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SHARED RISK AND PROTECTIVE FACTORS

GENDER BASED VIOLENCE REPORT

CDVSA
Alaska's Council on Domestic Violence & Sexual Assault
STRATEGIC PREVENTION SOLUTIONS

SHARED RISK AND PROTECTIVE FACTORS: GENDER BASED VIOLENCE REPORT

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PREFACE

This report builds on the great work that has been happening in Alaska over the past few years. Of particular note is the Alaska Shared Risk and Protective Factor Community of Practice facilitated by the Alaska Statewide Violence and Injury Prevention Partnership, and the Rape Prevention Education Program facilitated by Alaska's Department of Health through the Division of Public Health. These two groups have built an infrastructure for researching shared risk and protective factors in Alaska.

This report is based on their contributions, along with others across the state and nation. We would like to extend a special note of gratitude to Becky Judd and her work to identify shared risk and protective factors impacting adolescent behavior and positive development.

This report was written by Strategic Prevention Solutions and funded by Alaska's Department of Public Safety: The Council on Domestic Violence and Sexual Assault (CDVSA). The views expressed in this document do not necessarily represent the position or policies of CDVSA.

The Council on Domestic Violence and Sexual Assault (CDVSA)

The Council on Domestic Violence and Sexual Assault (CDVSA), housed within the Alaska Department of Public Safety, is a state council that provides the coordination of statewide prevention and intervention services as well as government funding sources related to domestic violence and sexual assault.

Additional information about CDVSA is available at https://dps.alaska.gov/CDVSA/Home

CDVSA | Alaska's Council on Domestic Violence & Sexual Assault

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We would also like to acknowledge colleagues and partners who graciously contributed their time and review of this report.

"I can be changed by what happens to me. But I refuse to be reduced by it."
–Maya Angelou

CDVSA
Alaska's Council on Domestic Violence & Sexual Assault

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EXECUTIVE SUMMARY

BACKGROUND

In Alaska, the rates of gender-based violence (also known as domestic violence (DV), sexual assault (SA), and teen dating violence (TDV)) remain some of the highest in the nation. Research estimates that 58 out of every 100 Alaskan women have experienced DV/SA or both within their lifetime[160]. In addition, a corresponding study with the Alaska Mental Health Trust[62], indicated that beneficiaries of the Trust were more than 1.6 times more likely to experience DV/SA or both than people who were not Trust beneficiaries. Alaska Native women continue to experience these forms of violence at rates that far exceed the highest rates of any other population during their lifetime[179].

Reaching communities widely, it is a constellation of factors, settings, and environments in a person's life that results in the choice to use abusive behaviors, such as gender-based violence[38, 133, 173]. These pervasive and persistent forms of violence often co-occur with many other challenges that people experience, such as intergenerational trauma, adverse childhood experiences, and institutionalized systems of inequity. As such, preventing gender-based violence demands coordinated prevention planning efforts that include cross system responses that are culturally relevant, community informed, and consider the contextual factors that can support a person to live a violence-free and healthy life.

In recent years, Alaska has begun to examine these co-occurring factors by adopting ***a shared risk and protective factor (SRPF) approach to wellness enhancement***. With many factors influencing a person's social and health-related outcomes, this approach supports coordinating efforts across systems to address the whole person. In Alaska, this means an approach that accounts for historical trauma, adverse childhood experiences, and institutionalized systems of inequity. Figure 1 displays an example of how two of the most pervasive behavioral health issues in Alaska share multiple risk and protective factors that could be addressed to prevent both issues simultaneously. For example, incident rates of both domestic violence and substance misuse can be reduced through improving social-emotional learning skills. **The goal of this report is to lay the foundation for**

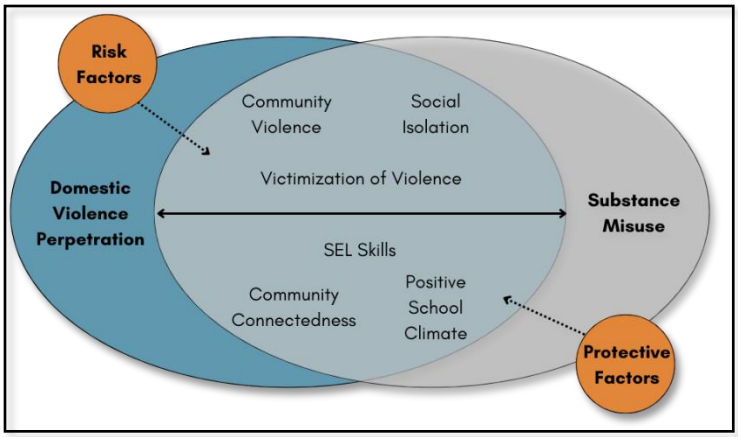


Figure 1: Shared Risk and Protective Factor Map Example

preventionists to adopt a shared risk and protective factor approach to prevent gender-based violence and co-occurring social and health-related issues.

REPORT STRUCTURE

This report expands previous shared factors work to present the shared risk and protective factors **that are most salient to gender-based violence**: specifically domestic violence (DV), sexual assault (SA), and teen dating violence (TDV). This report includes shared risk and protective factors related to multiple behavioral-health outcomes including:

- **Bullying**
- **Child maltreatment**
- **Delinquency**
- **Domestic violence**
- **Elder abuse**
- **School dropout**
- **Sexual assault**
- **Substance misuse**
- **Suicide**
- **Teen dating violence**
- **Youth violence**

This report is presented as a tool for community prevention teams, stakeholders, and funders to better align funding announcements, comprehensive prevention planning and programming, and community partnerships across factors that are shared with gender-based violence.

METHODS

From over 800 academic and online journal articles collected, 209 pieces were selected for this review. Utilizing a semi-strict selection criteria, we included literature that were the most salient factors pertaining to prevention of perpetrating the outcomes listed above. These selected factors were then mapped into tables to display the shared risk (Table 3) and protective factors (Table 4) of the selected outcomes. We also provide two emphasized tables of gender-based violence-specific shared risk factors (Table 5) and protective factors (Table 6).

USING THIS REPORT TO IMPROVE LOCAL PREVENTION EFFORTS

In Alaska, we are applying this study to deepen the understanding of utilizing a SRPF approach in local prevention programming practice. Specifically, this report is being used to provide technical assistance to CDVSA's 13 Primary Prevention Program Grant (PPPG) grantees. As such, PPPG proposals were compared with the most salient shared risk and protective factors culled from existing research to identify how much grantee programming is centered on using shared risk and proactive factors. The resulting table (*see Table 7*) can be used as a tool for grantees to deepen the impact of their prevention programming by leveraging limited resources and cultivating strong community partners using a SRPF

approach. This approach can also serve as a model for other states to help prioritize a SRPF approach to prevent multiple harmful social and health-related outcomes.

DISCUSSION

The findings of this review suggests that individual- and relationship-level factors within the social ecology are highly studied, whereas community- and societal-level factors are not. We note the impact of publication bias and funding availability as being partly responsible for this imbalance. **We found that the risk factors of being victimized by violence, exposure to family violence, school disconnectedness, and harmful social norms or laws impact the most behavioral-health outcomes. Alternatively, the protective factors of social-emotional learning skills, family connectedness, school connectedness, and access and/or coordination of resources positively impact the most behavioral-health outcomes.**

Most Alaska-based PPPG grantees are focusing on individual level factors. Grantees, and other prevention programming, can strengthen the impact of their efforts by utilizing a SRPF approach at multiple levels of the Social-Ecological Model (SEM). Findings also suggest that future funding streams should address the limitations in the evidence-based programming available for specific communities, such as Alaska Native populations, by expanding to include culturally informed, place-based programming, that is practiced informed and is evaluated through Indigenous approaches to programming and evaluation.

RECOMMENDATIONS

While risk and protective factors are now an established field of academic study, this report contributes to a very limited set of knowledge about what risk and protective factors are shared with various forms of gender-based violence. This report is intended to deepen the SRPF understanding within agencies and organizations working to prevent violence. We recommend that agencies and organizations use the findings of this report in the following ways:

- **To inform the selection of prevention programming that addresses more than one harmful social and health-related outcome**
- **To facilitate coordinated system-wide partnership across sectors to leverage resources and plan more comprehensive and effective prevention efforts**
- **To guide funding announcements to build and support promising programs that address shared factors at multiple levels of the social ecology.**

I.
INTRODUCTION

INTRODUCTION

WHY ADDRESSING SHARED FACTORS IS SO IMPORTANT FOR ALASKANS

In Alaska, the rates of gender-based violence (also known as domestic violence (DV), sexual assault (SA), and teen dating violence (TDV)) remain some of the highest in the nation. Research estimates that 58 out of every 100 Alaskan women have experienced domestic violence (DV), sexual assault (SA), or both within their lifetime[214]. In addition, a corresponding study by the Alaska Mental Health Trust[84], indicated that women beneficiaries of the Trust were more than 1.6 times more likely to experience DV/SA or both than women who were not trust beneficiaries. **Alaska Native women experience these forms of violence at rates that far exceed the highest of any other U.S. population during their lifetime**[179]. For Alaska Native women [179]:

55.5% experienced DV

56.1% experienced SA

48.8% experienced stalking

All who experience gender-based violence are **at risk for serious physical and mental health consequences.** Victims of DV and/or SA are at risk for musculoskeletal, cardiovascular, neurological, reproductive issues, and more[7,97]. Victims may have depression, anxiety, personality disorders, trauma and stress-related disorders, suicidality, and substance misuse[6]. Alaska Native (AN) women are at similar risk for these health concerns and have a higher need for access to resources and support, due in part to historical underfunding. Rosay (2016) found that AN women were 2.3 times more likely to need medical care than others. AN women were also just as likely to need legal, housing, and advocacy services than any other population[179]. There are many contributing and compounding factors to understanding gender-based violence, some more relevant to Alaska, including the system violence and underrepresentation of Indigenous peoples. These are significantly important considerations that should guide the development, adoption, or strengthening of prevention measures.

These pervasive and persistent forms of **gender-based violence perpetration often exist in the presence of other detrimental outcomes**, such as substance misuse, delinquency, and mental health concerns. Issues are interconnected and share the same root causes and consequences[47,230]. Victims of violence, for example, are more likely to experience revictimization and endure additional forms of violence[230]. During 2005-2014, 33% of DV victims experienced DV more than once by the same offender[161]. **This cycle, left without committed assistance and intercession, can perpetuate for generations in communities.**

Many social and behavioral-health factors can be predictors of harmful future behavior. Victims of DV/SA are likely to perpetrate violence themselves[1,61, 189,190]. According to Kaufman-Parks (2018), violence perpetration from parents/caregivers increases the likelihood of the child also perpetrating domestic violence by 42%[122]. On the other hand, with a better parent/child relationship, the likelihood of a child becoming violent with a romantic partner decrease by 6%. This same study also found that perpetrating youth violence increased the likelihood of perpetrating domestic violence by 84%[122].

In Alaska, these experiences are **closely tied to other challenges that are present due to the geographical and socio-demographic realities of living in the lowest population density state in America** (1.28 persons per square mile[198]). Intergenerational trauma, adverse childhood experiences (ACEs), and institutionalized systems of inequity are the **underpinning for many complex social and behavioral concerns** [71, 84, 172, 185, 223]. According to the 2013 Alaska Behavioral Risk Factor Surveillance System, about 64.4% of Alaskan adults have experienced one or more ACEs in their lifetime. Results reflected that those with ACEs have a higher prevalence of substance misuse, mental health concerns, and experiencing various forms of violence than their peers without ACEs[8].

Gender-based violence is also an **incredibly costly issue in the United States**. A study from 1988 estimated the economic consequences of sexual assault alone was about $14.9 billion in total annual costs (2001 USD)[75]. Today, that is equivalent to over $24 billion annually. The lifetime economic burden of domestic violence is $3.6 trillion[168]. Sexual assault costs roughly $241,000 per offense[147]. In Alaska, the economic cost of DV/SA is unknown. Although, a study found that ACEs cost the state of Alaska $82 million every year[192]. Whether it is medical, legal, housing, employment, or other related costs, experiencing violence is costly. These estimates show the substantial burden of violence to communities across the United States and give reason for comprehensive funding to prevent violence.

