Primary Prevention Programming Grantees

SFY2022 End of Year Reporting Summary

CONTENTS

CONTENTS

CONTENTS

LIST OF TABLES

LIST OF FIGURES

BIPOC – Black, Indigenous, and people of color

CDC – Centers for Disease Control and Prevention

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

CDVSA Prevention grantees – Primary Prevention Programming grantees

CNA – Community Needs Assessments

CRA – Community Readiness Assessment

CQI – Continuous Quality Improvement

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

GD – Green Dot

GOTR – Girls on the Run

LGBTQ+ – Lesbian, gay, bisexual, transgender, queer (or sometimes questioning), and others

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

SPS – Strategic Prevention Solutions

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

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

TA – Technical assistance

TDV – Teen Dating Violence

ACKNOWLEDGEMENTS

The State of Alaska's Council on Domestic Violence and Sexual Assault and Strategic Prevention Solutions greatly appreciate the prevention coordinators, volunteers, community stakeholders, advocates, practitioners, evaluators, technical assistance providers, and funders who supported domestic violence and sexual assault primary prevention initiatives in the state of Alaska, and who contributed their expertise and insights to further this initiative. It is only through the integration, dedication, and institutionalization that primary prevention is most effective.

EXECUTIVE SUMMARY

In 2022, thirteen grantees funded by the State of Alaska's Council on Domestic Violence and Sexual Assault (CDVSA, Council) completed their first year in a three-year funding cycle to enhance primary prevention programming of domestic violence and sexual violence (DV/SV) across Alaska.

This document summarizes end of year progress reporting submitted by CDVSA Primary Prevention Programming grantees' (PPPG) to highlight key areas of prevention activities implemented during SFY2022 and reviews grantees' progress and efforts. In addition to making notable efforts to build prevention capacity at their organizations, in SFY2022, grantees'[1]:

- ✓ Facilitated 105 coalition/prevention team meetings
- ✓ Established 37 new community agency partnerships, MOUs, or other informal or formal agreements for community-based primary prevention efforts
- ✓ Implemented 63 primary prevention strategies and activities across communities, 43 were unique strategies including Girls on the Run, Green Dot, and Lead On!
- ✓ Provided information about DV/SV to 4,946 community members
- ✓ Facilitated a bystander program with over 1,300 individuals, including 681 community members, 323 high schooler students, and 10 university students
- ✓ Welcomed 35 youth (under 18 years of age) as members to their local coalitions
- ✓ Recruited over 120 peer mentors and youth peer co-facilitators
- ✓ Provided prevention-focused presentations and one-time events to roughly 5,455 youth

A review of reports submitted by grantees SFY 2022 indicated they experienced numerous successes and worked to overcome challenges related to efforts to improve their capacity for primary prevention. Grantees invested in community-level engagement through coalitions to build greater cohesion and investment in violence prevention strategies. Grantees, with community partnership, adapted programming to best meet current community needs and grew their partnerships awareness and familiarity with equity and inclusion frameworks. During this first year, grantees efforts focused around partnering across sectors and creating sustainable, meaningful organizational relationships while making purposeful actions to welcome marginalized or missing voices and strive for inclusivity.

---

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

EXECUTIVE SUMMARY

This year, DV/SV primary prevention in grantee communities, and in technical assistance activities (e.g., Prevention Gathering 2022), emphasized a focus in a shared risk and protective factor approaches and enhancing programming through increasing communications among coalition partners, community entities (e.g., schools), and state level changes. There is also evidence that grantees broadened the comprehensiveness of their prevention efforts. Some grantees expanding youth-based educational programming, others expanded opportunities for families to access education and resources, and there was indication some grantees built greater capacity to implement more bystander programming. A small group of grantees reported progress related to intentional efforts to shift power around social change and primary prevention efforts in their communities by restructuring coalition leadership and focusing on systems.

These implementation efforts are consistent with best practices, and over time will continue to have a positive effect on reducing violence in Alaska.

INTRODUCTION

The aims of the PPPG initiative are to strengthen and enhance the capacity and comprehensiveness of existing community-based, coalition-driven strategies that address the primary prevention of DV/SV with engaged community partners characteristic of the diversity of the region. Other forms of violence and terms associated with DV/SV include intimate partner violence (IPV), teen dating violence (TDV), and sexual violence (SV). Importantly, the language and terminology used in violence prevention discourse is nuanced and variations in terminology can greatly influence how the issues are conceptualized, researched, reported (e.g., incidence, prevalence) and discussed.

Primary prevention consists of activities aimed to prevent harmful outcomes and conditions, such as IPV, from occurring in the first place. [2,3]. Prevention strategies benefit whole populations or groups by limiting risks and increasing or enhancing conditions that prevent harm and promote health and wellness[2,3]. In DV and SV prevention, this means reducing and eliminating the incidence and factors that facilitate DV and SV[4] by implementing comprehensive prevention programming. A comprehensive prevention program addresses factors across multiple levels of the social ecology, simultaneously, and is comprised of strategies that are complementary.

IPV, DV, and SV are major public health concerns in the United States, with costs estimated to exceed $3.6 trillion (2014 US$) over the lifetime of US adults who have experienced IPV with $103,767 per female victim and $23,414 per male victim (*see Figure 1: IPV Lifetime Costs*)[4]. The 2020 Alaska Victimization Study estimated that roughly 48% of

---

[2] Kisling LA, M Das J. Prevention Strategies. [Updated 2021 May 9]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021 Jan. Available from: https://www.ncbi.nlm.nih.gov/books/NBK537222/

[3] Department of Health and Human Services: Delaware. Prevention Definitions and Strategies: Institute of Medicine Classification System. Retrieved from: https://www.dhss.del

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

Alaskan women experience IPV in their lifetime—or roughly 127,000[5]—an estimated economic cost of IPV of $13 billion for women in Alaska.

Figure 1: Lifetime IPV Costs

Preventing DV and SV is possible and a critical endeavor for preventing aversive harmful sequelae or lifetime occurrences of DV and SV. Primary prevention efforts complement, not replace, or take priority over, interventions to respond to those who have experienced abuse and has the potential to reduce cost to individuals, systems, and society in general.

The PPPG provides community programs with existing DV/SV primary prevention programming to further advance these community-grounded, collaborative efforts. Grantees are funded under two groups, characterized by focus and scale (i.e., Group A, Group B). The primary aims of Group A is to enhance organizational capacity and expand implementation efforts of primary prevention strategies. Group B focuses primarily on increasing comprehensiveness of program efforts to reinforce complementary messaging across all levels of the Social Ecological Model (SEM). Both groups participate in various technical assistance (TA) and consultation opportunities to help support DV/SV primary prevention implementation, coalition engagement, and evaluation. The three-year awards are overseen by CDVSA and supported though

---

[5] Johnson, I. (2020). 2020 Statewide Alaska Victimization Study Final Report

technical assistance and consultation by the Alaska Network on Domestic Violence and Sexual Assault (ANDVSA) and other contracted consultants and subject matter experts.

PPPG funds were granted to programs in 13 Alaskan communities:

Abused Women's Aid in Crisis (AWAIC) – Anchorage
Advocates for Victims of Violence (AVV) – Valdez
Aiding Women in Abuse and Rape Emergencies (AWARE) – Juneau
Cordova Family Resource Center (CFRC) – Cordova
Safe and Fear Free Environment (SAFE) – Dillingham
Sitkans Against Family Violence (SAFV) – Sitka
Southern Pinneinsula Coalition (SPC) – Seward
South Peninsula Haven House (SPHH) – Homer/Kenai Peninsula
The Interior Alaska Center for Non-Violent Living (IAC) – Fairbanks
The LeeShore Center (LSC) – Kenai
Tundra Women's Coalition (TWC) – Bethel
Women in Safe Homes (WISH) – Ketchikan
Working Against Violence for Everyone (WAVE) – Petersburg

⭐ Group A
⭐ Group B

Figure 2: PPPG Grantee Map

During the first year of funding, PPPG grantees focused on the following tasks:

- ❖ Maintaining prevention and evaluation plans to guide implementation
- ❖ Participating in statewide technical assistance (TA)
- ❖ Building, enhancing, or sustaining a local coalition or community prevention teams to address DV/SV prevention
- ❖ Increase new or existing coalition efforts to identify prevention strategies for implementation that address multiple forms of violence and/or related social conditions that share common risk and or protective factors with IPV/TDV/SV
- ❖ Implementing one to two strategies from the prevention plan[6]
- ❖ Enhancing and sustaining implementation of existing strategy(ies)
- ❖ Integrating continuous quality improvement (CQI) measures
- ❖ Regularly review evaluation findings
- ❖ Enhancing the comprehensiveness of prevention programming
- ❖ Promote equity and inclusion by being culturally responsive
- ❖ Enhancing organizational capacity for primary prevention

---

[6] Number of minimum strategies is dependent on if grantee is in Group A (one strategy) or Group B (two strategies)

WHY PREVENTION MATTERS

Historically, societal and system responses to addressing DV and SV have predominantly involved response and crisis intervention. While crisis intervention services are critically important, they alone are not enough to comprehensively address these complex social issues as little to no focus is directed to the circumstance or conditions that preceded it. A response-only focused approach is necessary for survivors, but neglects to address the root causes of perpetration and the need for preventing these forms of violence from occurring. To truly impact levels of DV and SV in Alaska, crisis intervention services must be complemented by proactive prevention strategies.

