The grey and blue bars represent FY2019 and FY2020 values, respectively. The percentage change (PC) from FY2019 to FY2020 is presented in parens underneath the age range labels.

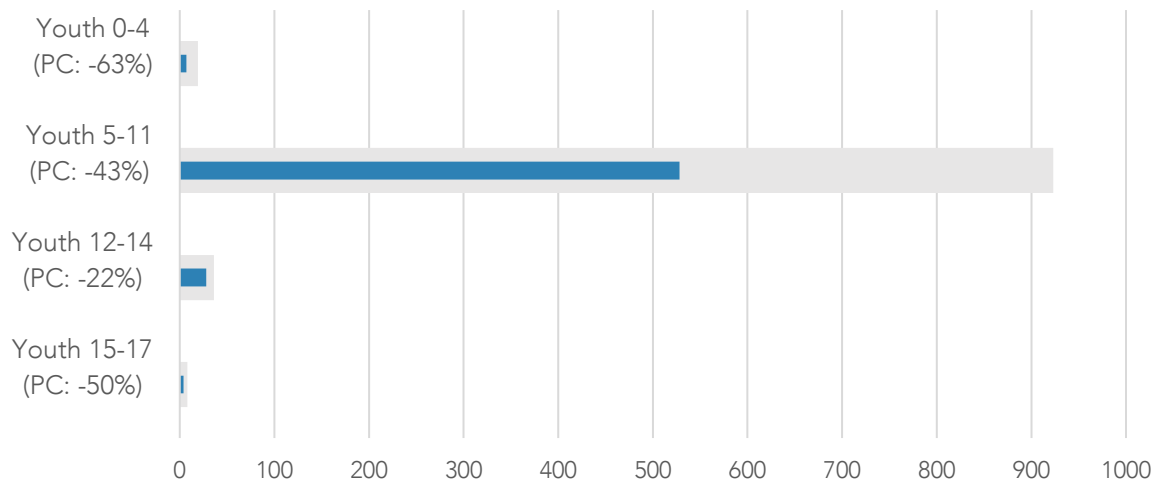


Figure 11. Percentage change and number of youth engaged in Girls on the Run programming from FY2019 to FY2020.

Nearly half as many adults aged 25 to 44 engaged in Girls on the Run programming in FY2020, as compared to FY2019.

The grey and orange bars represent FY2019 and FY2020 values, respectively. The percentage change (PC) from FY2019 to FY2020 is presented in parens underneath the age range labels.

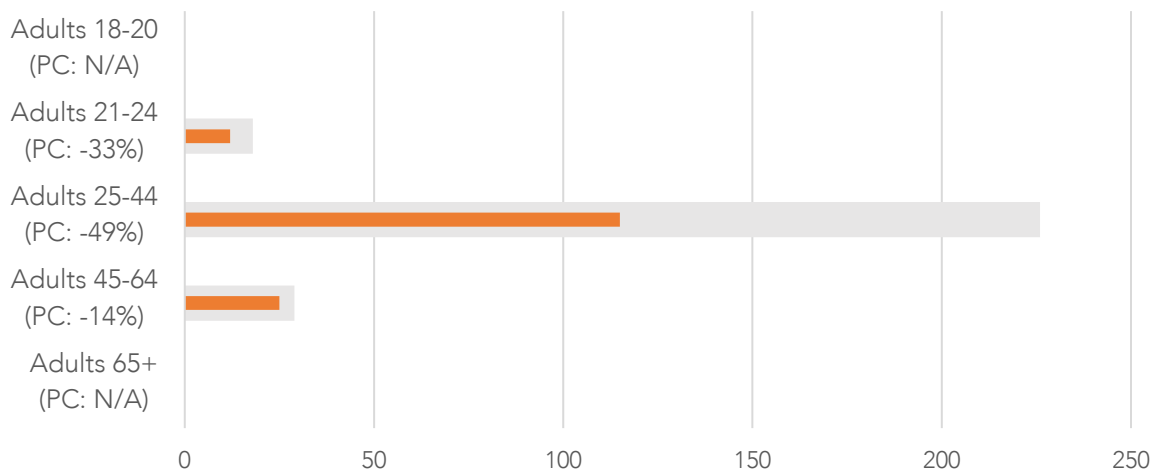


Figure 12. Percentage change and number of adults engaged in Girls on the Run programming from FY2019 to FY2020.