Since 2010, the State of Alaska has allocated a small portion of its general fund budget to funding the prevention of DV/SA. Considering the overlap of gender-based violence with other behavioral health issues, **prevention in Alaska demands coordinated planning efforts that use integrated approaches that are culturally relevant, community informed, and consider the contextual factors** that prevent a person from living a full and healthy life. Alaska is **uniquely positioned in violence prevention work** due to the foundation built by communities across the state. Alaska is actively working with tribes, non-profits, local communities, and other states to coordinate a system-wide response through establishing work groups, teams, coalitions, and more to prevent violence. For instance, Alaska's multi-sector coalition, Pathways to Prevention Statewide Leadership Team, has developed a comprehensive framework of strategic approaches to primary prevention across all regions of Alaska. The goals, otherwise known as "Pathways,"

address Alaska-specific strengths and challenges, such as cultural connectedness, inequity, and intergenerational trauma. The following goal areas (i.e., "pathways") form a framework of prevention efforts that cut across multiple social and health-related issues:

- Alaska is engaging in addressing the root causes of violence and the promotion of equity
- Alaskan youth are leaders in the promotion of healthy relationships
- Alaskan youth have the social and emotional skills needed to live a safe and healthy life
- Alaskan communities are engaged in supporting the social and structural environments that promote healthy relationships
- Alaskan males play an important role in the promotion of healthy relationships and healthy gender identity across Alaska
- The state of Alaska has a sustained infrastructure to coordinate prevention efforts against domestic violence, teen dating violence, sexual assault, and ACEs

OVERVIEW OF THIS REPORT

In response to the growing focus on prevention, the Alaska Department of Public Safety: Council on Domestic Violence and Sexual Assault (CDVSA) contracted Strategic Prevention Solutions (SPS) to thoroughly, and systematically, review the shared risk and protective factors (SRPF) that intersect Alaska's most pressing social and health-related issues, such as domestic violence, sexual assault, and teen dating violence (TDV). This report is intended to assist CDVSA and local prevention practitioners to better coordinate and integrate prevention initiatives across related fields of public health. Additionally, with this report, we hope to better position Alaska to partner across state agencies or organizations to expand partnerships and respond to federal funding announcements.

By generating a deeper understanding of how to use a shared risk and protective factors approach (SRPF), agencies and organizations will be able to plan, implement and impact multiple behavioral-health issues in their communities **more accurately and simultaneously.** For example, "family connectedness" is a protective factor that spans multiple social and health-related outcomes that were reviewed for this report. Therefore, implementing programming to improve **family connectedness** would benefit multiple social and health-related

outcomes. Additionally, coordinating efforts through a SRPF approach leverages limited resources and cultivates strong and sustainable community partnerships.

HOW TO USE THIS REPORT

This report is presented as a tool for gender-based violence preventionists to strategically approach comprehensive prevention programming, system-wide partnerships, and funding announcements. The following terms are the focus of this report (*see section V. Frameworks and Definitions for more*):

RISK FACTOR: Determinants that may increase a person's chances of a harmful social and health-related outcome. Risk factors may or may not be direct causes for harmful outcomes, although, a combination of these at different levels of the SEM contributes to harmful outcomes[114].

PROTECTIVE FACTOR: Determinants that may lessen the chances that a person may experience a harmful social and health-related outcome[113]. These characteristics exist the different levels of the SEM and can sometimes reduce the impact of risk factors on outcomes.

SHARED RISK AND PROTECTIVE FACTORS (SRPF): Characteristics that impact multiple outcomes that are interconnected across the Social-Ecological Model. These shared factors overlap and can happen simultaneously amongst individuals, families, communities, and societies[230].

SOCIAL-ECOLOGICAL MODEL (SEM): Also known as the social-ecology, the SEM displays the complex interactions between the contextual layers of a person's life, including factors among individuals, relationships, communities, and societies[193]. A major premise of the SEM is that no problem can be addressed successfully without intervention at multiple (if not all) contexts of a person's life.

Findings in this report were limited to the shared risk and protective factors for the following social and health-related outcomes:

- **Bullying**
- **Child maltreatment**
- **Delinquency**
- **Domestic violence**
- **Elder abuse**
- **School dropout**
- **Sexual assault**
- **Substance misuse**
- **Suicide**
- **Teen dating violence**
- **Youth violence**

This report offers a discussion about the **considerations of using a SRPF approach** to address these social and health-related outcomes. We present data visualizations with an in-depth review of the shared risk and protective factors.

There is a DV/SA-specific shared risk and protective factors visualization accompanied with in-text citations for reference. This particular visualization could be printed separately and taken to community coalition meetings or meetings with stakeholders to show how DV/SA shares many of the same factors as the issues they are collectively trying to address.

To dig deeper, this report also **offers recommendations for the future** with an example of a SRPF approach, showcasing a table of Alaska's FY2021 Primary Prevention Programming Grant (PPPG) grantee programs.

Finally, **language and a proposed framework for a shared risk and protective factor approach are presented**.

II.
METHODS

METHODS

DATA COLLECTION

The data from this report was culled using a systematic literature review of the risk and protective factors for selected social and health-related outcomes. To review the literature, SPS first developed a set of inclusion and exclusion criteria[9,120]. We searched online databases including, but not limited to, PubMed, PLOS, JURN, LexisNexis, Psych INFO, and Google Scholar. We also conducted a secondary review of article references to retrieve supplemental literature not identified by the primary database searches.

A total of 827 literature pieces were identified from the search terms, and additional criteria reduced this sampling to 198 works included in this review (*see Figure 2*). Figure 3 displays a word cloud of search terms. This figure represents the frequency in which the terms were used to find the 827 initial pieces of literature. The selected literature focused on the **perpetration** of harmful social and health-related outcomes (e.g., domestic violence, youth violence). We included literature (i.e., the 198 literature pieces) that displayed the risk and protective factors most salient to the selected social and health-related outcomes.

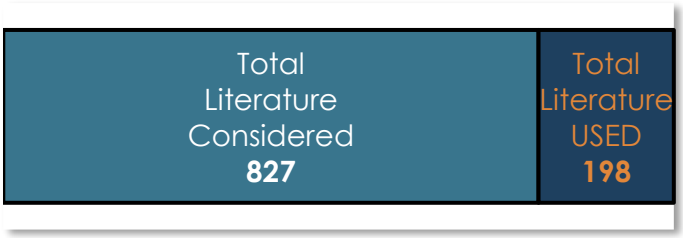


Figure 2: Literature Searched

Figure 3: Search Terms

The literature was cataloged using the survey platform Alchemer. The survey *(see Appendix A)* sought to do the following:

- **Organize articles to reduce duplicates;**
- **Document the collected social and health-related outcomes;**
- **Identify the risk and protective factors related to the outcomes; and**
- **Measure prevalence across the SEM**

Concurrently, literature pieces were documented in two Microsoft Excel workbooks. In the first workbook, we analyzed the literature for terms that described the risk or protective factors and established a list of those factors. The scope of literature search was vast, and risk and protective factor terminology fluctuated across time periods, disciplines, author language preferences, and

more. For that reason, literature pieces were logged according to the variety of terms used to define factors; known henceforth as "subfactors." This logging process identified the elements that make up a risk or protective factor across the fluctuations. For example, the protective factor "engagement in positive activities" was sometimes alluded to as "youth participating in hobbies during their free time." In this case, the latter would be the subfactor for the more commonly used term, "engagement in positive activities." Table 1 displays an example of the logging structure for this process. The subfactor and outcome connection was composed using the pre-determined guidelines (*see Selection Criteria section*).

Outcome: Domestic Violence			
SEM Level	**Factor**	**Subfactor**	**Literature**
Individual	*Engagement in positive activities*	*Participation in hobbies*	*Author*
Individual	*Motivations/Aspirations*	*Plans for attending secondary school*	*Author, Author*

Table 1: Example of Subfactors Logging Structure

The second workbook's purpose was to extract the factors and literature and analyze the relationship of each factor with the selected outcomes. Table 2 represents an example of the logging structure for this workbook. The methodology was similar to the subfactor logging except it used the literature source to represent the connection (*see Table 2 for reference*). This process established which factors were pertinent to the outcomes as we were able to visualize factor prevalence across the spreadsheets. This workbook supported the pre-established guidelines to correspond with the first iteration of logging.

SEM LEVEL	**Factor**	**Outcome**		
		Domestic Violence	**Sexual Violence**	**Teen Dating Violence**
Individual	Engagement in Positive Activities		*Author*	*Author, Author, Author*
Individua	Motivations /Aspirations	*Author, Author*		*Author*

Table 2: Example of Factors Logging Structure

Once the literature was sorted and catalogued, we developed two tables to display the social and health-related outcomes and their respective shared risk and protective factors (*see Table 3: Shared Risk and Protective Factors Table for reference*).

Finally, a goal of this report is to be used as a tool for prevention program planning. Accordingly, we offer a strategy for visualizing the SRPF approach in practice. We analyzed CDVSA's PPPG grantees' prevention programming efforts. We ultimately sought to compare the grantees' efforts with the identified SRPFs. To do so, we created another survey through Alchemer to act as a catalogue tool when reviewing grantees' applications to the grant (*see Appendix B*). Survey analyses identified the risk and protective factors addressed through PPPG funded prevention programming (*see Table 9: Program Mapping for reference*).

SELECTION CRITERIA

Research on risk and protective factors for social and health outcomes is constantly evolving. To maintain a rigorous review, we selected-out articles that only speculated or theorized about these topics, and included only those articles that were a research or evaluation study, a synopsis of a study, or a literature review that incorporated the following elements:

- **Sampling (i.e., perpetration of a specific factor)**
- **Outcome (i.e., a demonstrated connection between the risk and/or protective factors)**
- **Result (i.e., displayed an increase and/or decrease in the perpetration of harmful social and health-related outcomes)**

The outcomes and risk and protective factors presented in this report reflect only the literature that met these criteria. For example, perpetration of commercial sexual exploitation was initially included but later excluded due to a lack of literature that met the criteria for inclusion. Additionally, **if a risk or protective factor is not displayed, that does not mean that the risk or protective factor does not exist for that outcome**. It indicates that our review did not identify literature on that connection using the criteria.

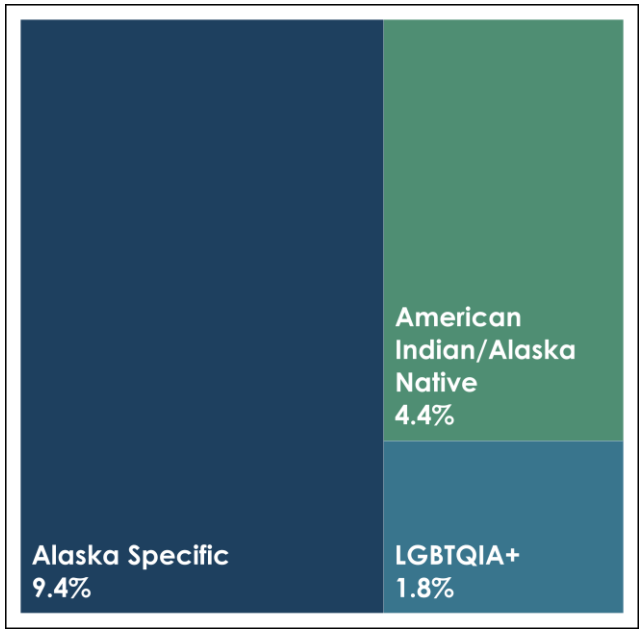


Figure 4: Prevalence of Demographic Specifics in the Literature

This literature search focused on populations located within the United States in addition to a few outliers published from Europe and Canada. Figure 4 shows the prevalence of specific demographics in the literature. For example, of the 198 literature pieces selected, 9.4% of had a study sample based

in Alaska. The search was conducted in English and studies only written with the narrative in English were included. Additionally, there were no limits placed on the race/ethnicity, gender identity, or sexual orientation of the perpetrators. While there were no limits on age groups, there was a preference to find studies that focused on the development of youth under 25 years old.