This approach, incorporating primary prevention, is valuable and can affect the overall health and quality of life for all individuals[7]. In Alaska, we are building comprehensive prevention programming in communities, informed by existing and emerging primary prevention science and research. This includes promoting, using, and providing technical assistance to CDVSA DV/SV prevention funded communities around prevention theory, research-based models and strategies for prevention, and evidence-based best practices. A comprehensive primary prevention approach means that communities are implementing activities with the same or similar messaging that take place in various settings, with a variety of populations across the community throughout the year. This contributes to consistent messaging and norm setting that saturate the various levels of the social ecology so that an individual is exposed to prevention activities in multiple settings they live and throughout their lifetime.

Comprehensive prevention programming helps to ensure that everyone in the community can participate, learn skills, and take an active informed role in fostering safe, non-violent communities. Prevention activities are not just one-time events in a classroom

---

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

or at a community awareness event. Violence is complex, and to address it, prevention efforts must be recurring and multifaceted, with sufficient dosage and community engagement across all levels of the social ecology.

SOCIAL ECOLOGICAL MODEL

The Social Ecological Model (SEM) can be used to show the intersection of different factors that influence DV/SV; individual factors (age, education, income), relationship (social groups, friends, family members), community (schools, workplaces), and societal factors (health, economic, and social policies)[8]. The SEM helps to identify and understand the complex relationships between an individual, their interpersonal relationships, the local communities, and groups of which they are a part, and the larger societal

Society

Community

Relationship

Individual

Figure 3: Social Ecological Model

factors that influence their life. This model is particularly useful in <u>understanding risk and protective factors and how these relate to violence across the social ecology</u>, and the Centers for Disease Control and Prevention (CDC) have compiled a list of these factors and how they correspond to each level of the SEM.

The SEM provides a framework for conceptualizing factors and needed changes at different levels that work separately and collectively to prevent violence. For example, implementing programming at the individual level can instill improved attitudes, dispel myths about violence, and teach behaviors for preventing domestic violence. Attending family-focused programming, such as family nights, can help strengthen relationships between youth and parents and reduce conflict. Changes in local or state policy can strengthen community resources or lower violence rates by addressing equity[9].

---

[8] Center for Disease Control and Prevention (2021). The Social-ecological model: A Framework for Prevention. Retrieved from: https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html

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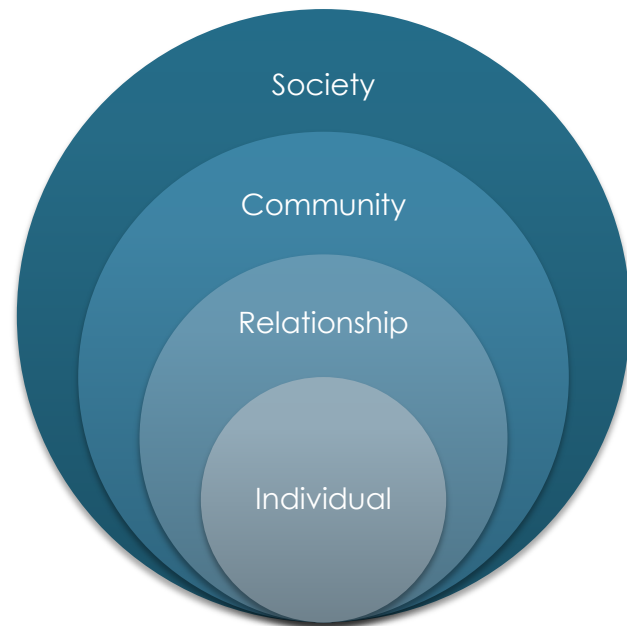
INTRODUCTION

As communities increase resources for prevention, their ability to implement comprehensive prevention programming improves. Thus, improve their ability to impact and reduce violence in their communities. It takes years for communities to establish the needed resources and capacity for comprehensive prevention[10]. The first few years of prevention programming are often dedicated to gaining knowledge and building community partnerships, internal organizational capacity, and community capacity for prevention. Ergo, the PPPG funding has two groups. Group B must have implemented two strategies for at least four years, while Group A must have implemented one strategy for two years. Both groups have different levels of capacity and resources to implement programming due to their established preconditions. As capacity and resources grow, prevention expands within the community such that schools, organizations, tribes and tribal agencies, public health professionals, law enforcement, mental health professionals, youth mentors, and others are actively working together to prevent violence. With continued support, communities can begin implementing more comprehensive prevention programming, as demonstrated by PPPG grantees; however, should that support be substantially diminished or removed, the years of capacity building and resource development efforts put in by a community will be challenged to actualize this transition.

It is of critical importance that comprehensive primary prevention efforts in the state of Alaska remain an ongoing legislative priority to truly impact the incidence of violence. Like other states, such as California, Washington, and Georgia, Alaska is building prevention capacity with community-centered and place-based initiatives. These efforts align with the current evidence of effective implementation of primary prevention.

---

[10] Stachowiak, S., & Gase, L. (2018). Does Collective Impact Really Make an Impact? *Stanford Social Innovation Review.* https://doi.org/10.48558/6GD9-MB47

OVERVIEW OF PREVENTION STRATEGIES

The CDC highlights strategies from the best available evidence to support states and communities in preventing violence[11]; several of these are presented in Figure 4. PPPG grantees are supported through various TA and coordinated state training opportunities in identifying and selecting strategies. These strategies are also informed by local knowledge, partnership with others, and a community needs assessment completed within the last five years, which helps equip grantees with information relevant to the unique needs of the community, region, and populations served. Although it will take many years of funding to see a significant reduction in community-wide rates of violence, these well-designed and targeted prevention strategies have laid the foundation for continued progress and sustainable change. One of the ways that grantees are striving to make prevention strategies more efficient and effective is to identify and target issues that are interconnected and share the same root causes with DV/SV (e.g., youth suicide,