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Minimal feedback was collected from girls and coaches who participated in GOTR during FY2020. Due to the ongoing impacts of the COVID-19 pandemic, several sites had to cancel their GOTR program for the season. As GOTR evaluation data are collected via a post-season survey, which was not administered, this largely prevented sites from gathering this valuable feedback this year. Two sites shared informal feedback they received, which was positive:

- “If you do this program again next year, just sign her up for it now! Seriously, you don’t even have to call us to check. Sign her up, she loved it!” – GOTR Parent upon learning the season had been cancelled
- “We had so much fun [with the virtual 5k]!!” – GOTR Parent

Green Dot Alaska (GDAK) is a nationally recognized bystander intervention program with the goal of preparing organizations or communities to take steps to reduce power-based personal violence, including sexual violence and domestic violence. The “green dot” refers to any behavior, choice, word, or attitude that promotes safety for everyone and communicates intolerance for violence.

During FY2020, five grantees reported implementing Green Dot. Four grantees and their community partners had about 36 meetings and facilitated 53 activities to plan and implement this strategy. A total of 364 youth and 476 adults were engaged in this strategy during FY2020. A more detailed breakdown of participant ages can be found in the table below. Importantly, one grantee combined their Green Dot data with another prevention strategy, which prevented their information from being included in this section.

YEAR THREE FINDINGS

Six times as many youth aged 12 to 14 engaged in Green Dot programming in FY2020, as compared to FY2019.

The grey and blue bars represent FY2019 and FY2020 values, respectively. The percentage change (PC) from FY2019 to FY2020 is presented in parens underneath the age range labels.

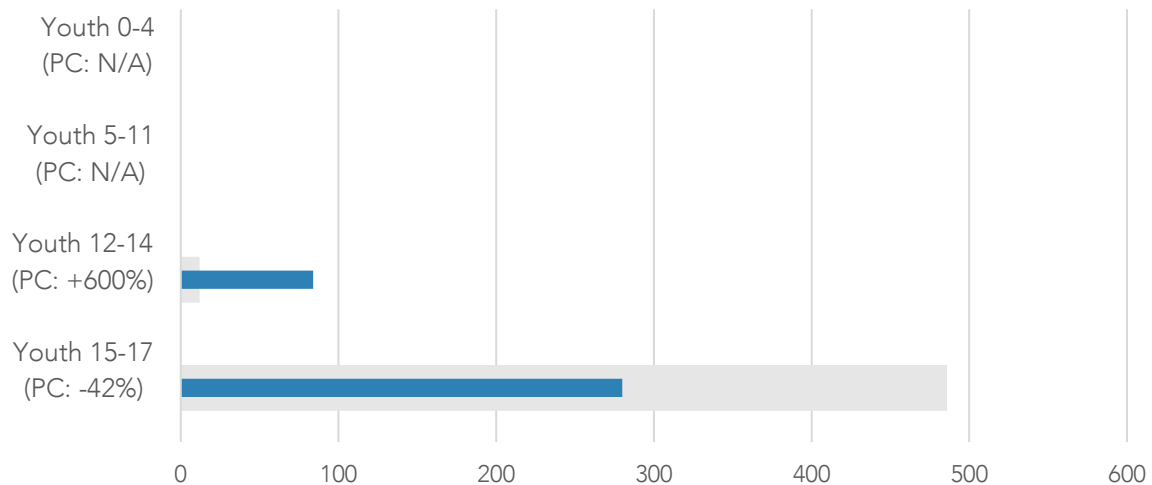


Figure 13. Percentage change and number of youth engaged in Green Dot programming from FY2019 to FY2020.

Nearly five times as many adults aged 25 to 64 engaged in Green Dot programming in FY2020, as compared to FY2019.

The grey and orange bars represent FY2019 and FY2020 values, respectively. The percentage change (PC) from FY2019 to FY2020 is presented in parens underneath the age range labels.