A NOTE ABOUT PUBLICATION BIAS

This review intentionally includes risk and protective factor research that spans over 26 years. The prevention of gender-based violence has been under-researched and studies on the epidemiology and prevalence of gender-based violence are relatively recent when compared to studies of other social and health issues (such as suicide or substance misuse). For example, the 1990s saw an influx of federal funding to study the predictive factors of school violence. The 2000s saw an influx of federal and private funding awarded to study the factors associated with substance misuse. Logically, this would result in an influx of published studies on the risk and protective factors associated with school-based youth violence and substance misuse. Limiting date ranges for a review of research findings risks the omission of studies that fall outside of a federal influx of funding. This could result in a publication bias and **mistaking a lack of findings for what is actually just a lack of research studies**. Although our expanded timeline protracted the literature review, we believe it was important to avoid the possible publication bias that less publicly supported fields, such as domestic violence prevention, encounter. We advise that readers refer to this report as one tool of many to determine the most salient factors on which to focus their prevention efforts.

CONSIDERATIONS

The shared risk and protective factor framework (SRPF) is not a "one-size fits all" model. It is explicitly dependent on addressing the various challenges that all groups face. In Alaska, adopting a SRPF approach means addressing the factors impacting the whole person, rather than just the self. Past preventionists have found that this work requires intentional collaboration across all parts of a person's life, otherwise known as their social ecology[163]. Approaching the holistic person includes acknowledging the role of[163]:

- **Institutionalized systems of inequity**
- **Intergenerational and historical trauma**
- **Adverse childhood experiences**

The role that these experiences have on the perpetration of social and health-related outcomes, such as sexual assault, may not be displayed in the selected literature. This level of context was out of the search scope. However, it is

important to consider these challenges when adopting a SRPF approach. Previous research has shown risk factors, such as lack of economic opportunity, community violence, and harmful school climates, are correlated with systemic racism and the oppression of Black, Indigenous, and People of Color (BIPOC)[159, 185,223]. Similarly, protective factors such as access to resources, positive school climate, and engagement in positive activities are often seen in communities with higher income, which are subsequently predominantly White communities[5, 79, 149, 181, 223, 231]. There is a broader body of work outside the scope of this study discussing the contextual and societal elements of institutionalized systems presented with the public health approach of risk and protective factors. To learn more, visit the Urban Institute.

Understanding the intersectionality of institutionalized systems of inequity with violence creates more informed strategies in prevention, contributes to systemic change, and addresses the whole person by valuing individual complexities.

In our work with prevention, intergenerational and historical trauma are key considerations to violence prevention. The state of Alaska is home to one of the largest per capita populations of Native Americans in a state, with 15% of the state's population identifying as Alaska Native[215]. This group is Indigenous to the land and have resided in Alaska for thousands of years, yet is also the most salient population who have experienced the selected outcomes. With that in mind, this report prioritized understanding the selected social and health-related outcomes and literature specific to Alaskan Native communities. The selected outcomes were considered as guiding components to the strengths and challenges the Alaska Native community encounters. In this analysis, we regarded the role of intergenerational and historical trauma in the way that this community experiences the outcomes. For instance, historical atrocities, such as systematic family displacement, play an important role in the cultural and familial connectedness within Alaska Native communities[50]. Intergenerational and historical trauma contribute to barriers in improving certain outcomes, such as the distrust in varying social systems[50, 83]. Thus, this report considered how mending the various cycles of harm that perpetuate in Alaska Native communities calls for culturally specific interventions that address social and health behaviors simultaneously and in alignment with existing Indigenous healing practices[50]. It is our hope that our identification of the shared risk and protective factors that are over-experienced in the Alaska Native population will help direct resources to interventions that are more comprehensive and culturally informed to be more effective.

Additionally, this report considered the tendency of the research community to "over-research" Alaskan Native and Indigenous people in many capacities. We found this to impact the number and types of available research for inclusion in

this review. For example, suicide and substance misuse was the primary result when searching for "Risk and Protective factors for Indigenous communities." Neglecting other outcomes affects the way that prevention practitioners further their efforts to address the person holistically across the SEM. This observed gap in the literature should be addressed in future research and funding as it exemplifies the rare existence of Alaska-Native specific prevention research.

Across Alaska there is already a unique body of prevention work that prioritizes understanding various Alaskan Native-specific outcomes that holds the past, but also embraces the future. Local programs, such as Boys Run / I toowú klatseen; a social and emotional-learning and cultural connectedness building program, builds upon evidence-based social-emotional learning research and aligns with time immemorial Indigenous wellness practices. Additional statewide prevention efforts – sponsored by both governmental and non-profit agencies – focus on Alaska Native healing and understanding historical trauma of recent experiences with colonization, boarding schools, disrupted cultural and familial systems, and more. State entities such as the Alaska Native Women's Resource Center, Alaska Native Tribal Health Consortium, Alaska Department of Health and Human Services, and Alaska's Network on Domestic Violence and Sexual Assault are leading these efforts. Alaska also has a growing number of Indigenous scholars and advocates working to understand and address issues in Alaska Native communities, such as Jessica Saniguq Ullrich, PhD; a researcher who created the Indigenous Connectedness Framework[213]and Jessica Black, PhD; a researcher on Alaska Native wellbeing[63]. These contributions by Alaskans reflect the value and promotion of cultural connectedness–a core protective factor for Alaskan Native and Indigenous communities.

III.
FINDINGS

FINDINGS

LITERATURE REVIEW

Ample research has identified factors that impact multiple harmful social and health-related outcomes. Our review of the selected 12 outcomes yielded 38 risk and protective factors. These factors were classified into the four levels of the social ecological model: societal (4 factors), community (10 factors), relationship (10 factors), and individual (14 factors). Figure 5 shows the distribution of the selected literature (n=198) across the social ecology. **Results for specific factors are presented in Tables 3-6.**

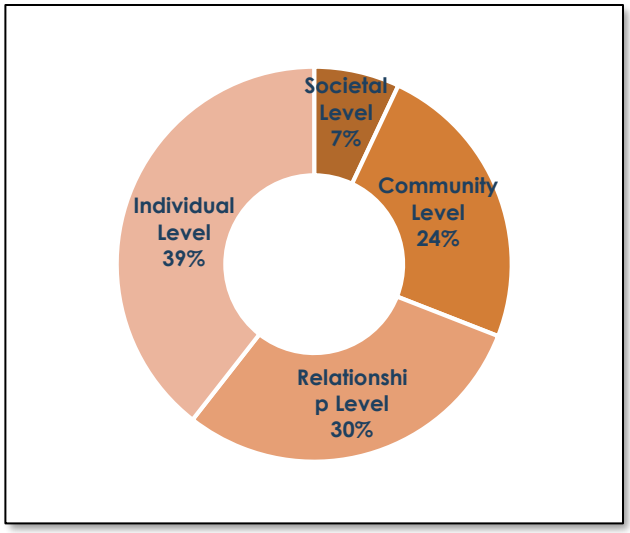


Figure 5: Prevalence of Literature Across SEM Levels

Factors at each ecological level are in alphabetical order according to our selection criteria for review. Cells in the table marked with a checkmark "✓" indicate a positive significant relationship between the factor and the outcome. Section IV, Language and Framework, provides a more detailed description of each risk and protective factor along with the corresponding literature. Figure 6 represents the prevalence of risk and protective factors considered for this report. It shows that each type of factor, including studies that focused on both factors, were almost equally identified in the literature.

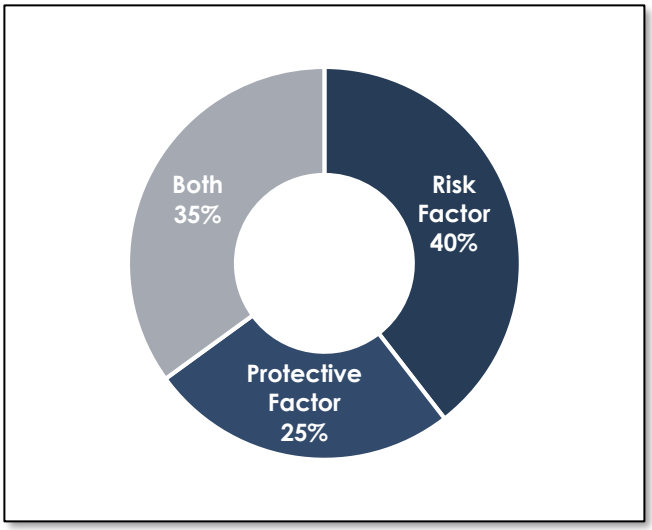


Figure 6: Prevalence of Risk and Protective Factors in the Literature

In this section, we present a brief description of the most impactful risk or protective factors within each SEM level. The most impactful risk or protective factors are the ones that were shown to affect the most social and health-related outcomes, specifically gender-based violence outcomes. For gender-based violence-specific factors, almost half of the literature was on domestic violence. Figure 7 demonstrates the prevalence of domestic violence, sexual assault, and teen dating violence in the literature. Figure 7 shows a surplus of domestic violence evidence in the risk and protective factor research. This indicates the availability of research data on domestic violence, which is a positive sign for evaluation of existing evidence-based research, while also showing the need for more studies on sexual assault and teen dating violence perpetration.

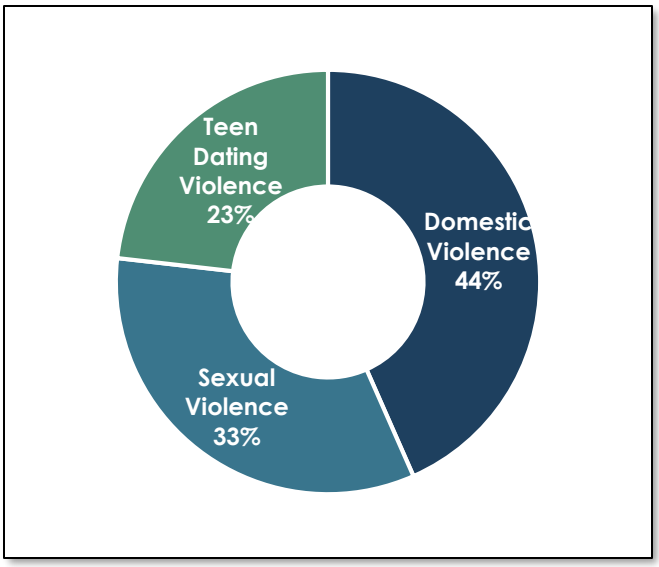


Figure 7: Prevalence of gender-based violence in the literature

SHARED RISK AND PROTECTIVE FACTORS

Utilizing the social-ecological model as a framework for violence prevention, this section is organized according to the levels of the SEM: Society, Community, Relationship, and Individual[34]. The risk and protective factors that were included in this review were the most supported across the literature.

SOCIETY

Few studies examining societal level risk and protective factors for harmful outcome perpetration were identified. Available evidence provided little empirical support for a shared factor approach to increase or decrease the likelihood of perpetration. 16% (n=31) of the selected literature focused on societal level factors. Social norms, policies, laws, and system efforts were categorized within this level. Social norms and laws that are supporting, or allowing, for harmful and unhealthy behavior to perpetrate was explained as a main determinant to communities and individuals ability to live a full and healthy life. On the other hand, communities that have access and coordination of resources and support, such as employment or financial assistance, had less probability of perpetration and stronger foundations to thrive. This review found four factors that are the most impactful among the selected social and health-related behaviors. Further societal level factors still require further exploration.

Prevention strategies in this level work to strengthen public policies and programming and promoting norms that protect against harmful outcomes.

NORMS AND LAWS SUPPORTING HARMFUL AND UNHEALTHY BEHAVIOR: Literature on the impact of norms and laws that support harmful and unhealthy behavior proves an increase in all harmful outcomes, aside from school dropout. This factor includes state or local laws that enables the perpetration of unhealthy behavior. For example, one study found that an increase in alcohol outlet density increased domestic violence perpetration in young women[110]. Another found that the more alcohol outlets, the more substance misuse in the community. Policies contributing to inequity, such as school policies for expulsion or grade retention, can disproportionately affect BIPOC communities, putting them at higher risk for outcomes, such as delinquency[189].