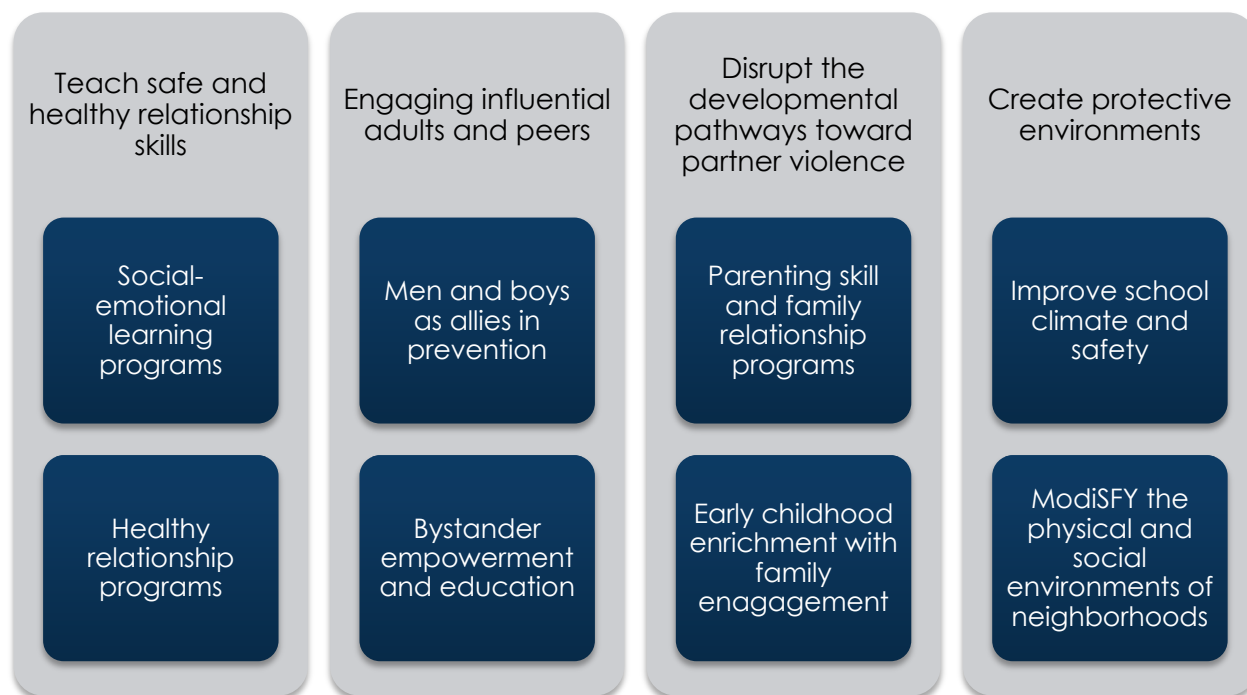| Teach safe and healthy relationship skills	Engaging influential adults and peers	Disrupt the developmental pathways toward partner violence	Create protective environments
Social-emotional learning programs	Men and boys as allies in prevention	Parenting skill and family relationship programs	Improve school climate and safety
Healthy relationship programs	Bystander empowerment and education	Early childhood enrichment with family enagagement	ModiSFY the physical and social environments of neighborhoods

Figure 4: Prevention Strategies

[11] Niolon, P. H., Kearns, M., Dills, J., Rambo, K., Irving, S., Armstead, T., & Gilbert, L. (2017). Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

substance misuse) [12]. When communities and coalitions work from a shared risk and protective factor approach, which connects overlapping causes of violence, and things that can prevent or subvert violence, grantees and communities are better equipped to prevention violence in all its forms[13]. PPPG communities utilize information (i.e., needs assessment, evaluation) and collaborative action (i.e., coalition, partnership) to identify and implement a program that addresses shared factors to build individual strengths, promote healthy development and relationships, and establish conditions to support safety and well-being for all.

PPPG grantees implement prevention strategies in their community that prevent and address overlapping root causes of violence (i.e., risk factors) and promote factors that enhance the resilience of people and their communities (i.e., protective factors). An example of this is Girls on the Run, a prevention strategy being implemented by several CDVSA prevention grantees. This nation-wide program engages with elementary school-aged girls, as well as their families and communities. It addresses a multitude of protective and risk factors across the social ecology via activities intended to improve girls' self-esteem, encourage healthy relationships, strengthen family connectedness, and enhance social support. The impacts of these activities are far-reaching, helping to address and prevent several issues simultaneously, including teen dating violence, youth violence, suicide, and bullying[14].

Grantees' prevention efforts generally emphasize one or more of four core domains: capacity building, youth protective factors, bystander engagement, and the promotion of positive social norms. These domains and practices work in ways that are mutually reinforcing.

Capacity Building

The CDVSA prevention grants were designed to build and enhance the capacity of the funded entity and local stakeholders who could play a critical role in advancing DV/SV prevention. Each PPPG grantee developed, convened, participated in, and/or maintained engagement

---

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

[13] National Center for Injury Prevention and Control, Division of Violence Prevention. (January 2021). https://www.cdc.gov/violenceprevention/about/connectingthedots.html

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

with a community coalition. Broadly, the goal of these coalitions is to engage community members, local organizations, agencies, faith-based, and tribal entities in building or enhancing the appropriate community-based and culturally centered responses to DV/SV primary prevention.

Community engagement is a form of social action, based on principles of empowerment, authenticity, and community decision-making[15]. Multisector community collaborations, and coalitions, help to expand and leverage resources, implement, evaluation, and expand strategies, and enhance local capability to achieve outcomes that would otherwise be difficult for a single entity alone[16]. PPPG grantees' participation in local coalitions, a form of community engagement, is to promote and advocate for primary prevention of DV and SV. Through this collaborative endeavor, communities streamline and leverage their knowledge, resources, and networks to improve health and wellbeing for all.

For DV/SV, prevention efforts need to consistently center cultural responsiveness to successfully address the needs of the community. Like many other states, Alaska has historical realities, such as colonialization, which contribute to the structural inequalities faced by many Alaskans[17]. Often referred to a "root-causes of violence," racism and sexism are the structural inequalities that PPPG grantees work to address. Central to all their efforts, promoting equity and inclusion through cultural responsiveness is fundamental to the success of PPPG. By continuing to build the capacity to address those "root-causes of violence" grantees will support more equitable institutionalized practices and approaches to create safer and healthier communities for all Alaskans.

Grantees build organizational and local capacity through impactful partnerships and engagement in community coalitions. Prevention grantees increase the readiness and capacity of local stakeholders to also implement increasingly comprehensive programming to build healthy relationships, promote equity, and emphasizes community connectedness. Capacity building and collaborative partnerships also cultivate

---

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

[16] Prevention Institute. 2017. How community safety and early childhood development practitioners can collaborate with community development. *Cradle to Community: Multiplying Outcomes in Place-based Initiatives.* https://www.preventioninstitute.org/publications/multiplying-outcomes-place-based-initiatives-how-community-safety-and-early-childhood

[17] Pathways to Prevention: 2019-2024 Statewide Plan. https://andvsa.storage.googleapis.com/wp-content/uploads/2020/12/19223654/COMPRESSED-Pathways-to-Prevention-December-2020-version.pdf

improved knowledge and sense of community, increasing skilled and knowledgeable preventionists, enhancing coordination and social service availability in the community, encourage local investment in prevention, and improve safety[11].

Youth Protective Factors and Engagement

Protective factors are conditions that decrease the likelihood that violence will occur by providing a buffer against risk[18]. Protective factors are useful and inform prevention programming for grantees, helping coordinators and coalitions to consider how and where their efforts should be focused, and what strategies might be most effective in supporting their aims. Research with youth has indicated that preventing dating violence is a promising primary prevention strategy for IPV victimization [19],[20], as well as using strengths-based programming that focuses on building youths' skills and capacities for healthy relationships. Education-based programming also often targets conflict resolution, interpersonal skills, and promoting youth social-emotional learning competencies.

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

Bystander Engagement

Violence is a learned behavior – whether it is unlearned or not taught/learned; it is preventable[21]. Bystander interventions are increasingly found as an effective skills-based prevention programming approach to empowering individuals and equipping them with knowledge and skills to

---

[18] Centers for Disease Control and Prevention. Risk and Protective Factors for Sexual Violence. www.cdc.gov/violencepreveniton/sexualviolence/riskprotectivefactors.html

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

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

[21] U.S Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control; Substance Abuse and Mental Health Services Administration, Center for Mental Health

stop situations that could lead to violence[22,23]. These approaches emphasize education, understanding barriers to intervening, debunking misinformation, building confidence, and teaching skills for intervening. Prominent bystander strategies include Green Dot Violence Prevention Strategy and Bringing in the Bystander. Bystander intervention emphasizes the role every individual can play in preventing violence in their community. Bystander programs have increasingly been touted as helping to increase male engagement in programming and expand the roles men can fulfill in preventing violence against women. Programs that include practices that condemn violent behavior have a larger ability to condemn acts of violence and aggression of all kinds, including racism. Community members educated in bystander intervention these is seen to increase empathy for people experiencing violence—thus increasing the overall wellness of a community.

Often, bystander engagement is a strategy implemented by PPPG grantees. During SFY2022, grantees reported various levels of capacity to implement bystander engagement, most notably due to COVID-19 implications. Efforts such as engaging with local businesses, tabling at local events, and training community members are ways that grantees increased this domain. Grantees interweave equity approaches within their bystander engagement. These efforts contribute to equitable and community-based norms and values that bystander engagement brings to communities in Alaska. As capacity of programs and community knowledge on the power of bystanders expand, efforts by grantees will deepen.