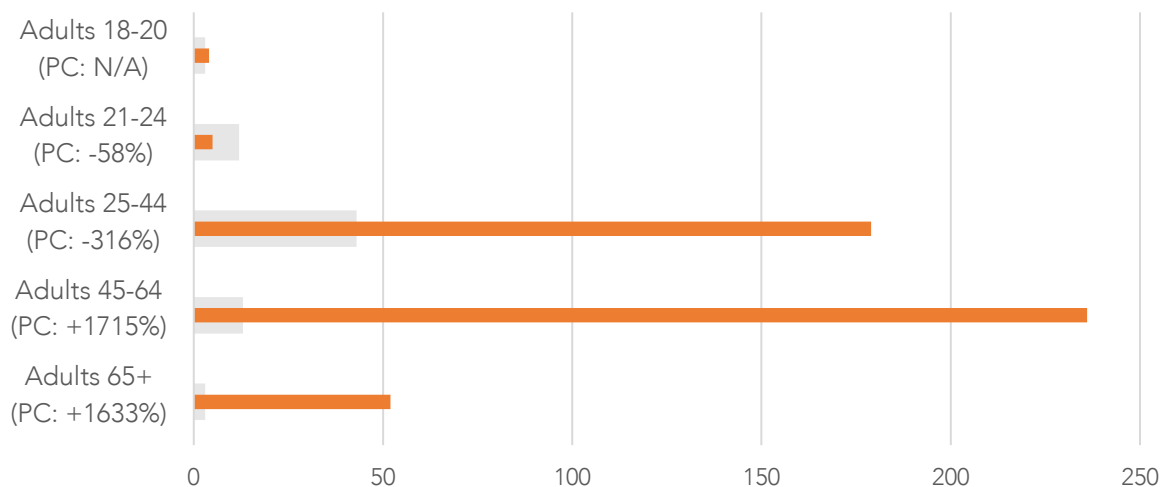


Figure 14. Percentage change and number of adults engaged in Green Dot programming from FY2019 to FY2020.

YEAR THREE FINDINGS

Individuals who participated in Green Dot during FY2020 shared some of their thoughts related to their experience with the program. Importantly, some grantees reported they were unable to access the forms on which this feedback was provided at the time they submitted their report.

The feedback that was shared was generally very positive and included comments such as:

- “I believe it’s possible to reduce the percentage of assaults in [our community].”
- “Yes, this is awesome! One person can change another person’s life.” – Bystander training participant
- “I believe violence can be reduced and possibly ended if we act as a whole.” – Bystander training participant
- “[The training] gets you thinking about your own views/knowledge of violence/abuse. Gives great ideas on how to help.”

FY2020 Green Dot participants, by age	
Youth 0-4	0
Youth 5-11	0
Youth 12-14	84
Youth 15-17	280
Adults 18-20	4
Adults 21-24	5
Adults 25-44	179
Adults 45-64	236
Adults 65+	52

Table 4. FY2020 Green Dot participants, by age.

Boys Run I Toowu Klatseen (BRITK) was co-developed by prevention staff at AWARE in Juneau and SAFV in Sitka and is similarly structured to the Girls on the Run program. Boys Run uses a 10-week, 20 lesson curriculum that teaches boys healthy relationship and lifestyle skills. It emphasizes three core elements: sense of self and knowing one’s worth; healthy communication and

FY2020 BRITK participants, by age	
Youth 0-4	0
Youth 5-11	120
Youth 12-14	0
Youth 15-17	0
Adults 18-20	3
Adults 21-24	17
Adults 25-44	7
Adults 45-64	0
Adults 65+	44

Table 5. FY2020 BRITK participants, by age.

relationships; and positive decision-making, teamwork, and community. Southeast Alaska Native cultures are interwoven throughout this program and it strives to foster an appreciation for and understanding across cultures for all participants. Boys Run envisions boys growing into confident, compassionate men who help to create a community of respect and nonviolence.

During FY2020, two grantees reported implementing Boys Run. Importantly, one grantee combined their Boys Run data with that of other Engaging Boys and Men programs. While

the youth participant numbers can be accurately reported, other information (i.e., number of meetings with partners or strategy-specific activities) cannot. One grantee and their community partners had 34 meetings and facilitated 116 activities to plan and implement Boys Run. A total

YEAR THREE FINDINGS

of 120 boys and 71 adults were engaged in this strategy (please note, these values are cumulative and do not necessarily represent the number of unique individuals who participated).