This factor also reflects the various social norms within communities, including multiple cultures across the U.S. A review by Mancera (2017) found that cultural norms such as "Machismo and Marianismo" influence Hispanic societies acceptance of violence and aggression. Community norms that are favorable to harmful behavior, such as using substances, can also increase perpetration[81].

ACCESS AND COORDINATION OF RESOURCES AND SUPPORT: Research on access and coordination of resources and support has shown to reduce and ultimately prevent harmful outcomes from occurring. For example, unemployment polices that reduce financial stress, paid parental leave, and access to mental and physical health resources helps reduce the prevalence of perpetration,[145]. A study by the John Jay College of Research and Evaluation Center found that "people experiencing negative income shocks are less inclined to behave violently when they receive timely financial assistance." Another study found that students with access to support resulted in a decreased the likelihood of dropping out of school. The coordination of resources and supportive services amongst agencies reduces outcomes like domestic violence and suicide[45,127].

COMMUNITY

Roughly half of the reviewed literature focused on community-level factors. Studies examining the community level were more concentrated in protective factors literature, placing the role of community high in prevention. Improving the places where people live, learn, work, and play is seen to be a key component in positive adolescent development. The community-based environment for youth, such as their school, public spaces, and where they reside can greatly impact their involvement in substance use,

"Community risk and protective factors are critical because they make it more or less likely that entire communities will suffer from violence."
-Wilkins, et.al., 2014

violence, school completion, and mental wellness. This review identified 10 risk and protective factors, school disconnectedness and community connectedness, that had the most literature and support for preventing multiple harmful outcomes. Prevention strategies in this level focus on improving the physical and social environment in spaces such as schools and neighborhoods.

SCHOOL DISCONNECTEDNESS: Literature revealed that a school disconnectedness, such as the student's belief of adults and peers negative perceptions on their learning and wellbeing, contributes to an overall feeling of disconnection[40]. Studies have found that satisfaction and feelings of belonging to school reduces the probability of being a bully[14]. School teachers and staff were also seen to play a large role in contributing to a lack of school connectedness. For example, the presence of a poor student/teacher relationship increases the probability of being a bully and dropping out of school[14, 57]. Disconnectedness to education and negative beliefs on school importance increases the risk of outcomes, such as substance misuse, suicide, and mental health concerns[30,172, 173].

COMMUNITY CONNECTEDNESS: The perceptions and feelings of safety, value, and belonging to the community in which one resides is an essential protective factor to live a fulfilling and healthy life[46, 47]. This includes the feelings of trust and ability to make a difference in the community, such as opportunities for youth to participate in activities and local decision-making processes. For example, this review found that opportunities for youth to contribute to the community is a protective factor against substance misuse, suicide, and mental health concerns. Community connectedness also encompasses having strong relationships and social support from community members. Espelage (2020) found that social support from one's neighborhood decreased the probability of perpetrating teen dating violence. Foster (2017) found community connectedness decreased mental health concerns, like anxiety. For youth, being in a community where they feel cared for, have social connections, and participating in the community creates a positive impact on outcomes.

RELATIONSHIP

Within this review, roughly 30% of literature focused on various relationship level factors. Relationship level factors, such as healthy family management practices and lack of family connectedness are shown to have large impacts on social and health-related outcomes. Literature has placed a strong emphasis on the importance of family and peer relationships. Some literature even stating that family characteristics and peer influences are some of the strong predictors of gender-based violence[122]. Literature also shares that families and peers are also some of the most protective in preventing violence. Prevention strategies at this

level include parent and family-oriented programs, mentoring, peer support, family management skill building, and building healthy relationship.

LACK OF FAMILY CONNECTEDNESS: A child or parent's/caregiver's quality engagement in the family unit ; Literature showed that a lack of parental support, interest, and guidance results in children feeling neglected. A poor parent or caregiver/child relationship contributes to the lack of connection the child has to their family. Family environments with a lack of family activities or an overall feeling of disconnect in the home contributes to lacking feelings of connection. Foshee, et.al., (2016) found that factors contributing to a lack of family connectedness, such as low parent-child closeness and low family cohesion were related to physical dating violence, bullying, and sexual harassment among adolescents. Foshee, et.al., (2016) found that these factors were particularly prevalent with adolescents who also were exposed to domestic violence. This factor can co-occur in crisis situations and adversities, such as divorce and parental addiction. However, lacking family connection was seen to still be a risk factor beyond co-occurring or temporary crisis situations and adversities. [6, 13, 36, 68, 83, 84, 85, 74,101].

HEALTHY FAMILY MANAGEMENT: The actions and attitudes of parents/caregivers that enable a healthy family and positive youth development are practices that help protect youth from harmful outcomes. Practices, such as parental/caregiver presence during key times of the day, expectations of behaviors[138], clear and consistent family rules[138], fair and non-violent discipline practices, age-appropriate supervision, and monitoring help support youth during their development. Shetgiri (2013) found that parents who have met their child's friends and have open communication with their child reduces the odds of bullying. Research on this factor includes family disapproval of unhealthy behaviors by the child and their peers[138]. Displaying healthy conflict resolution with open and clear communication can model non-violent and positive stability for youth[138] to reduce outcomes such as substance misuse and youth violence.

INDIVIDUAL

Individual level factors were the most researched across the social ecology. As shown in Figure 4, almost 40% (n=153) of the literature focused on this level. Victimization of violence was one of the most referenced factor with 30% (n=47) of the selected literature highlighting this as significant. However, not only is victimization of violence an impactful risk factor, others such as acceptance of unhealthy gender norms/attitudes and acceptance of attitudes/beliefs that are favorable to the harmful behavior were also significant. On the other hand, the literature highlighted protective factors such as social-emotional learning skills and academic achievement as directly protective in predicting a low probability of perpetration. Prevention strategies in this level focus on attitudes, beliefs, and

behaviors of individuals, creating social-emotional learning skills, and healthy relationship building.

VICTIMIZATION OF VIOLENCE: Research on the victimization of violence indicates that people who were victims to some forms of violence are more likely than those who did not experience violence to perpetrate each of the social and health-related outcomes. Victimization of violence looks like past and present experiences of physical, sexual, and emotional trauma by family members, peers, and other people outside the family unit. According to the literature, youth who have a history of victimization are at risk for perpetrating bullying and youth violence at rates as high as 144%[67]. For example, Logan-Green, et.al. (2011) found that victimization, such as sexual abuse, was linked to perpetrating violence behavior, such as youth violence. Logan-Greene stated that victimization of violence can significantly reduce the effectiveness of protective factors since victimization greatly erodes youths sense of value, self, power, and hope[137]. Tharp (2012) also found that youth experiencing child maltreatment and other forms of violence is significantly associated with sexual violence perpetration in the future[209].

"There are opportunities at every stage of life to remedy the negative effects of trauma and help people heal."
-Wilkins, et.al. 2014

SOCIAL-EMOTIONAL LEARNING SKILLS: This is a domain of youth development where youth have the ability to understand emotion management and relationship development. Social-emotional learning (SEL) skills include self-management, self-awareness, social awareness, social management, and responsible decision making. For example, Benson & Scales (2009) found that youth with skills such as peaceful conflict resolution and positive decision making were less likely to perpetrate violence. SEL skills can also be displayed through standards for behavior, healthy social communication, strong emotional health, and self-efficacy. The literature supported that having the ability to self-regulate and have social competence was seen to reduce child maltreatment and domestic violence later in life[16]. Youth who have SEL skills are also seen to refrain from substance misuse, youth violence, and suicide. Youth with a lack of SEL skills are more likely to perpetrate sexual violence, domestic violence, and teen dating violence[1,88,132].

TABLE 3: SHARED RISK AND PROTECTIVE FACTORS

	Risk Factor	Bullying	Child Maltreatment	Delinquency	Domestic Violence	Elder Abuse	Mental Health Concerns	School Dropout	Sexual Violence	Substance Misuse	Suicide	Teen Dating Violence	Youth Violence
Society	Exposure to harmful media	✓							✓	✓	✓	✓	✓
	Norms and laws supporting harmful and unhealthy behavior	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓
Community	Community violence		✓	✓	✓			✓	✓	✓		✓	✓
	Harmful school climate	✓		✓			✓	✓			✓		✓
	Lack of neighborhood support and cohesion	✓	✓	✓	✓				✓	✓		✓	✓
	Low neighborhood socio-economic status	✓	✓	✓	✓				✓	✓	✓	✓	✓
	School disconnectedness	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓
Relationship	Anti-social peer behavior	✓		✓	✓			✓	✓	✓		✓	✓
	Exposure to family violence	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
	Family history of problem behavior	✓	✓	✓	✓			✓	✓	✓	✓		✓
	Lack of family connectedness	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓
	Unhealthy family management	✓	✓	✓	✓			✓	✓	✓	✓		✓
	Social isolation		✓	✓	✓	✓	✓		✓		✓	✓	
Individual	Acceptance of attitudes/beliefs of unhealthy behavior	✓	✓	✓	✓			✓	✓	✓		✓	✓
	Acceptance of unhealthy gender norms/attitudes	✓	✓		✓				✓			✓	
	Anti-social behavior	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓
	Engagement in unhealthy behavior	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓
	Lack of social-emotional skills	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓
	Low socio-economic status		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Mental health concerns	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Substance misuse		✓	✓	✓	✓		✓	✓		✓	✓	✓
	Victimization of violence	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

TABLE 4: SHARED RISK AND PROTECTIVE FACTORS

	Protective Factor	Bullying	Child Maltreatment	Delinquency	Domestic Violence	Elder Abuse	Mental Health Concerns	School Dropout	Sexual Violence	Substance Misuse	Suicide	Teen Dating Violence	Youth Violence
Society	Access and coordination of resources	✓	✓		✓		✓	✓	✓	✓	✓	✓	✓
	Policies and norms promoting health and safety		✓		✓		✓		✓	✓	✓	✓	✓
Community	Community connectedness		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Cultural connectedness						✓			✓	✓		
	Neighborhood support and cohesion	✓	✓		✓					✓	✓	✓	✓
	Positive school climate	✓		✓	✓		✓		✓	✓	✓	✓	✓
	School connectedness	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓
Relationship	Connection to a caring adult			✓			✓	✓	✓	✓	✓	✓	✓
	Family connectedness	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
	Healthy family management	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
	Prosocial peers	✓		✓				✓	✓	✓		✓	✓
Individual	Academic achievement			✓	✓			✓	✓	✓	✓	✓	✓
	Engagement in positive activities	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
	Future motivations/aspirations							✓		✓			
	Resiliency		✓		✓		✓		✓	✓	✓	✓	✓
	Social-Emotional Learning skills	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓

TABLE 5: DV/SA Risk Factors

	Risk Factor	Domestic Violence	Sexual Violence	Teen Dating Violence
Society	Exposure to harmful media		9, 119, 184, 230	119, 219
	Norms and laws supporting harmful and unhealthy behavior	119, 142, 145, 194, 230	20, 119, 230	119, 230
Community	Community violence	107, 167, 224, 227,	21, 230	56, 141, 170,
	Harmful school climate			
	Lack of neighborhood support and cohesion	9, 230	9 209	9, 49, 54, 119, 180, 230
	Low neighborhood socio-economic status	32, 53, 107, 142, 145, 197, 210, 224, 230	119, 230	32, 112, 119
	School disconnectedness	145	20, 21, 119, 209	119, 230
Relationship	Anti-social peer behavior	36, 54, 122, 230	21, 36, 119, 184, 199, 209, 230	19, 76, 119, 130, 219, 230
	Exposure to family violence	9, 36, 54, 111, 119, 142, 162, 194, 212, 224, 229, 230	9, 19, 20, 21, 22, 35, 78, 87, 88, 119, 141, 170, 209, 230	9, 19, 22, 56, 76, 78, 119, 141, 170, 219, 230
	Family history of problem behavior	9, 142, 145, 196	9, 119, 230	9, 119, 230
	Lack of family connectedness	9, 36, 54, 107, 122,162, 212, 219, 230	9, 20, 78, 209, 230	9, 78, 219, 230
	Unhealthy family management	9, 36, 54, 107, 122, 194, 210, 219, 224	20, 21	219
	Social isolation	3, 9, 36, 54, 142, 145, 219, 224	22, 132, 209	219, 230
Individual	Acceptance of attitudes/beliefs of unhealthy behavior	36, 140, 142, 145, 194, 202	9, 20, 21, 35, 53, 69, 77, 87, 88, 141, 209	19, 77, 78, 119, 130, 219
	Acceptance of unhealthy gender norms/attitudes	88, 107, 140, 142, 145, 146, 166, 202, 228	1, 9, 20, 21, 35, 53, 87, 88, 141, 184, 209	9, 19, 36, 77, 141, 177
	Anti-social behavior	9, 36, 54, 118, 142, 145, 202,210, 219, 230,	9, 20, 21, 87, 119,209, 230,	9, 22, 54, 117, 119, 141, 219,
	Engagement in unhealthy behavior	142, 155, 171, 194, 210, 219, 224, 230	13, 19, 21, 22, 25, 70, 87, 119, 141, 164, 199,209, 219, 230	13, 19, 22, 36, 119, 141, 164, 230
	Lack of social-emotional skills	36, 53, 54, 107, 142, 166, 194, 210, 219, 230	1, 20, 2135, 87, 132, 209, 230,	36, 117, 141, 230
	Low socio-economic status	9, 54, 107, 142, 145, 171, 187, 194, 224, 230	9, 95, 119, 209, 230	9, 119
	Mental health concerns	9, 36, 53, 88, 118, 142, 145, 167, 210, 212, 219, 230	9, 21, 78, 87, 209,	9, 78, 219, 230
	Substance misuse	9, 36, 53, 54, 88, 118, 123, 140, 142, 145, 167, 194, 202, 224, 230	1, 9, 17, 20, 21 35, 53, 87, 184, 199, 219, 209, 230	9, 36,117, 141, 170, 219, 230
	Victimization of violence	9, 36, 54, 111, 121, 122, 162, 194, 210, 212, 219,229, 230	9, 19, 20, 21, 35, 78, 87, 88, 119, 209, 230	9, 19, 54, 78, 112, 119, 141, 219

Note: The numbers in this table represent citations that can be found in the bibliography

TABLE 6: DV/SA PROTECTIVE FACTORS

	Protective Factor	Domestic Violence	Sexual Violence	Teen Dating Violence
Society	Access and coordination of resources	9, 3, 194, 230	9, 119	9, 119
	Policies and norms promoting health and safety	9, 123, 145	9, 119	9, 56, 119
Community	Community connectedness	36, 42, 107, 120, 230	36, 56, 69, 219, 230	22, 36, 56, 69, 219
	Cultural connectedness			
	Neighborhood support and cohesion	36, 42, 224	119, 230	36, 112
	Positive school climate	9, 120	9, 119	9, 119
	School connectedness	9, 36, 120, 155	9, 35, 209, 219, 230	9, 22, 36, 56, 70, 76, 230
Relationship	Connection to a caring adult	9	9, 119	9, 119, 230
	Family connectedness	9, 36, 107, 111, 120	9, 21, 35, 119, 184, 209	9, 36, 113, 119, 130, 230
	Healthy family management	9, 36, 107, 111, 120, 162, 194	9, 21, 209, 230	56, 70, 119
	Prosocial peers	42, 155	21, 119, 184	56, 76, 77, 119, 130, 230
Individual	Academic achievement	9, 155	9, 35, 209	9,22
	Engagement in positive activities	9, 120, 155,	9, 119	9, 77, 119,130
	Future motivations/aspirations			
	Resiliency	9, 111, 144	9, 35	9
	Social-Emotional Learning skills	3, 33, 36, 107, 111, 120, 144, 167	21, 56, 132, 184, 119, 209, 219	22, 56, 70, 117, 119, 130, 219, 230

Note: The numbers in this table represent citations that can be found in the bibliography

IV.
RECOMMENDATIONS

RECOMMENDATIONS

While risk and protective factors are now an established academic field of study, there remains a limited amount of published research studies on the factors that predict the perpetration of gender-based violence. This report contributes an analysis of the variety of social and health-related outcomes that share risk and protective factors with gender-based violence. These findings can be used in the following ways:

To inform prevention programming of effective strategies that address multiple social and health outcomes: Organizations and agencies can adapt this approach in a discrete and action-oriented manner. To inform their prevention programming, they can start by evaluating the strengths and weaknesses of their current strategies. They must consider the comprehensiveness of their current programs in addressing SRPF at multiple levels of the SEM[34,193]. Evaluation is critical in documenting changes and the impact of those changes to adapt strategies addressing SRPF. Organizations and agencies can also ground their goals and objectives in the language of SRPF. This will assist them in creating indicators that measure change across multiple outcomes. For example, family connectedness is a protective factor that could serve as an indicator for bullying, child maltreatment, teen dating violence, and suicide (among others).

Organizations and agencies should lean into the prevention work that has already been established in their community. In Alaska, there are numerous promising approaches that have built the foundation of prevention across the state. The Pathways to Prevention Strategic Plan uplifts the strategies that multiple statewide partners have already committed to. Prevention programs, such as Boys Run / I toowú klatseen and Lead On!, are widely supported and address Alaska-specific risk and protective factors, such as cultural and community connectedness. Examples of existing programs (as of 2022) that positively address multiple outcomes by utilizing a shared factor approach include, but are not limited to, the following:

EVIDENCE AND PRACTICE-BASED PROGRAMS	
PROGRAM	**OUTCOMES ADDRESSED**
4th R	Teen Dating Violence, Bullying, Youth Violence, Substance Misuse
Sources of Strength	Mental Health Concerns, Suicidality
Coaching Boys Into Men	Sexual Violence, Domestic Violence

Green Dot	Sexual Violence, Domestic Violence, Teen Dating Violence, Child Maltreatment, Elder Abuse, Bullying
Believe It Or Not I Care	Suicide, Bullying
Communities that Care	Delinquency, Substance Misuse

Table 7: Examples of Evidence or Practice-Based Programs

To coordinate partnership across local and state agencies and organizations: Organizations and agencies can build collaborations across various community sectors to address capacity issues, enhance complementary messaging, and leverage local resources for prevention efforts. This deepens the connection between local programming with SRPF; as community partners often implement efforts at different levels of the SEM. Partnership can help enhance staff time, funding, and intentionally apply programs across a community, rather than result in redundancies. One promising resource emerging in Alaska is the Shared Risk and Protective Factors in Alaska website (https://srpfalaska.org/) that is presented by Alaska Violence and Injury Prevention Partnership, which aggerates examples and information from Alaska that utilize a SRPF framework.

"Breaking down the traditional health "silos" and moving towards a shared factor approach can provide more effective coordination between partners and leveraging of resources."
- Judd, 2019

To open funding announcements for the research, evaluation, and implementation of a shared risk and protective factor approach to gender-based violence prevention: This report is intended to better position Alaska regionally and statewide to receive and direct funding streams more efficiently. State level entities can partner on funding announcements to cross-pollinate efforts for leveraging resources. Local entities can inform their proposals with a shared factor framework, and enable a more efficient use of resources within a community.

We recommend that future funding opportunities address the limitations and gaps in existing research–specifically to better address the culturally-specific needs of Alaska Native and Indigenous communities. Future funding could consider the impact of societal and community-wide factors that deserve recognition and intervention at more systemic levels, such as changing policies and enacting laws.

PROGRAM MAPPING

The PPPG grantee program mapping tables display two groups funded under state-allocated DV/SA prevention funds. These tables illustrate our analysis of the

grantees' efforts to address the SRPFs identified in our review. Table 9, Table 10, Table 11, and Table 12 can be used as an example of a statewide mapping activity to understand the implemented efforts within communities. Utilizing this activity as a tool creates a data visualization which can help identify partners, other local prevention efforts, and direct funding streams toward addressing shared risk and protective factors on a local level. We recommend using these tables to facilitate conversations to help agencies and organizations understand the following questions:

A NOTE ABOUT PPPG GRANTEE MAPPING TABLES and PPPG Funding

The PPPG Grantee Mapping Tables are separated into two groups, Group A and Group B. These two groups have different levels of engagement under the PPPG grant. These different levels of engagement can help the reader understand the conditions and environments contributing to grantees addressing more or less risk or protective factors. Both groups have varying environments, systems, and mechanisms within their organization, coalitions, and communities that affect their DV/SA primary prevention implementation. Prevention programming is fluid and specific to the community it is implemented in. Each are different yet successful in their own way. These two groups have the same PPPG grant requirements, however, their eligibility priorities were the following:

Group A: Build Capacity and Expand Implementation Efforts

- Need one prevention strategy reaching at least one population for at least two years

Group B: Increase Comprehensiveness of Program Implementation

- Need two prevention strategies with one reaching more than one population and setting across the social ecology and have been implemented for at least four years

This review was conducted at the beginning of a 3-year grant cycle after thoroughly reviewing their grant applications for the PPPG RFP. There are many conditions that affect the implementation of prevention programming, and we recognize that implementation efforts may have been amended, adapted, or enhanced since their original proposal. Therefore, *these tables are not exhaustive or 100% accurate of what grantees are currently implementing at the time this report is published*.

Table 8: PPPG Grantee GROUP A: Shared Risk and Protective Factors Tables

	Risk Factor	AVV	AWAIC	SAFE	SPC	TWC	WAVE
Society	Exposure to harmful media	✓	✓				
	Unhealthy community norms and laws	✓	✓	✓		✓	✓
Community	Community violence						
	Lack of neighborhood support and cohesion			✓	✓		✓
	Low neighborhood socio-economic status						
	Negative school climate						
	School disconnectedness						
Relationship	Anti-social peer behavior			✓		✓	
	Exposure to family violence						
	Family history of problem behavior						
	Lack of family connectedness				✓		
	Poor family management		✓		✓		✓
	Social Isolation	✓			✓		
Individual	Acceptance of attitudes/beliefs of unhealthy behavior	✓	✓	✓		✓	✓
	Acceptance of unhealthy gender norms and attitudes	✓	✓	✓		✓	✓
	Engagement in problem/violent behavior	✓	✓	✓	✓	✓	✓
	Lack of social-emotional skills	✓		✓			
	Low socio-economic status						
	Mental health concerns	✓			✓	✓	
	Substance misuse			✓	✓	✓	
	Victimization of violence			✓			

Table 9: PPPG Grantee GROUP A: Shared Risk and Protective Factors Tables

	Protective Factor	AVV	AWAIC	SAFE	SPC	TWC	WAVE
Society	Access and coordination of services and support	✓	✓	✓	✓	✓	✓
	Policies and norms promoting health and safety	✓	✓	✓		✓	✓
Community	Community connectedness					✓	
	Cultural connectedness		✓	✓		✓	✓
	Neighborhood support and cohesion		✓			✓	
	Positive school climate			✓	✓		
	School connectedness	✓			✓		
Relationship	Connection with a trusted adult	✓			✓	✓	✓
	Family connectedness				✓		
	Positive family management		✓	✓	✓		
	Prosocial peers	✓	✓	✓	✓	✓	✓
Individual	Academic achievement	✓		✓			✓
	Engagement in positive activities	✓		✓	✓	✓	✓
	Future motivations/aspirations			✓			
	Resiliency	✓		✓			✓
	Social-Emotional Learning skills	✓	✓	✓	✓	✓	✓

These tables are examples of prevention programming used in understanding shared risk and protective factors. DATE: 2022