Services; and National Institutes of Health, National Institute of Mental Health. Youth Violence: A Report of the Surgeon General. Rockville, MD: 2001.

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

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

Promote Positive Social Norms and Healthy Relationships

There are different types of communication strategies that exist along a continuum of behavior change – from public awareness (targeting awareness) to social norms change (targeting perceptions) to social marketing (targeting behavior change)[24]. Public awareness campaigns are a common approach to primary prevention used to address the stigma and silence surrounding issues of DV and SA. Social marketing campaigns are also employed, disseminating persuasive messages informed by stakeholders, providing alternatives to behaviors, or focusing on dispelling misinformation related to DV/SV. Research indicates that those who adhere to norms and beliefs that are supportive of violence are more likely to perpetuate violence[25]; thus, promoting positive social norms involves motivating individuals and groups to adopt social norms that result in positive changes[26].

> Healthy relationships are respectful, autonomous relationships where decision-making is shared, and conflict is negotiated in effective, non-violent ways[15]."

As capacity and comprehensiveness of prevention programming evolves, PPPG grantees have and will continue to increase exerted effort in this domain; indeed, during SFY2022, several grantees reported that they were engaging in various community-level communication strategies as part of their programming to promote healthy prevention-focused messaging. These strategies included enhancing agency social media presence to disseminate information and resources, developing public awareness and media campaigns, including prevention content on the agency website, and facilitating community outreach and awareness events.

[24] Violence Prevention Technical Assistance Center. *Community-level change: A communications perspective.*

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

[26] VetoViolence. (2010). https://vetoviolence.cdc.gov/violence-prevention-basics-social-norms-change

METHODOLOGY

CDVSA contracted with a local research and evaluation firm, Strategic Prevention Solutions (SPS), to provide state-level evaluation support including support with identifying and tracking outcomes, managing and maintaining an end of year reporting portal, and analyzing and reporting on end of year submissions. Grantees also receive ongoing support for strategic planning and evaluation through collaboration with hired evaluators, as well as technical assistance provided by ANDVSA and CDVSA. Grantees complete an end of year reporting narrative each year, and at the end of the funding cycle (i.e., SFY2024) will also submit individual, summative evaluation reports.

SPS reviewed grantees' reports to identify and highlight unique and complementary outputs, outcomes, and impacts of grantees' primary prevention programming efforts during SFY2022. This review was cursory and not intended to be exhaustive or a cross-site examination of outcomes and findings.

This information was **reviewed with a focus on documenting and interpreting changes in grantees' capacity for and the comprehensiveness of their primary prevention programming**. The findings will be used to support continuous quality improvement (CQI) efforts, as well as assess and report on statewide DV/SV primary prevention capacity, program implementation, and the outcomes and impacts of grantees' efforts.

The following questions were used to guide the analysis:

GUIDING EVALUATION QUESTIONS

1. To what extent is capacity to implement and evaluate prevention programming increasing?
2. To what extent are grantees increasing community awareness and the exchange of primary prevention ideas?
3. To what extent are communities partnering with local initiatives to address shared priority areas?
4. To what extent are grantees implementing primary prevention strategies effectively?
5. To what extent are grantees addressing risk and protective factors?

6. To what extent are grantees redesigning and incorporating aspects of equity into systems to promote inclusivity and equitable outcomes?
7. To what extent are grantees collecting and using evaluation results to improve implementation?
8. To what extent is technical assistance supporting grantees and what needs remain?

Process Evaluation Questions

1. How many new or returning partnerships contributed to implementation?
2. What specific risk and protective factors were targeted by CDVSA prevention grantees' programming?
3. What populations were reached?
4. How many community members were exposed to DV/SV prevention messaging?
   a. How many community members received bystander training?
   b. How many youths were engaged in primary prevention?
5. To what extent did primary prevention programming include content related to equity and inclusion in their activities and practices?
6. How did COVID-19 affect program implementation?
7. How are CDVSA grantees working to assess the implementation, outcomes, and impact of their prevention programming?

Outcome Evaluation Questions

1. What changes or improvements in prevention capacity or program and strategy implementation were documented?
   a. To what extent did prevention grantees increase their capacity to implement and evaluate DV/SV primary prevention programming?
   b. Have communities seen an increase in opportunities for youth to be involved in DV/SV primary prevention programming?
   c. In what ways are grantees utilizing opportunities and resources to increase capacity to implement prevention programming?
   d. Has community leader and/or agency representation expanded to be more inclusive and/or representative of the community?
2. What, if any, policy and/or practice changes to support DV/SV primary prevention to took place? Advance equity?

3. What does the data tell us about short term and intermediate outcomes (by the end of the CDVSA funding period) that can lead to longer term impact (beyond end of the CDVSA funding period) across grantees?
4. What effects did programming have on participants (i.e., changes in knowledge, attitudes, behavior, skills, or practices)?

DATA COLLECTION AND MANAGEMENT PLAN

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

Primary Data Source

CDVSA End of Year Report

During SSFY2022, PPPG grantees submitted a CDVSA Prevention status reports online annually via an online survey and data management system. Grantees are asked to report on their efforts related to staffing, coalitions and partnerships, resources, implementation and evaluation of programming, preliminary findings associated with program outcomes, capacity development, a set of common indicators, and TA needs.

CONSIDERATIONS

Readers should bear in mind several important limitations when interpreting results presented in this report as any end of year reporting and aggregating of data can be extractive and limiting. While it supports in making data manageable and understanding some extent and scale of outcomes, it does reduce richness.

Information utilized for this report relied solely on information submitted by grantees as part of their funding and award conditions. It is likely most focused on responding the required questions and could tend to focus on successes. It is possible there may be gaps in the awareness or understanding of unanticipated or negative outcomes, however CDVSA has additional strategies for supporting and monitoring compliance and oversight (i.e., site visits).

Moreover, individual evaluation findings reported by CDVSA grantees in their annual reports, should be interpreted as estimates of attitudes, intentions, and frequency of behaviors in a larger population than is sampled. It is possible that those who participate

in any survey are different from those who opt to not participate. This is one important limit to the generalizability of the findings.

DATA ANALYSIS PLAN

Data analysis included observed counts of participants, implementation (process), information (key demographics, attendance, challenges), frequency and product counts, distributions, and averages were appropriate. Additional analytical methods for each of the quantitative analyses the following steps were taken:

1. Examine the data for incomplete, duplicative, anomalous, or superfluous responses
2. Remove duplicative and partial responses and fix structural errors (i.e., fix conventions such as "N/A" and "Not Applicable")
3. Review item variance and outliers
4. Perform intended analysis
5. Generate data visualization and graphics

No substitutions were made and overall, the responses were complete. Results presented in this report were calculated rounding to a whole number. Values .49 and below were rounded down, values .50 and higher were rounded up. Deductions were made from narratives to generate a whole number. For qualitative data collected (i.e., open-ended entries), responses were organized and analyzed using structured theme-mining. This technique allows us to analyze the narrative information, grouping by similar characteristics or meaning (i.e., themes), to describe, relate, and interpret.

YEAR ONE FINDINGS

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

Prior to reviewing grantees' efforts in each of these domains, it is important to consider various contextual factors that may be influencing the results. Perhaps the most notable of these factors are the ongoing impacts of the COVID-19 pandemic. This includes not only grantees' need to navigate fluctuating community responses to the pandemic, which for many has included the closure of local organizations and schools at various points, but also the time and effort needed to effectively transition the delivery of programming in ways that allow grantees to continue engaging in their communities amid the pandemic. Responses document site-specific adaptations and modifications to their programming, and consideration of ways in which the findings that follow may have been impacted by COVID-19 is incorporated as appropriate.

EVALUATION SUPPORT

Evaluation is a vitally important component of effective primary prevention, as it is through the process of evaluation that a program or strategy's effectiveness can be fully understood and substantiated. It is also important to understand the factors (e.g., data collection) that the data in this report is grounded in to tell the story of these grantees. Evaluation involves systematic assessment, requiring consistent documentation and planning to execute. PPPG grantees are encouraged to consult or contract with an external evaluator to assist them with evaluating their programs and activities. By the end of SFY2022, aside from one grantee who had the staff capacity to complete the evaluation internally, 69% (*n*=9) of grantees were working with an external evaluator. Four entities are contracted by the nine grantees for evaluation services; four grantees were contracted with Strategic Prevention Solutions, three with Goldstream Group, one with Agnew::Beck, and one with Wellsprings Group Consulting.