Three quarters as many youth aged 5 to 11 engaged in Boys Run programming in FY2020, as compared to FY2019.

The grey and blue bars represent FY2019 and FY2020 values, respectively. The percentage change (PC) from FY2019 to FY2020 is presented in parens underneath the age range labels.

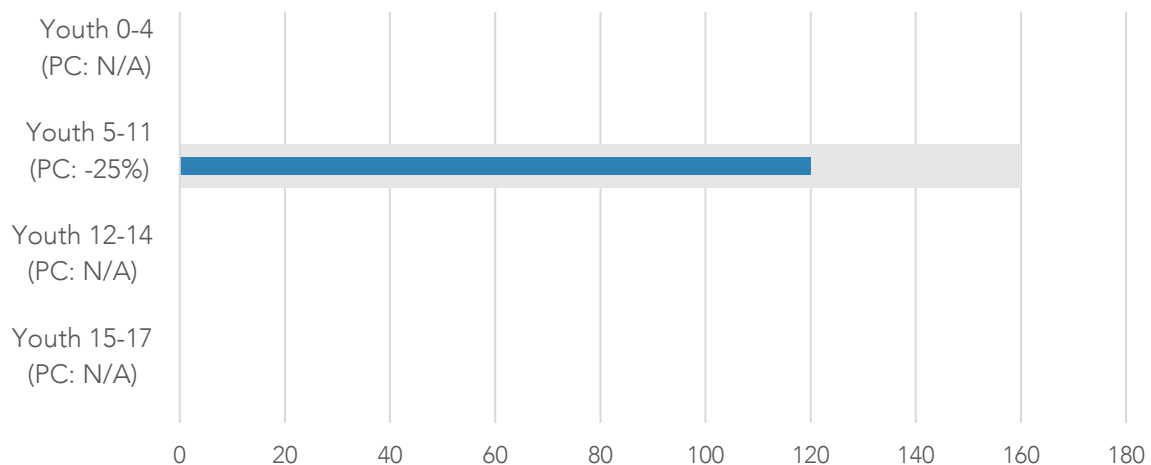


Figure 15. Percentage change and number of youth engaged in Boys Run programming from FY2019 to FY2020.

More than twice as many adults aged 21 to 24, and a substantially larger number of adults aged 65 and older, engaged in Boys Run programming in FY2020, as compared to FY2019.

The grey and orange bars represent FY2019 and FY2020 values, respectively. The percentage change (PC) from FY2019 to FY2020 is presented in parens underneath the age range labels.

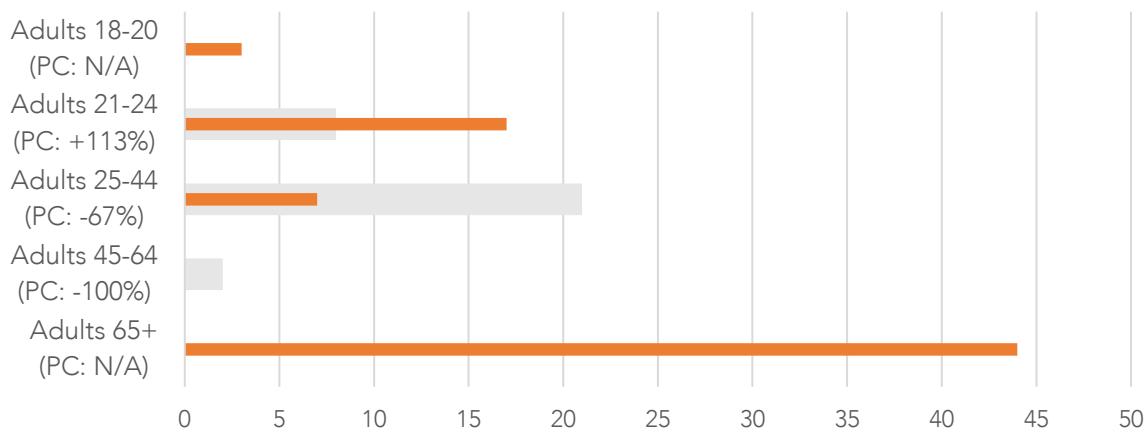


Figure 16. Percentage change and number of adults engaged in Boys Run programming from FY2019 to FY2020.