PPPG Grantee GROUP B: Shared Risk and Protective Factors Tables

	Risk Factor	AWARE	CFRC	IAC	LSC	SAFV	SPHH	WISH
Society	Exposure to harmful media	✓						
	Unhealthy community norms and laws	✓			✓	✓	✓	✓
Community	Community violence				✓			
	Lack of neighborhood support and cohesion	✓				✓		✓
	Low neighborhood socio-economic status				✓			
	Negative school climate					✓		
	School disconnectedness					✓		
Relationship	Anti-social peer behavior		✓	✓	✓	✓		
	Exposure to family violence							
	Family history of problem behavior					✓		✓
	Lack of family connectedness		✓		✓	✓		
	Poor family management					✓		✓
	Social Isolation		✓		✓	✓		
Individual	Acceptance of attitudes/beliefs of unhealthy behavior	✓	✓	✓	✓	✓	✓	✓
	Acceptance of unhealthy gender norms and attitudes	✓	✓	✓		✓	✓	✓
	Engagement in problem/violent behavior	✓	✓	✓	✓	✓	✓	✓
	Lack of social-emotional skills		✓	✓		✓		
	Low socio-economic status	✓						✓
	Mental health concerns	✓	✓		✓	✓		
	Substance misuse	✓	✓	✓	✓	✓	✓	✓
	Victimization of violence				✓		✓	

These tables are examples of Alaska-based prevention programming used in understanding shared risk and protective factors. **DATE: 2022**

PPPG Grantee GROUP B: Shared Risk and Protective Factors Tables

	Protective Factor	AWARE	CFRC	IAC	LSC	SAFV	SPHH	WISH
Society	Access and coordination of services and support	✓	✓	✓	✓	✓	✓	✓
	Policies and norms promoting health and safety	✓	✓	✓	✓	✓	✓	✓
Community	Community connectedness	✓	✓		✓	✓		✓
	Cultural connectedness	✓		✓		✓		✓
	Neighborhood support and cohesion		✓		✓		✓	
	Positive school climate					✓	✓	
	School connectedness	✓	✓	✓		✓		✓
Relationship	Connection with a trusted adult	✓	✓	✓	✓	✓	✓	✓
	Family connectedness		✓			✓	✓	✓
	Positive family management		✓		✓	✓		✓
	Prosocial peers	✓	✓	✓	✓	✓	✓	✓
Individual	Academic achievement	✓				✓	✓	✓
	Engagement in positive activities	✓	✓	✓	✓	✓	✓	✓
	Future motivations/aspirations					✓		
	Resiliency	✓	✓		✓	✓	✓	✓
	Social-Emotional Learning skills	✓	✓	✓	✓	✓	✓	✓

These tables are examples of Alaska-based prevention programming used in understanding shared risk and protective factors. **DATE: 2022**

V.
FRAMEWORK AND LANGUAGE

SHARED RISK AND PROTECTIVE FACTOR APPROACH

SHARED RISK AND PROTECTIVE FACTORS: Characteristics that impact multiple outcomes that are interconnected across the Social-Ecological Model. These shared factors overlap and can happen simultaneously amongst individuals, families, communities, and societies[230].

Violence and many other harmful outcomes are interconnected and often share the same root causes[230]. Figure 8 displays an example of how root causes of harmful outcomes can impact additional outcomes for an individual. Specifically, risk factors present with Child A put this child at risk for engaging in the perpetration of domestic violence and substance misuse. In the presence of protective factors, the likelihood of this child developing these outcomes is reduced.

The shared risk and protective factor approach "involves prioritizing the factors linked to unhealthy youth behavior in prevention planning, partnership, and programmatic efforts, as an alternative to focusing on a single behavior"[120]. The SRPF approach pinpoints efforts by agencies and organizations to think bigger than one individual or one setting by building services, comprehensive programs, and cross-sector partnerships. ***See next page for Figure 8 example.***

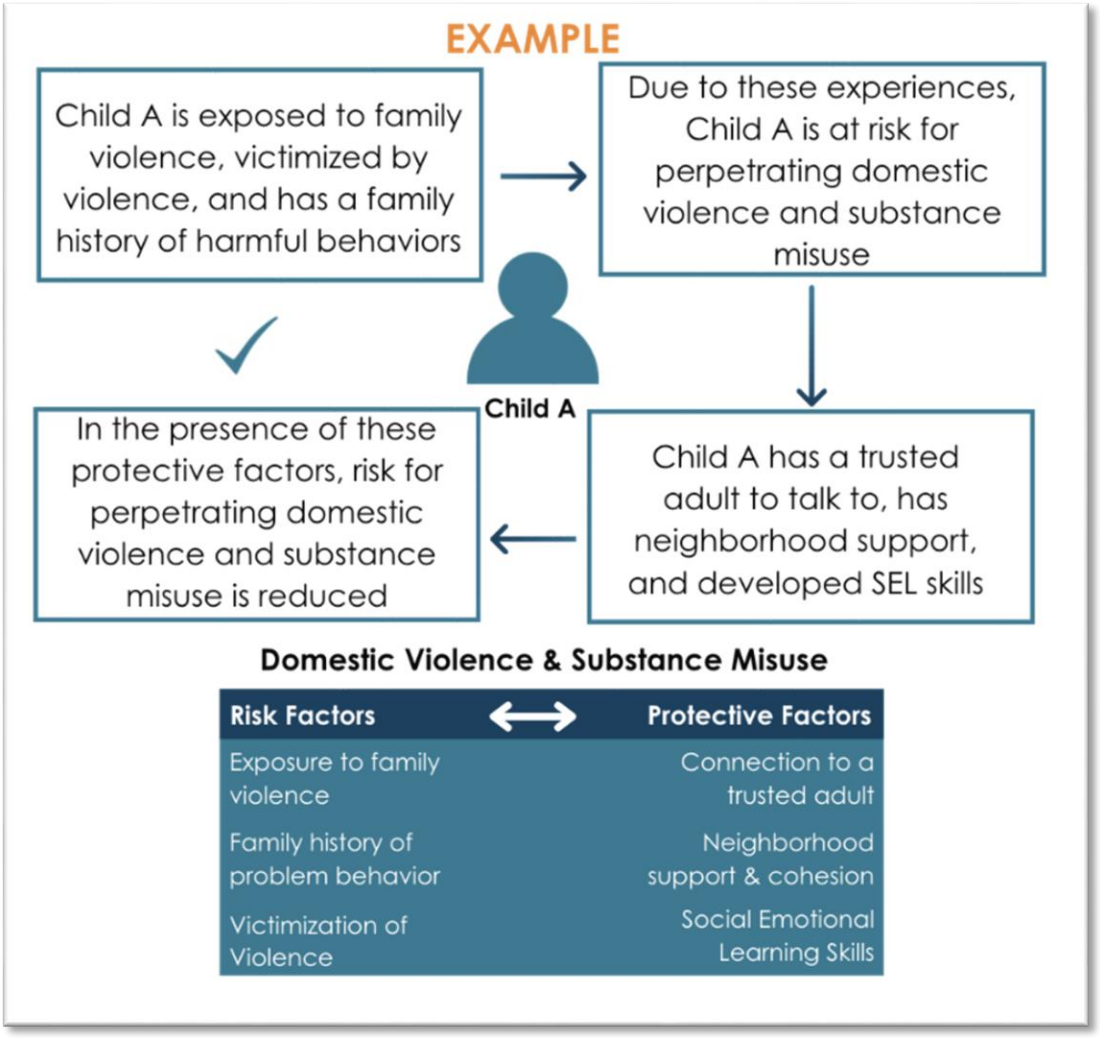


Figure 8: DV and Substance Misuse Shared Risk and Protective Factor Example

SOCIAL-ECOLOGICAL MODEL

The Social-Ecological Model (SEM) operationalizes the complex interaction of factors that impact an individual's well-being (see Figure 9). Much like a plant needs water, sunshine, and soil to thrive, people's lives are also affected by multiple factors in their life and environment that affects their ability to thrive and grow[193]. The SEM approach posits that an individual is impacted by factors in all settings of their life, including their relationships, community, and societal norms.

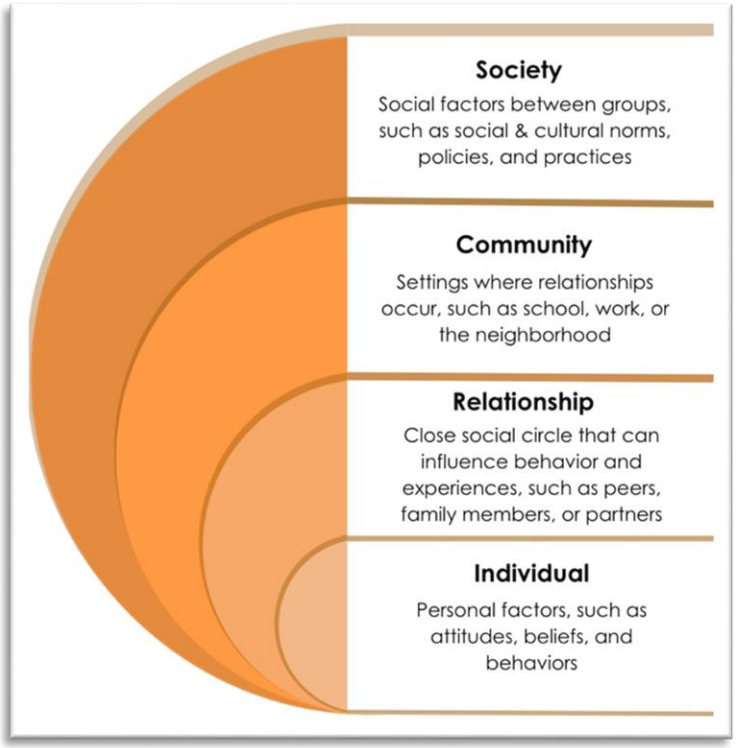


Figure 9: Social Ecological Model

In public health, each level of the SEM represents a setting that may contribute to an individual becoming a victim of and/or perpetrating harmful behavior[120]. The SEM demonstrates how risk and protective factors influence each level, interacting and reinforcing each other throughout an individual's life. Because factors at each level of the social ecology impact each other, to change someone's behavior, programs and interventions must be implemented at each level of the social-ecology[193]. Focusing on changing factors in only one level of the social ecology will not lead to significant reduction in prevalence of the problem[193]. The SEM is central to the shared risk and protective factor approach as it helps pinpoint where impactful change can take place across different factors to avoid harmful outcomes[120]. However small or large the impact may be, multiple opportunities to address factors at different levels can create an impact on change.

DEFINITIONS: RISK FACTORS

RISK FACTORS: Determinants that may increase a person's chances of a harmful social and health-related outcome. Risk factors may or may not be direct causes for harmful outcomes, although, a combination of these at different levels of the SEM contributes to harmful outcomes[120].

NOTE**: Numbers listed in these definitions are citations that can be found in the bibliography. **Bolded numbers are citations specific to Alaska and Alaskan Native, LGBTQ+, and Alaska specific sources.