> In SFY 2022, **92%** of grantees had a written evaluation plan for measuring and tracking their programming; with **85%** of grantees having their goals and outcomes written down.

YEAR ONE FINDINGS

Grantees were asked to describe their progress in tracking their goals and objectives. They provided various examples of their goals and objectives, such as:

Capacity Building

❖ Assessments
❖ Data management and dissemination planning
❖ Program development progress
❖ Relationship and partnership building

Youth Protective Factors and Engagement

❖ Individual power of consent
❖ Healthy life skills
❖ Positive peer culture
❖ Youth leadership
❖ Connection to positive adults

Bystander Engagement

❖ Community roles as active bystanders

Promote Positive Social Norms and Healthy Relationships

❖ Knowledge of safe and healthy relationships
❖ Parent/caregiver's access to resources to support meaningful dialogue with children on healthy relationships and behaviors
❖ Community health and wellness
❖ Cultural connectedness
❖ Healthy home environments
❖ Positive social norm messaging for male audiences

Effective prevention programs incorporate evaluation strategies for ongoing monitoring, feedback, and planning processes in addition to using the information for CQI. This includes both process and outcome measures. Overall, most grantees (n=62%) are measuring impact and tracking most/all their programming to evaluate their prevention activities. Only 2 grantees (15%), described the evaluation of their efforts as limited.
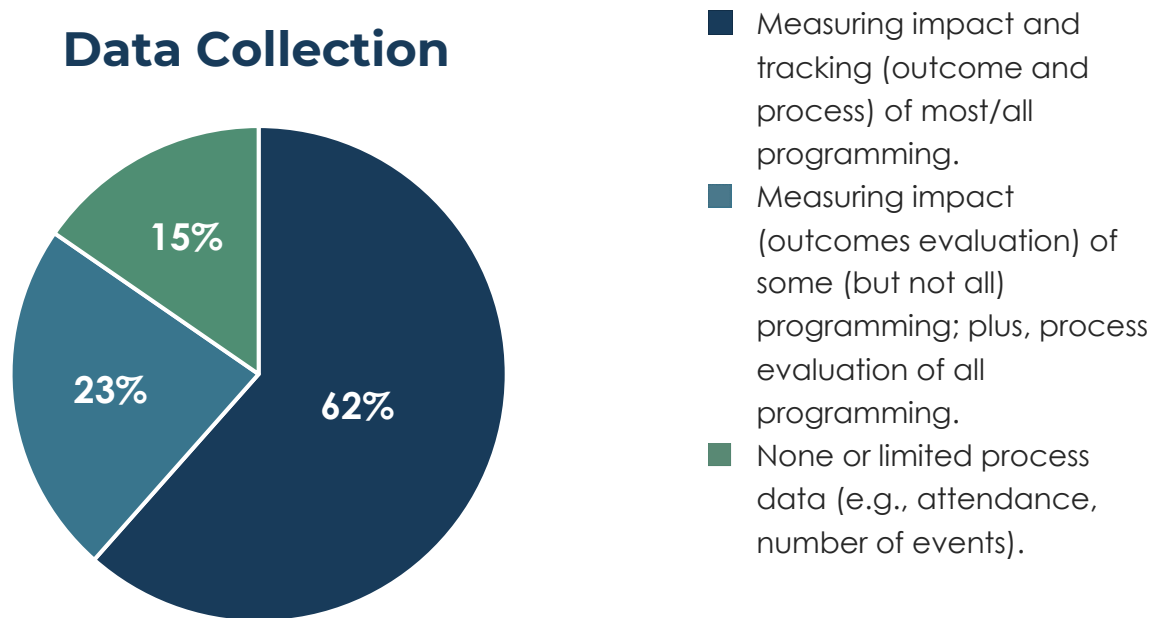
Data Collection

Figure 5: Data Collection

Pie chart with three segments:
- 62% — Measuring impact and tracking (outcome and process) of most/all programming.
- 23% — Measuring impact (outcomes evaluation) of some (but not all) programming; plus, process evaluation of all programming.
- 15% — None or limited process data (e.g., attendance, number of events).

In addition to contracted evaluators, grantees identified additional strategies employed to track and adapt their progress towards prevention goals, including:

❖ Revisiting planning documents, reviewing and making adaptations to prevention goals to ensure they are realistic and attainable
❖ Attendance and event counting
❖ CDVSA End of Year Reporting Tracker [Excel workbook]
❖ Data Dashboards
❖ Shared ownership of measures with community partners

STAFFING AND GRIEVANCES

The staffing and grievances domain refers to the integration of primary prevention into staff training and operations within the organization. When considering capacity building and increasing comprehensiveness of a grantee, staff are one of the most important contributors to their success. **Without dedicated staff to implement prevention programming, a community's progress to prevent DV/SV is significantly delayed and/or compromised in its continuity and implementation**. Historically, staff turnover has been a dominate factor related to the capacity to implement impactful prevention programming. That is still the case for this cohort.

In SFY2022, only two organizations had consistent staffing throughout the funded year. Most, 62% (*n*=8), grantees hired a new staff member to fill a prevention position before or during the SFY2022 funding cycle. Grantees are also supported by volunteers in their community; 54% (*n*=7) of grantees had volunteer positions. A total of 102 volunteers assisted with their program implementation, such as Girls on the Run and Let Me Run. Finally, none of the grantees disclosed the filing of any formal complaints or grievances filed this fiscal year.

46% (n=6) of grantees had a prevention position terminated or otherwise transitioned out.

COALITIONS AND PARTNERSHIPS

Historically, violence prevention efforts were incredibly siloed by topic (e.g., TDV or substance misuse) with separate funding streams, organizational structures, and stakeholder groups [27] . Informed by the CDC's Shared Risk and Protective Factors framework, grantees have a better understanding of the ways that various forms of violence are intertwined. This understanding allows grantees to collaborate with other practitioners to **coordinate and implement efforts across historical siloes, streamline initiatives, and scale up prevention efforts to better address all forms of violence**. In congruence with best prevention practices, PPPG grantees implement, participate in, or facilitate a local coalition that incorporates DV and SV prevention in its goals and objectives. Grantees were asked to share information regarding their ongoing collaborations and/or coalition work outside of their internal prevention team. They

---

[27] Wilkins et al., 2018.

shared changes, updates, and shifts in their community engagement efforts for primary prevention.

Coalitions and Community Prevention Teams

Coalitions across the state of Alaska have similar missions and overall visions of what a safe, healthy, and thriving community looks like. Figure 5 displays an image of each community coalitions mission/vision statement designed into a word cloud. As shown, words like "community," "healthy," and "resilient" are shared throughout the various statements. While each community is individually unique, Figure 5 highlights the common vision of what communities in Alaska hope to look like. With the dedicated efforts of CDVSA grantees, their partners, and community members, these visions can grow into realities.

Figure 6: Coalition Vision/Mission Statement Word Cloud

YEAR ONE FINDINGS

Membership within coalitions represent diverse sectors and groups in grantee's communities, such as local government and leadership, healthcare, nonprofit agencies, education, businesses, individuals, and tribal entities. In SFY2022, there was 37 new community partnerships, MOUs, or other formal and informal agreements. Figure 6 reflects the various new disciplines participating this SFY. Nine of new partners (24%) were local businesses, such as coffee shops, hotels, gyms, and more.