YEAR THREE FINDINGS

Boys and coaches who participated in BRITK during FY2020 provided feedback related to their overall experience with the program. Importantly, one of the implementation sites had to cancel their BRITK season shortly after it started in response to the COVID-19 pandemic and did not have an opportunity to collect this information. In general, this feedback tended to be positive in nature and included remarks such as:

- “Boys Run is more fun than video games.” – Boys Run youth participant
- “When I got mad at my brother, I used to fight him. Now I just tell him to stop.” – Boys Run youth participant
- “To be a good ally, you can remind someone to take a break to calm down.” – Boys Run youth participant
- “It is amazing to have an entire community of people to help shape our young men into leaders, create healthy communities, and decrease some of the societal issues we systemically face.”

Protective & Risk Factors

Grantees indicated which protective/risk factors they were attending to by implementing different strategies. The five most frequently endorsed factors (in other words, a notable portion of the current prevention programming being undertaken by grantees is intended to influence these factors) were:

- Traditional gender norms
- Gender equity
- Youth violence
- Unhealthy family relationships and interactions
- Belief in strict gender roles

The five least frequently endorsed factors were:

- Child abuse
- Substance use or abuse
- Academic achievement
- Reproductive health
- Poverty

YEAR THREE FINDINGS

The most and least frequently endorsed items are virtually identical to those reported during FY2019, suggesting that grantees are continuing to make efforts to increase their programming's comprehensiveness and attend to multiple levels of the social ecology. Importantly, there were some inconsistencies in the reporting of protective/risk factors associated with each strategy. In some cases, the same grantee reporting on the same strategy selected slightly different protective/risk factors than the previous quarter's report. It is unlikely that the overall dataset was strongly affected by this, but it is worth noting.

Social Ecology

As described previously, the social ecology helps to identify and understand the complex relationships between an individual, their interpersonal relationships, the local communities and groups of which they are a part, and the larger societal factors that influence their life. It also serves as a planning tool to identify where prevention efforts exist and are needed. The CBPPP grantees, in particular, are making efforts to improve the comprehensiveness of their prevention programming and looking at their reach across the social ecology is one way to evaluate this.

Of grantees' reported strategies across all quarters, 100% of those strategies attended to the individual level of the social ecology, and 98% to the relationship level. Fewer strategies (74%) focused on the community level, and as expected, the societal level was attended to by the fewest strategies (38%). As grantees continue to develop and expand their capacity, this may be an area to offer additional, targeted support as grantees consider which strategies could be implemented that focus on the outermost level of the social ecology.

RECOMMENDATIONS

Recommendations

The following recommendations are based on the analysis of available information and relevant contextual information. These recommendations are aimed at strengthening technical assistance delivery, execution and documentation of grant requirements and activities, and to further enhance and advocate for statewide DV/SA primary prevention efforts.

1. **Promote robust monitoring, record keeping, and documentation of primary prevention efforts.** Consider providing an example of an 'exemplar' Quarterly report submission. Integrate a training on completing the CDVSA quarterly report as part of the onboarding for new prevention coordinators and/or an annual technical assistance activity.
2. **Identify opportunities for coordination.** Foster meaningful relationships with other statewide initiatives surrounding violence prevention and risk and protective factors work. Identify key overlaps in state agencies' efforts with similar focus.
3. **Engage in strategic planning with other statewide violence prevention efforts and promote shared risk and protective factor approach.** Identify and prioritize common risk and protective factors and leverage points for coordination to achieve impact on multiple outcomes related to violence prevention.
4. **Promote best practices for effective primary prevention.** Continue to educate practitioners and support the evaluation of grantees implementation of evidence-based practices and programs. Effective primary prevention programming is comprehensive, appropriately timed, of sufficient dose, administered by well-trained staff, socio-culturally relevant, theory-driven, and utilizes varied teaching methods.
5. **Ensure multiple points of prevention and promote increasing comprehensiveness of programming to include the outer levels of the social ecology.** Provide additional guidance to grantees on building the comprehensiveness of their programming expand messaging efforts and implement activities that engage the broader community and society (promote equitable structures and processes; civil and criminal law reform).
6. **Identify opportunities for TA around prevention communication campaigns and identify ways to leverage statewide resources to support messaging.** CR and CBPPP grantees have increasingly explored and reported narrative related to community-level communication strategies as part of their programming.