Acceptance of Attitudes and Beliefs of Unhealthy Behavior: To favor and normalize violence, aggression, and unhealthy life choices; including lack of empathy or concern for themselves, others, and their community; including religious or cultural connotations perpetuating harmful behaviors. 7, 9,14, 16, 19, 20, 21, 35, 36, 53, 69, 77, 78, 81, 87, 88, 89, 90, 93, 102, 109, **119**, 129, 130, 140, 141, 142, 145, 183, 186, 190, 194, 196, 202, 209, 216, 219, 227

Acceptance of Unhealthy Gender Norms/Attitudes: To favor and normalize hyper-masculinity, anti-femininity, homophobia, and aggressiveness; including gendered expectations, assumptions, and stereotypes; including personality characteristics stereotypical of gender constructs (i.e., dominance, competition). 1, 9, 14, 19, 20, 21, 35, 36, 53, 60, 77, 87, 88, 107, 140, 141, 142, 143, 145, 146, 166, 177, 184, 186, 202, 209, 228, 230

Anti-Social Behavior: Attitudes and personality characteristics perpetrating harmful behaviors; including school or family conduct issues; including aggressiveness, impulsiveness, daringness, troublesomeness, and attitudes of delinquency. 7, 9, 14, 20, 21, 22, 28, 36, 54, 72, 81, 87, 89, 90, 93, 97, 102, 104, 117, 118, **119**, 129, 141, 142, 143, 145, 176, 183, 190, 196, 202, 209, 210, 216, 219, 221, 225, 226, 228, 230

Community Violence: Experiencing violence outside of the home with others outside the family unit with intent to cause harm; including crime in the neighborhood, fights, shootings, assault, and death; reflects feelings of unsafety, fear, and distrust of community members. 9, 16, 21, 51, 55, 56, 57, 59, 62, 93, 97, 102, 107, 113, 129, 141, 167, 170, 190, 196, 206, 210, 216, 223, 226, 227, 230

Engagement in Unhealthy Behavior: Behavior that perpetrates harm, is unhealthy, or developmentally premature; including bullying, teen pregnancy, runaway behavior, or gang involvement; including premature sexual activity or substance use; including participation in activities that are not

inherently risky but can perpetuate harmful outcomes such as fraternity membership or sports participation. [1, 7, 13, 14, 19, 22, 28, 35, 36, 57, 70, 81, 87, 89, 93, **99**, 102, 104, **119**, 128, 129, 137, 141, 142, 143, 155, 164, 171, 183, 190, 194, 196, 199, 209, 210, 216, 219, 224, 227, 230]

Exposure to Family Violence: Witnessing violence, abuse, and mistreatment within a family; including physical, sexual, emotional violence; including awareness of violence and without witnessing it. [7, 9, 14, 16, 19, 20, 21, 22, 28, 35, 36, 53, 54, 55, 56, 76, 78, 81, 87, 88, 90, 93, **94**, 97, 102, 104, 111, **119**, 128, 141, 142, 156, 162, 170, 183,190, 194, 196, 202, 209, 210, 212, 216, 219, 224, 226, 228, 229, 230]

Exposure to Harmful Media: Any online and offline media communication or activity that is violent, aggressive, or normalizing unhealthy behavior; including media exposure shown to developmentally affect youth through supporting substance use, risky sexual behavior, delinquency, acts of violence, mental health concerns, and unhealthy gender norms; encompasses media sources such as social media, video games, movies, music, and more. [7, 9, 15, 45, 81, **119**, 124, 129, 184, 190, 216, 219, 220, 230]

Family History of Harmful Behavior: Family members have a history of perpetrating harmful behaviors; including having attitudes or beliefs that are accepting of harmful behaviors. [7, 9, 14, 16, 28, 45, 72, 81, 89, 90, 93, 102, 116, **119**, 129, 137, 142, 143, 145, 157, 183, 190, 191, 194, 196, 203, 216, 226, 227, 230]

Harmful School Climate: A school climate that is unsafe, unsupportive, and unresponsive to student's developmental and academic needs; includes a lack of school resources, low encouragement, and lack of academic standards; reflects staff disbelief in students, perpetration of conflictual relationships, and lack of policies and rules with accountability; including a climate with harmful gender norms, lack of safety for BIPOC students, or students identifying as LGBTQ+. [14, 20, 57, 73, 77, 97, 119, 135, 143, 154, 174, 183, 190, 196, 216]

Lack of Family Connectedness: A lack of components related to a child or parent's/caregivers quality engagement in the family unit; including lack of parental support, interest, and guidance resulting in children feeling neglected and a poor parent or caregiver/child relationship; can co-occur in crises situations and adversities, such as divorce or addiction; includes overall disconnect in the home, lack of family activities, and absence of tradition or culture. [9. 14, 16, 20, 36, 45, 54, 78, 89, 93, 106, 107, 109, 115, 122, 129, 137, 143, 162, 183, 186, 190, 191, 196, 209, 212, 216, 219, 221, 226,230]

Lack of Neighborhood Support and Cohesion: Neighborhood environment with an absence of support, trust, and communication with community members; including the absence of norms and standards for behavior, accountability, detachment from public spaces, and low social control that displays low collective efficacy, danger, and disorganized environment. [7, 9, 16, 36, 49,

55, 58, 59, 73, 81, 93, 97, 102, 129, 119, 180, 190, 196, 209, 216, 226, 230

Lack of Social-Emotional Skills: A representation of the ways youth misunderstand emotion management and relationship development; includes weak emotional health and absence of healthy social communication; presents a gap for youth in behavior standards, such as low self-esteem, which breeds the inability to believe they can achieve goals; creates uncertain emotional and relationship management that leaves room for harm for themselves and others. 1, 9. 14, 20, 21, 28, 35, 36, 45, 53, 54, 72, 87, 89, 93, 97, 107, 115, 117,119, 129, 132, 141, 142, 143, 166, 169, 176, 183, 190, 194, 203, 205, 209, 210, 216, 221, 219 226, 227, 230

Low Neighborhood Socio-Economic Status: An area facing economic deprivation in the presence of racial, social, and health inequities; including a neighborhood high in poverty and unemployment; including the lack of resources, quality infrastructure, and economic density. 7, 9, 16, 32, 48, 53, 55, 93, 97, 102, 107, 112, 119, 129, 142, 125, 174, 190, 196, 197, 210, 224, 226, 230

Low Socio-Economic Status: Experiencing factors related to a lack of economic access, resources, and social position; includes chronic poverty, unemployment or job strain, food insecurity, and housing instability; encompasses homelessness, abandonment, and neglect of basic needs. 3, 9,16, 45, 48, 54, 55, 57, 66, 72, 81, 89, 90, 93, 95, 106, 107, 115, **119**, 129, 131, 136, 137, 142, 145, 154, 158, 171, 183, 186, 187, 190, 194, 203, 209, 216, 222, 224, 226, 230

Mental Health Concerns: The presence of behavioral health disorders such as hyperactivity; including emotional disorders, such as depression; including trauma and stress disorders such as PTSD, personality disorders, such as BPD; encompasses emotional distress and suicidality. 9, 14, 16, 21, 27, 28, 36, 52, 53, 78. 87, 88, 89, 90, 91, 93, 97, **99**, 104, 105, 106, 115, 117, 118, 119, 129, 136, 137, 142, 145, 167, 183, 186, **188**, 90, 191, 194, 196, 202, 205, 209, 210, 212, 219, 221, 216, 226, 227, 230

Norms and Laws Supporting Harmful and Unhealthy Behavior: Societal factors and state or local laws that enable policies that support harmful or unhealthy behavior and attitudes, such as firearms or substance use; represents polices that enable these behaviors or attitudes, such as alcohol outlet density; reflects norms, expectations, and practices by community members and local organizations that perpetuate or tolerate harmful behavior; encompasses laws and social policies that contribute to inequity, lack of economic opportunity, and loss of social control. 7, 9, 16, 20, 45, 73, 81, 93, 94, 102, 119, 129, 142, 145, 176, 183, 186, 190, 194, 196, 206, 216, 230

Peer Anti-Social Behavior: Peer engagement in unhealthy or harmful behavior; including acceptance of attitudes favorable to behaviors; includes peers who engage in harmful gender norms, and homophobia; reflects harmful personality characteristics and association with groups and organizations perpetuating harm, such as gangs. 7, 9, 14, 19, 21, 27, 35, 36, 54, 57,

72, 73, 76, 81, 89, 90, 93, **99**, 102, 104, 109, **119**, 122, 129, 130, 137, 143, 183, 184, 190, 195, 196, 199, 209, 219, 221, 222, 225, 226, 230

School Disconnectedness: A student's absence of commitment to school or school-related activities, low aspirations, absenteeism, and grade retention (Judd, 2020); includes the presence of a poor student/teacher relationship and the student belief that adults and peers don't care about their learning with an overall feeling of disconnect with school, activities, and peers. 9, 14, 20, 21, 23, 27, 57, 58, 72, 73, 89, 90, 93, 97, 100, 102, 104, 109, **119**, 129, 137, 143, 176, 183, 190, 194, 196, 209, 221, 222, 226, 230

Social Isolation: The lack of social contacts or interactions, and poor quality of relationships; including the absence of belonging, peer rejection, and community abandonment. 2, 3, 9, 14, 16, 21, 28, 36, 45, 54, 106, 115, 131, 132, 135, 137, 142, 145, 169, 186, 190, 195, 203, 205, 209. 210, 216, 222, 224, 226, 227. 230

Substance Misuse: The use and misuse of substances such as alcohol, drugs (e.g., stimulants, opioids), and tobacco. This includes addiction, early onset use of substances, and using substances as a coping mechanism. 1,9, 14, 16, 17, 20, 21, 35, 36, 45, 53, 54, 73, 87, 88, 89, 93, **94**, 100, 105, 106, 117, 118, 123, 129, 137, 140, 141, 142, 145, 167, 170, 183, 184, 186, **188,** 190, 194, 196, 199, 202, 203, 205, 209, 210, 216, 219, 221, 224, 227, 230

Unhealthy Family Management: The mismanagement of the family unit with the absence of expectations, inconsistent rules, lack of parental monitoring, and harmful conflict management, such as the persistent conflict between family members; includes familial instability, such as involvement with child protection or parental incarceration, and unconventional family structures, such as excessive child-bearing or single-parent homes; reflects unhealthy problem solving and neglected of emotional support in children. 7, 9, 14, 16, 20, 21, 28, 36, 54, 55, 72, 73, 89, 90, 93, 97 100, 102, 104, 107, 122, 129, 143, 183, 190, 191, 194, 195, 196, 203, 206, 210, 216, 219, 221, 222, 226, 228

Victimization of Violence: Past and present experiences of trauma through family abuse or neglect; includes physical, sexual, and emotional victimization by adults or peers outside the family unit; encompasses historical and intergenerational trauma. 2, 4, 9, **12**, 14, 19, 20, 21, 28, 35, 36, 45, 53, 54, 62, 78, 80, 87, 88, 89, 91, 93, **94**, 105, 106, 109, 111, 112, **119**, 121, 122, 129, 134, 141, 162, 183, **188,** 190, 194, 196, 203, 205, 206, 209, 210, 212, 216, 219, 229, 227, 229, 230

DEFINITIONS: PROTECTIVE FACTORS

PROTECTIVE FACTORS: Determinants that may lessen the chances that a person may experience harmful social and health-related outcomes. [82] These characteristics exist at the different levels of the SEM and can sometimes reduce the impact of risk factors on outcomes.

NOTE**: Numbers listed in these definitions are citations that can be found in the bibliography. **Bolded numbers are citations specific to Alaska and Alaskan Native, LGBTQ+, and Alaska-specific sources.

Academic Achievement: The success in areas of academic performance and study. Academic achievement signifies educational benchmarks (e.g., high school graduation) and the motivation for future aspirations. This protective factor also includes students who are meeting their grade standards and those exceeding it. 7, 9, 24, 25, 27, 35, 39, 41, 44, 46, 72, 73, 97, 98, **99, 101**, 104, 129, 137, 138, 155, 183, 190, 196, 209, 221

Access and Coordination of Resources: The effective access to clinical and supportive services, such as physical and mental health programs, student assistance programs, and economic assistance programs, transportation assistance, and more; includes collaboration with agencies and organizations to create accessible, appropriate, and respectful care that is consistent with local, state, and national standards. 3, 9, 16, 42, 45, **94**, 98, **119**, 129, 136, 137, 148, 155, 183, 194, 216, 230

Community Connectedness: The perceptions and feelings of safety, value, and belonging to the community in which one resides; feelings of trust and ability to make a difference in the community; includes opportunities for youth to participate in activities and local decision-making; encompasses quality relationships, social support, and advocating for members who experienced hardship; displays the comprehensive connection across settings (e.g., school, religion, family, and local organizations) to overall give support and belonging to all members of the community. 9, 10, **11**, **12**, 16, 22, 24, 25, 35, 36, 42, 45, 48, 55, 56, **64**, 69, 73, 81, **94**, **101**, 107, 113, **119**, **120**, 148, **153**, 190, 218, 219, 230

Connection to a Caring Adult: The support and care youth receive through relationships with adults outside of their family, such as teachers, coaches, mentors; requires adults who can provide regular contact, mentoring, support, and guidance for the youth; includes

people who the youth trust and rely on when they are in need for support. 6, 7, 9, 25, **68**, 94, **98**, **101**, **119, 120**, 129, 133, 136, 148, 155, 160, 169, **204**, **218**, 221, 230

Cultural Connectedness: The feelings and perceptions of belonging to a culture supports the ideas of cultural connectedness. This can look like speaking traditional languages, attending events, and understanding cultural history. This includes identifying with Native American culture and transmission of cultural expectations and values. **11, 12, 64, 99, 100, 101, 119, 120, 153, 182**