New Partner Sectors

Figure 7: New Partner Sectors

In SFY2022, there was a total of 105 coalition meetings (average: 8, range: 1-12). There was a total of 865 (average: 67, range: 6-267) additional meetings, workgroups, plannings and workshop events, and/or data meetings to support DV/SV primary prevention implementation and/or evaluation. Excluding two communities who reported over 250 additional meetings, the average additional meetings events by grantees (n = 11) was 31 (range: 11-79). They described some of the efforts and progress made related to their prevention team/coalition, including:

❖ Meeting regularly with their workgroups and building relationships among members
❖ Establishing new leadership teams and training opportunities

❖ Using frameworks (i.e., Collective Impact Framework; Shared Risk and Protective Factors framework) to align goals, outcomes, and programming across partner agencies and track progress toward overlapping objectives
❖ Focusing coalition structure and efforts around prevention goals specific to the community
❖ Establishing targeted workgroups to strengthen communication within the coalition and support outreach, evaluation, and resource development efforts
❖ Adapting programming for delivery in a virtual context

Collaboration

The PPPG funding was established to support local community initiatives in strengthening collaboration, including increasing new or existing coalition efforts to identify prevention strategies for implementation efforts. Partnering with community members to select, implement, and monitor programming that address multiple forms of violence and/or related conditions that share common risk and protective factors with DV/SV helps ensure efforts are community-driven and sustainable. This is to better align local efforts, leverage resources, achieve greater impacts and ultimately improve sustainability through common goals and strong partnerships. Grantees described some of the efforts and progress made related to the ways their collaboration with local partners and the primary prevention coalition is addressing shared priorities in their community through the following:

❖ Direct goals and outcomes
❖ Direct partnerships and collaborations
❖ Share leadership and/or hosting of primary prevention activities
❖ Plan primary prevention activities
❖ Identify gaps and needs within the community
❖ Assist with evaluation and data sharing

A common way collaboration between partners and the primary prevention coalition is through sharing the task of hosting/leading primary prevention activities. One grantee reflected:

> *"Bringing our events together allows others in our community to know what is happening in this area, as well as helping each other with programming…It allows members to not do the same programming at the same time, preventing duplication of prevention efforts."*

Some grantees noted challenges, such as community changes, staffing challenges, and varying funding, which have created a barrier to addressing shared priorities. Grantees noted a stronger focus on capacity and resource building efforts to leverage the local resources to coordinate prevention efforts:

> *"A lot of collaboration is around how to be aware of the multitude of resources in [city] and how to connect those in need with many available agencies that can help enable wellbeing for those that are lacking. An example of this is when I was working with a suicide prevention specialist at [agency 1], one of our community partners, who had a client at the local [agency 2] who was missing their appointments because they didn't have access to transportation. We were able to discuss resources at a [local coalition] meeting and provide the client with tokens to get where they needed to go, at no cost."*

Shared Ownership of Prevention

A coalitions ability to share the ownership of prevention efforts with local partners increases the organizational capacity and comprehensiveness. Grantees described the ways that leadership is shared of DV/SV primary prevention efforts by other individuals or partner agencies in their community through:

- ❖ Participation in coalition and workgroup discussions
- ❖ Handling administrative tasks (e.g., note taking, document sharing)
- ❖ Directing and coordinating partnerships
- ❖ Leading/hosting/attending/distributing primary prevention activities/materials
- ❖ Planning primary prevention
- ❖ Contributing to funding and resources
- ❖ Evaluation and data sharing

The most common way grantees reflected this shared ownership was through contributions to funds and other resources. This is an integral part of prevention as it alleviates pat of the responsibility to provide resources from the grantee and distributes it across a community. Often, partners will cover the costs of materials, donate participation incentives, provide space, supply volunteers and more. One grantee reflected on some of the contributions of their partners:

> *"[Youth program] also provided funding to compensate school district employees who volunteered with the program and allocated one of their AmeriCorps members to coach. This allowed [grantee] to utilize all recruited volunteer coaches at the other two GOTR sites."*

Grantees also reflected on their partners participation in leading their prevention programming. Partners were seen leading family engagement (e.g., making calls to parents, sending newsletters), facilitate workgroup meetings, distribute materials, assist with tasks on the day of events, and showing up the participate in the events. Some grantees described:

> *"[Local medical center] staff assisted in facilitating our monthly [coalition] meetings as needed."*
>
> *"The ongoing partnership with [local Alaska Native Tribe] allows for cross training of staff between agencies and inviting them to review [grantee] materials for cultural responsiveness."*
>
> *"[Local behavioral health center] provides support groups. [Local minster] from the Baptist church co-facilitates parenting class with [grantee] with a Christian focus."*

Another important component of shared ownership relies on conducting evaluation of prevention efforts. Two grantees noted the shared ownership of evaluation and data sharing:

> *"All agencies share data from prevention-focused activities, allowing [coalition]'s prevention workgroup to map out the risk and protective factors all prevention programs address."*
>
> *"During the [event] at the high school, elementary school, and the farmers market, [Church] and [local restaurant] provided our prevention programming survey to attendees and customers."*

Evaluation is vitally important to growing capacity and building comprehensiveness. Evaluation findings were shared with coalition members and other partners by most of

the grantees (62%, n=8). However, only two grantees mentioned evaluation efforts being shared by their partners. While this may not be exhaustive of the realities across communities, it is a place where future technical assistance can be emphasized.

RESOURCES

The resources domain refers to funded organizations available resources to implement primary prevention. Resources can look like the available staffing, budget allocations, and organizational structures (e.g., training) that enable primary prevention efforts to take place. **Resources of a grantee are a multi-faceted and dynamic element contributing to the impact of their primary prevention**.

Funding

Prevention is funded in many ways by many different entities. Grantees can encounter funding from small one-time donations to multiyear grants. Although, in two unique cases, prevention programming is funded by hard, sustained funding from the agency (i.e., a budget line item). In these cases, prevention programming is funded by many multiyear grants, one-time community grants, city budget funding, and in-kind donations. Nonetheless, most of the prevention programming in Alaska is supported by grants—which are funding streams that are not guaranteed year to year. This variability contributes to fluctuating organizational capacity to continue implementing programs with consistently paid staff. This data reinforces the role of CDVSA funding as even more vital to the long-term sustainability of these programs.

In SFY2022, prevention programming primarily relies on the CDVSA prevention funding, with **84.6%** (n=11) of programs relying on multiyear grants.

Figure 8 represents the funding amount allocated to prevention by organizations each year. A little over half of grantees 54% (*n*=7) reportedly allocate more than $80,000 per year to prevention, 38% (*n*=5) receive between $30,000-$80,000, and 8% (*n*=1) grantees allocate less than $30,000 per year to prevention.

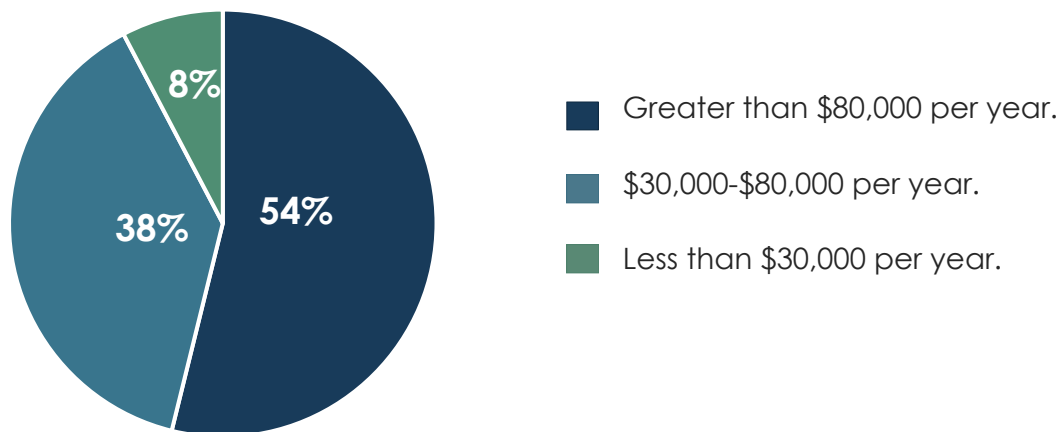**Amount Allocated to Prevention by Organization**

Figure 8: Amount Allocated to Prevention by Organization

Staff Capacity

During SFY2022, grantees reported a total of 32.7 PPPG funded full-time employees (FTEs) doing prevention work (average per site: 2.5 FTE, range: 1-3.86 FTE). The FTE equivalent included any personnel supporting prevention, including advocates and VISTAS. Within these organizations, there was a total of 30 people designated to evaluating prevention activities—not other programming. That is an average of 2 people/grantee who have the capacity to support evaluation of their efforts. This is a strong factor of the growing capacity of grantees.