RECOMMENDATIONS

7. **Develop Structural Conditions to support high-quality implementation of prevention programming.** To sustain significant local buy-in to prevention initiatives, continue to fund primary prevention programming and support grantees in reducing barriers in organizational environments by promoting organizational norms supportive of prevention, and engaging and training organizational leadership about the benefits of prevention, policies, and resources.

APPENDICES

Appendices

- Grantees' end year status on all capacity domain items
- Grantees' end year status on selected capacity domain items
- Implemented strategies by site and domain

APPENDICES

Grantees' end year status (FY2020) on all capacity domain items²⁵

Leadership	Yes	No	% Change ²⁶
Our Board members [vote] on adapting the organization's [mission statement, strategic plan, training materials, etc.] to include primary prevention.	92%	8%	-8%
Our Organization integrates regular primary prevention agenda items into Board meetings.	92%	8%	+22%
Our Organization integrates primary prevention agenda topics in annual executive board retreats.	67%	25%	-3%
Our Organization has a board member with primary prevention experience/expertise.	67%	33%	+7%
Our Organization has established ongoing training for organization leadership about primary prevention (examples: the public health approach to prevention; root causes of IPV, SV, TDV).	67%	25%	-3%
Primary prevention is integrated in Executive Director orientation training.	67%	25%	+3%

Structures and Processes	Yes	No	% Change
Our Organization has revised mission/vision statements to include the goal of primary prevention of IPV.	92%	8%	-8%
Our Organization has updated or created organization communication items/materials with a focus on: primary prevention content; primary prevention frameworks; healthy relationships; working with men and boys; and/or preventing teen dating violence.	92%	8%	+12%
Our Organization includes primary prevention in the organization's legislation/advocacy talking points.	92%	8%	+12%
Our Organization has added a section to the organization website about prevention of IPV, TDV, and SA.	100%	0%	+10%
Our organizational newsletter has a regular section on prevention of IPV, TDV, or SA.	75%	17%	+25%
Our Organization incorporates primary prevention materials on regular listserv announcements.	50%	42%	+20%

²⁵ This measure was completed at the end of the year by all grantees; however, one grantee did not respond to all items.

²⁶ This reflects the change in percentage for grantees endorsing "Yes" on this item at the end of FY2020 compared to FY2019; percent changes greater than or equal to 20% have been bolded for emphasis.

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Our Organization utilizes theory to establish an evidence base that will inform the organization's primary prevention efforts.	75%	17%	+5%
Our Organization uses data (state healthy relationship data, BRFSS data, prevalence data, demographic data on perpetrators or victims) to inform IPV, TDV, SA prevention priority areas or strategic partnerships.	50%	42%	+40%
Our Organization incorporates specific IPV, TDV, and/or SA primary prevention goals/objectives/strategic targets in the organization's strategic plan.	75%	17%	-5%
Our Organization has added IPV, TDV, and/or SA primary prevention resources to the organization library.	92%	0%	+12%

Staffing	Yes	No	% Change
Our Organization has formed a staff team or workgroup to work on primary prevention of IPV, TDV, and/or SA.	92%	8%	+2%
Our Organization has added primary prevention focus to an existing staff work group or planning group within the organization.	58%	33%	+18%
Our Organization includes primary prevention goals within staff individual development plans.	58%	33%	+8%
Our Organization incorporates IPV, TDV, and/or SA prevention topics into regular staff meetings.	75%	25%	+5%
Our Organization revised standard staff training materials to include primary prevention.	58%	33%	-12%
Our Organization holds regular staff trainings specifically on IPV, TDV, and/or SA primary prevention.	50%	42%	-10%
Our Organization added a primary prevention component to staff training materials.	75%	8%	+15%
Our Organization added a staff member whose primary work is in primary prevention of IPV, TDV, and/or SA.	92%	0%	+2%
Our Organization revised [AmeriCorps/student intern/volunteer] positions to focus on primary prevention.	67%	25%	+17%
Our Organization revised all organization job descriptions to include prevention activities for staff members work on.	25%	67%	+5%
Our Organization has revised staff position(s)/name of staff positions to include prevention activities.	67%	25%	-3%