Engagement in Positive Activities: Participation in opportunities that are safe, enriching, and facilitate positive youth development; in a school setting, this includes extra-curricular activities, opportunities for leadership, and programs that match student interest; in the community settings, this includes religious/spirituality activities, opportunities for leadership, and voicing ideas to impact the community; includes participating in hobbies during the free time; represents any structured before/after school, on the weekends, and summer-based activities typically with supervision to provide guidance and support throughout its duration. 7, 9, 14,18, 25, 61, 73, 77, 81, **94**, 98, **101**, 103, **119, 120**, 129, 130, 133, 136, 138, 148, 151, 153, 155, 175, 176, 178, **182**, 183, 190, 206, 216, **218**, 228

Family Connectedness: The presence of components related to a parent or child quality engagement in the family unit; includes parental support, love, and attention through displayed practices responsive of needs; encompasses connectedness through regular activities, celebrations, traditions, and family outings; displays shared affection, reassurance through difficult times, and strong family bonds by promoting emotional, open, and clear communication and healthy problem solving. 7, 9, **11**, 14, 16, 21, 24, 25, 35, 36, 51, **68**, 73, 81, **94**, 97, 98, **101**, 107, 111, 113, **119, 120,** 130, 136, 138, 143, 148, **153**, 157, 160, 175, 176, 183, 184, 190, 191, **204**, 206, 209, 216, **218**, 219, 221, 230

Healthy Family Management Practices: The actions and attitudes of parents that enable a healthy family and positive youth development; includes parental presence during key times of the day, expectation of behavior, clear and consistent family rules, fair and non-violent discipline practices, age-appropriate supervision and monitoring; includes disapproving of problem or unhealthy behaviors done by youth peers; displays healthy conflict resolution in a positive manner with open and clear communication; requires family structures that support stability for youth. 7, 9, 14, 16, 21, 25, 36, 56, 70, 72, 73, **94**, 97, **99**, **101**, 103, 107, 111, **119**, 120, 136, 138, 143, **153**, 155, 160, 162, 175, 176, 183, 190, 191, 194, 195, 216, **218**, 221

Motivations and Aspirations: The engagement or desire to set goals situated in the present and future; includes hopes for education, career, relationships, and more; can include motivations to change oneself and/or environment to reach goals.

11, 12, 25, 27, 51, **64**, 98, **101**, 126, 136, 138, 160, **153**, 183, 208

Neighborhood Support & Cohesion: Neighborhood environment with safety, trust, relativity, and communication with other community members for the best interest of the neighborhood; includes positive norms and standards to reach social control, such as monitoring whereabouts and ensuring accountability for harmful impact on the community; encompasses a form of collective efficacy where social control creates a safe and orderly environment for everyone. 10, 16, 25, 36, 42, 45, 51, 55, 97, **101**, 112, **119**, 129, 138, **153**, 224, 228, 230

Positive School Climate: A school climate is a safe, supportive, and responsive environment facilitating positive youth development and academic excellence; includes clear rules and expectations for behavior, positive classroom atmospheres, and teaching styles that adhere to multiple learning methods; ensures that all students and physically and emotionally safe, treated with respect, and recognized for good work; can include environments that are trauma-informed, culturally responsive, and supportive of families; encompasses resources and activities that facilitate youth health, social and emotional learning skills, and development, such as after-school activities, or healthy school lunches. 7, 9, 14, 25, 61, **68**, 73, 92, **94**, 97,**119, 120**, 135, 136, 138, 143, 148, 154, 183, 195, 196, 216, 225, 232

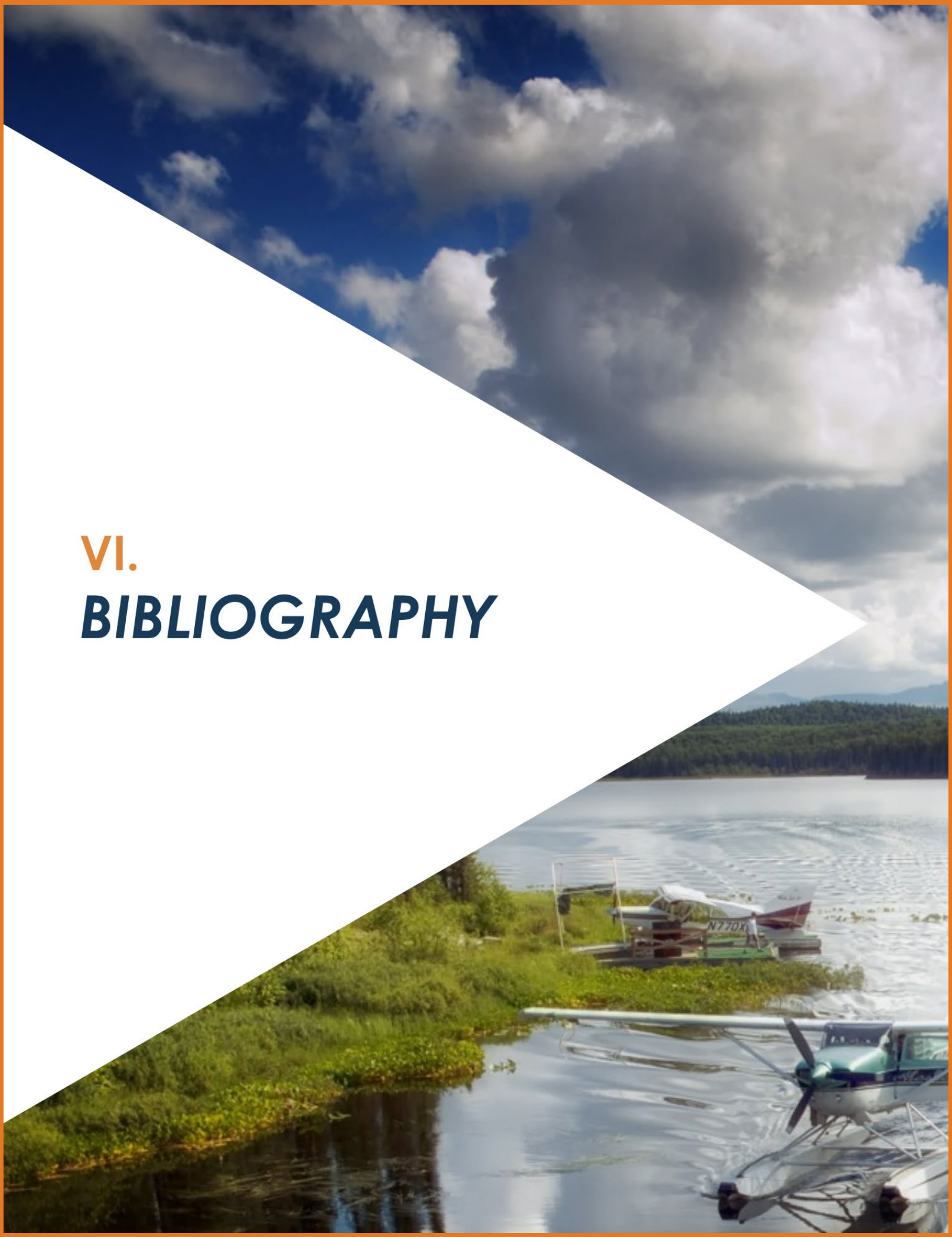
Prosocial Peers: The attitudes and behaviors of peers that are positive for health, wellbeing, and future development of themselves and others; displays healthy behavior and making choices to help others; includes quality friendships that support and bring value into life. 7, **11**, 21, 25, 26, 30, 39, 42, 56, 61, 76, 77, 81, 98, **101**, 103, 113, **119**, 129, 130, 135, 137, 138, 143, 150, 155, 160, 165, 184, 190, 208, 216, 221, 230

Public Policies and Norms Promoting Health and Safety: Local and state policies or practices that facilitate healthy norms, positive behavior, and safety; includes community-wide norms and expectations on behavior, such as not drinking while pregnant, and ensuring community control, such as maintaining physical environments; displays the upkeep of public spaces, businesses, schools, and homes; includes policies and laws that reduce inequities and enhance the community for economic and social development; can be displayed through messaging campaigns that de-stigmatize common misconceptions and correct youth and adult perceptions of social issues. 9, 16, 25, 45, 56, **94**, **101**, **119**, 123, 129, 145, 148, 183, 206, 216

Resiliency: The process of successfully adapting and recovering from harmful experiences by reframing to promote personal growth, such as not seeing oneself as a victim but as a survivor; process relies on psychological ability. 4, 9, 35, 81, 82, **94**, 111, 113, 144, **153,** 216

School Connectedness: The presence of student connection to their school from actions displayed by teachers and peers; includes being treated fairly by teachers, feeling close to other students, and knowing someone would notice if they were to miss a day of school; reflects a positive student/teacher relationship and the belief that teachers, staff, and peers support student wellbeing and academic achievement (McNeely 2003); includes participating in activities, events, and engagement in the school; can also display the connected partnership between schools, families, and community members. 7, 9, 14, 22, 23, 24, 25, 26,30, 31, 35, 36, 39, 40, 51, 56, 70, 72, 76, 91, 97, **101**, 103, 104, 116, **119, 120,** 125, 129,133, 135, 136, 138, 138, 143, 148, 150, 155, 157, 175, 176, 183, 190, 195, 196, **204**, 209, **218**, 219, 230

Social-Emotional Learning Skills: A domain of youth development where youth understand emotion management and relationship development; includes self-management, self-awareness, social awareness, social management, and responsible decision making; displays standards for behavior, healthy social communication, strong emotional health, and self-efficacy. 3, 7, 9, **11**, **12**, 16, 21, 22, 24, 25, 26, 27, 33, 36, 45, 56, 57, **64**, 70, 73, 81, 82, **94**, 97, 98, **101**, 104, 107, 111, 113, 117, **119, 120,** 129, 130, 132, 138, 143, 144, 148, **153**, 160, 167, 169, 184, 190, 209, **211**, 216, **218**, 219, 221, 230



VI.
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VII.
APPENDICES

APPENDIX A: Shared Risk and Protective Factor Mapping: Literature Review Catalogue

Copy & Past Accessible Link	*(open-text)*
First Author Last Name	*(open-text)*
First Author First Name	*(open-text)*
Title	*(open-text)*
Date of Publication	*(open-text)*
Journal/Publisher	*(open-text)*
DOI	*(open-text)*
Copy & Past Citation (if accessible)	*(open-text)*

Please select the issue(s) this article addresses:

- Alaska Native/Indigenous Specific
- Bullying
- Child Maltreatment
- Delinquency
- Domestic Violence/IPV
- Elder Abuse
- LGBTQ+ Specific
- Mental Health Concerns
- School Dropout/Disachievement
- Sexual Exploitation
- Sexual Violence
- Substance Misuse
- Suicide/Suicidality
- Teen Dating Violence
- Youth Violence

Risk Factor, Protective Factor, or Both?

- Risk Factor
- Protective Factor
- Both

SEM Level(s) of Focus

- Individual
- Relationship
- Community
- Society
- Unknown

List risk factor(s). Leave blank if not applicable.	*(open-text)*
List protective factor(s). Leave blank if not applicable.	*(open-text)*

Alaska specific? Explain.	*(open-text)*

APPENDIX B: PPPG Grantee Mapping: Proposal Review Catalogue

Community

- AVV
- AWARE
- AWAIC
- CFRC
- IAC
- LSC
- SAFE
- SAFV
- SPC
- SPHH
- TWC
- WAVE
- WISH

PPPG Funded Programming Activities:

Program	SEM LEVEL	Population	Risk Factor	Protective Factor
(Open-Text)	*(Open-Text)*	*(Open-Text)*	*(Open-Text)*	*(Open-Text)*

Other Prevention Programming:

Program	SEM LEVEL	Population	Risk Factor	Protective Factor
(Open-Text)	*(Open-Text)*	*(Open-Text)*	*(Open-Text)*	*(Open-Text)*

Focused Issues

- Bullying
- Child Maltreatment
- Delinquency
- Domestic Violence
- Elder Abuse
- Mental Health Concerns
- School Dropout
- Sexual Violence
- Suicide/Suicidality
- Substance Misuse
- Teen Dating Violence
- Youth Violence