Organizational Structures

This domain also refers to the organizational structures that enable the incorporation of primary prevention into the formal and informal practices of the organization. Implementing effective DV/SV primary prevention programming requires well-trained, supported and resourced staff. Everyone has a role to play in prevention.

YEAR ONE FINDINGS

Grantees described several ways they incorporated primary prevention into their organizational structures and processes. All grantee agencies have incorporated DV/SV primary prevention into board development discussions. Other indications of prevention institutionalization this year include:

Incorporating primary prevention into **board development discussions**	**100%**	👤👤👤👤👤👤👤👤👤👤
Staff orientation contains **prevention components** and/or **ongoing trainings** on primary prevention; required for all staff	**77%**	👤👤👤👤👤👤👤👤👤👤
Present in a significant amount of personnel including the ED and other agency leadership positions	**39%**	👤👤👤👤👤👤👤👤👤👤
Present in some **job descriptions outside of prevention staff**	**31%**	👤👤👤👤👤👤👤👤👤👤
Little to **no-mention of prevention in job descriptions** outside of prevention	**31%**	👤👤👤👤👤👤👤👤👤👤
Optional **trainings** on prevention are **offered to all staff**	**23%**	👤👤👤👤👤👤👤👤👤👤

Only about one-third of grantees report their agency emphasizes prevention across all positions and offer prevention training opportunities beyond staff orientations. There are different roles and responsibilities specific to prevention, and a comprehensive workforce includes resources and guidance for all. Ten grantees (77%) report agency trainings and orientations on DV/SV primary prevention which helps bolster success of local efforts by ensuring consistent and stable understanding and awareness to prevention. Moreover, with turnover of prevention staffing it is even more critical grantees are supported in institutionalizing prevention and building permanent positions for programming support and continuity over time.
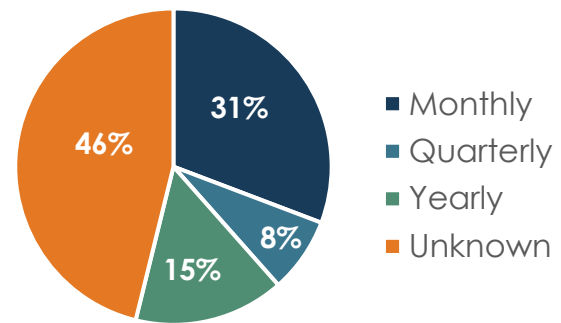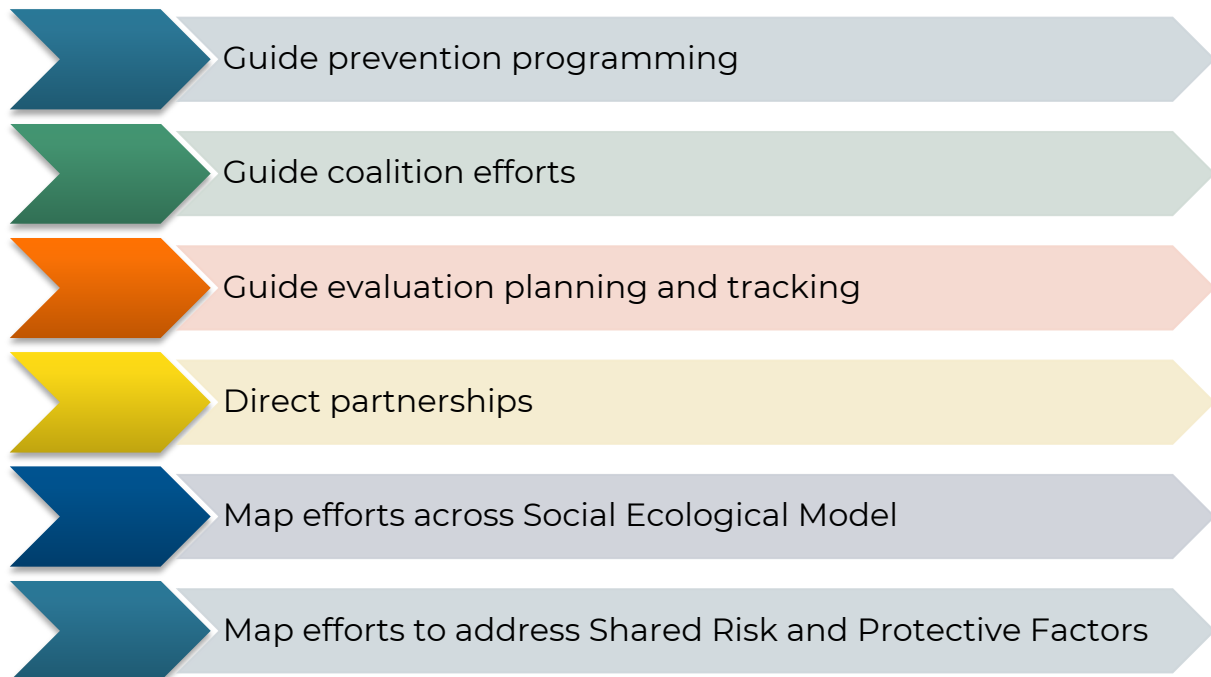
COMPREHENSIVE PROGRAM IMPLEMENTATION

Program Planning

Grantees, in partnership with local stakeholders and coalitions, undertake strategic planning to develop a DV/SV Prevention Plan for their community(ies). This process, informed by past CNA and CRA and local evaluation data considers the unique features of a given community and outlines how prevention resources (e.g., funding, staffing, volunteers, partnerships, communal spaces) are leveraged to support prevention efforts (e.g., activities,

Use Frequency

31%

46%

8%

15%

- Monthly
- Quarterly
- Yearly
- Unknown

Figure 9: Use Frequency of Prevention Plan

strategies, workshops, trainings). Each of the 13 grantees have an active and up to date primary prevention plan to guide their efforts. Most grantees utilized their prevention plans throughout the year as a planning and monitoring tool (see figure 8). No grantee made any significant changes to their plans during SFY2022. Prevention plans were used in some of the following ways:

- Guide prevention programming
- Guide coalition efforts
- Guide evaluation planning and tracking
- Direct partnerships
- Map efforts across Social Ecological Model
- Map efforts to address Shared Risk and Protective Factors

A unique finding from the data revealed that **prevention coordinators are the primary person creating and maintaining the prevention plan**. There was little to no mentioned of coalition involvement in creating or maintaining the prevention plan. This suggests a level of ownership of primary prevention housed mainly within the funded organization, rather than within the community coalitions.

Implemented Strategies

The area in which the PPPG grantees have dedicated a great deal of time and effort is in selecting, planning, and implementing specific primary prevention strategies. In SFY2022, grantees reported implementing a total of 63 strategies and activities, of which 43 were unique strategies (average per grantee: 4, range: 2-7). Grantees reported that **over 13,790 Alaskans were engaged with these prevention strategies, including more than 7,481 youth** (please note, these values are cumulative and do not necessarily represent the number of unique individuals who were engaged).

The CDC's Technical Packages describe evidence-based and promising strategies and approaches for DV/SV prevention including teaching healthy and safe relationship skills, including social-emotional learning, engaging influential adults, improving school climate and safety, promoting safe physical environments, and reinforcing concepts through parenting materials and engagement. Two strategies were implemented the most across funded communities and will be reviewed in greater detail; these are:

Girls on the Run	Implemented by	**54%**
Lead On!	Implemented by	**46%**
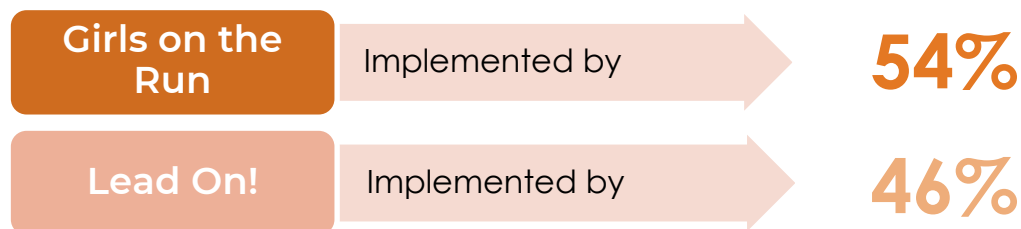
Girls on the Run (GOTR) is an empowerment program for 3rd - 8th grade girls. The program combines training for a 5k running event with healthy living and self-esteem enhancing curricula. GOTR instills confidence and self-respect through physical training, health education, life skills development, and mentoring relationships. The 10 week/20 lesson afterschool program combines life lessons, discussions, and running games in a fun, encouraging, girl-positive environment where girls learn to identify and communicate feelings, improve body image, and resist pressure to conform to traditional gender stereotypes.