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Our Organization includes primary prevention components in standard staff orientation materials.	75%	17%	+25%
Our Organization requires all staff to annually/quarterly/other time frame receive primary prevention training/TA.	33%	58%	+27%
Our Organization increased staff access to current research on incidence and prevalence of IPV, risk and protective factors of IPV, and/or best practices for IPV primary prevention.	75%	17%	-15%

Partnership Development	Yes	No	% Change
Organizations working with men and boys	50%	42%	+10%
Specifically with men to plan or implement prevention efforts	67%	25%	-13%
A healthy relationship program	67%	25%	-13%
A mentoring program	33%	58%	-7%
A state committee	33%	58%	+13%
A state task force	25%	67%	+15%
A state workgroup	50%	42%	+30%
A different organization interested in or currently conducting IPV/TDV and/or SA primary prevention work (i.e., United Way, ANDVSA, tribal, correctional center, local prevention groups, Neurobehavioral Health & Consultants, 4-H)	58%	33%	-12%

Resource Development	Yes	No	% Change
Applied for/ received funding specifically for IPV prevention activities.	50%	42%	-30%
Partner(s) provide/d in-kind resources to the organization to support primary prevention work (materials, supplies, staff time from partners).	75%	17%	-25%
Designated a % of general funds raised to support primary prevention initiatives.	50%	42%	-30%
Incorporated primary prevention as priority for board development (e.g., fundraising area).	50%	42%	No change

Table 6. Grantees' end year status (FY2020) on all capacity domain items.

APPENDICES

Grantees’ end year status on selected capacity domain items¹

	Leadership						Structures and Processes											Staffing														Resource Development			
	A1. Adapt mission statement, strategic plan, etc.	A2. Integrate prevention agenda board meetings	A3. Integrate prevention agenda board retreats	A4. Board member prevention experience	A5. Established ongoing training for leadership	A6. Integrated in Executive Director orientation	B1. Revised mission/vision statements	B2. Updated or created materials with a focus	B3. Prevention in legislation/advocacy talking points	B4. Add website about prevention	B5. Newsletter section on prevention	B7. Utilizes theory/data to inform prevention	B8. Utilizes data to inform prevention priority areas	B9. Incorporates prevention in strategic plan	B10. Add prevention resources to library	B11. Prevention check in	C1. Form a staff team or workgroup	C2. Focus to work group or planning group	C3. Goals within staff individual development plans	C4. Incorporates prevention topics into staff meetings	C5. Revised standard staff training materials	C6. Staff primary prevention trainings	C7. Added prevention to staff training materials	C8. Added prevention staff member	C9. Revised volunteer positions	C10. Revised job descriptions	C11. Revised staff positions to include prevention	C12. Primary prevention in staff orientation	C13. Staff to receive prevention training/TA	C14. Increased staff access to research	E1. Apply/receive funding IPV prevention	E2. Partners provide in-kind resources	E3. % of funds raised support prevention	E4. Priority for board development	
Anchorage																				NC				C*							C*	C*	C*		
Bethel							C	C		C												C													
Dillingham	C	I		C			C*	NC		C			NC				C				NC*			C			NC*				C	C			
Kenai										C	C					C*						C*	C*	C	C		C*				C	C	C		
Ketchikan	C*	C*			C	C	C*			C*				C*												I					C	C		C*	
Petersburg													NC*	I*	C																				
Valdez																																			

C: Complete
NC: Near Completion
I: Incomplete
*: Newly selected for FY2020

Table 7. Grantees’ end year status (FY2020) on all capacity domain items.

¹ This measure was completed on a quarterly basis by all CR grantees.



STRATEGIC
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