LeadOn! for Peace and Equality is a youth engagement strategy based on a model that identified, trains, and enlists the help of key opinion leaders to change social norms and behaviors. The program is based on effective behavioral change theory. Youth who attend Lead On! Are considered popular opinion leaders who return to their communities to complete a community-based project to improve the health status of Alaskans by increasing protective factors and minimizing of risk factors for teen dating violence, sexual assault, teen pregnancy, and bullying. Programming in communities often uses media campaigns, community events, policy changes, and culture camps to share protective factors and minimize risk.

Other Programs were implemented by grantees, such as parent programs, bystander programs, media campaigns, and primary prevention presentations. Programs like the Green Dot bystander program or the Sources of Strength suicide prevention and social norms program were commonly referenced by grantees. The table below shows the number of programs that grantees implemented over SFY2022, by type:
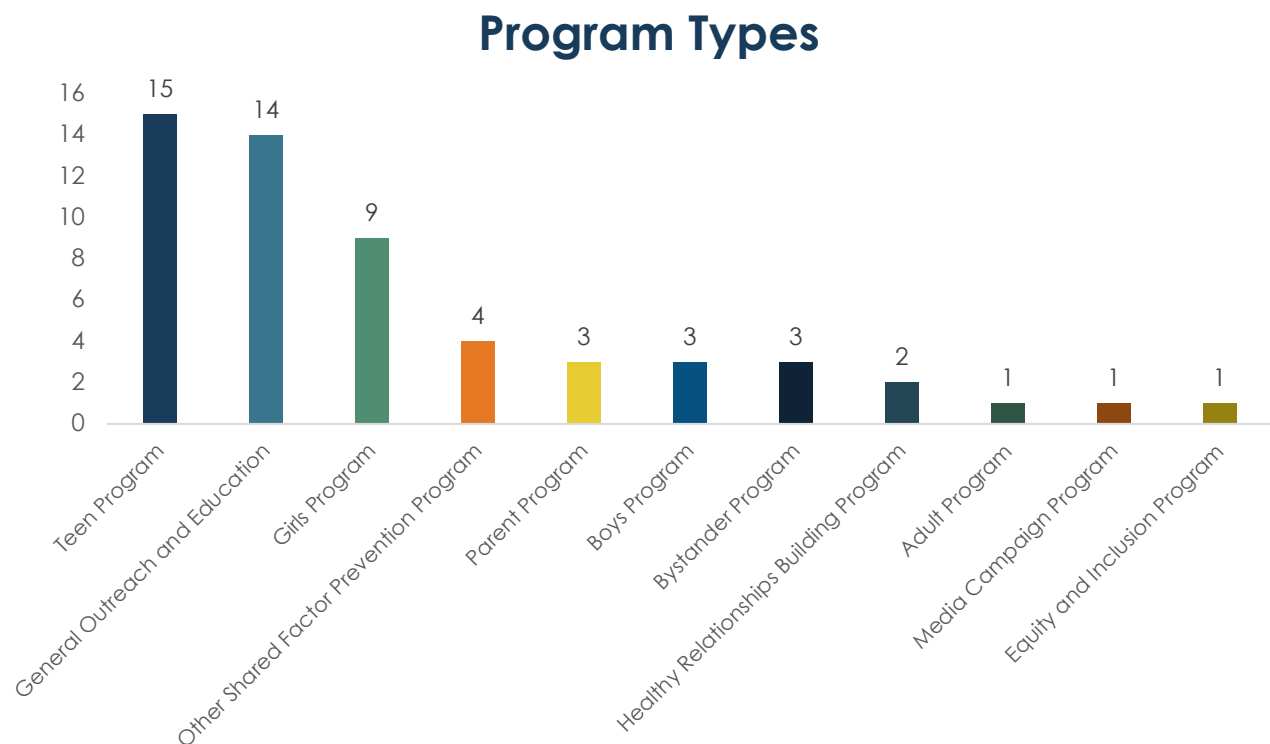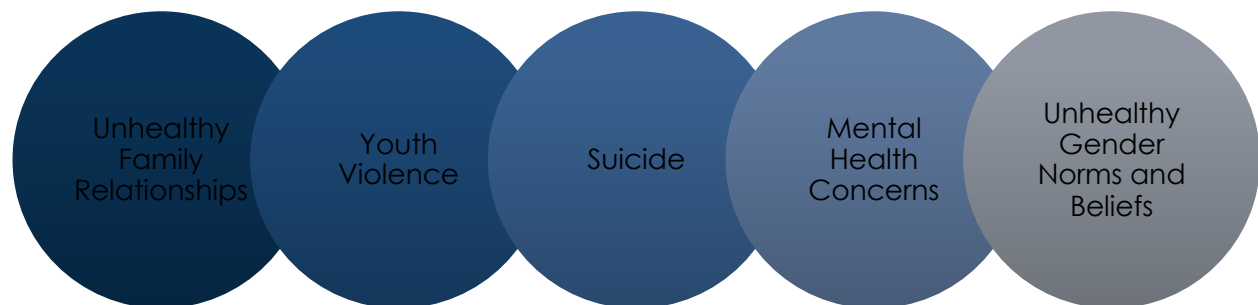
Program Types

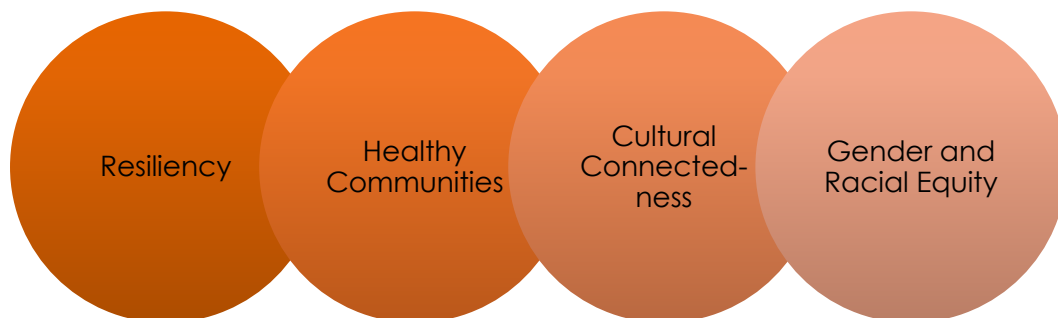
Figure 10: Implemented Program Types

Grantees also indicated which strategies they are planning for the remainder of the PPPG funding cycle. In the coming years, Alaskan's can expect to see programs expanding and emerging including Coaching Boys into Men, Compass, Cut It Out!, Green Dot, and more.

Shared Protective & Risk Factors

Grantees indicated which protective/risk factors they were attending to through implementation of various prevention strategies, in other words, a substantial portion of the current prevention programming being undertaken by grantees is intended to address these factors. The five most frequently addressed risk factors were:

Unhealthy Family Relationships · Youth Violence · Suicide · Mental Health Concerns · Unhealthy Gender Norms and Beliefs

Conversely, the four most commonly address protective factors were:

Resiliency · Healthy Communities · Cultural Connected-ness · Gender and Racial Equity

Social Ecology

As described previously, the social ecology helps to identify and understand the complex relationships between an individual, their interpersonal relationships, the local communities and groups of which they are a part, and the larger societal factors that influence their life. It also serves as a planning tool to identify where prevention efforts exist and are needed. The PPPG grantees made efforts to **improve the comprehensiveness of their prevention programming** and reviewing their reach across the social ecology is one way to evaluate this. At the time of this report, over half of

grantees self-evaluated the comprehensiveness of their efforts as high, with multiple strategies sharing similar messaging implemented in different settings or populations, across most levels of the social ecology. Approximately one-third of grantees are implementing awareness activities or some prevention strategies, but these do not necessarily reinforce the same message or reach multiple populations or settings. While individual knowledge and skills have demonstrated positive effects in preventing DV/SV, comprehensive programming has the greatest impact.
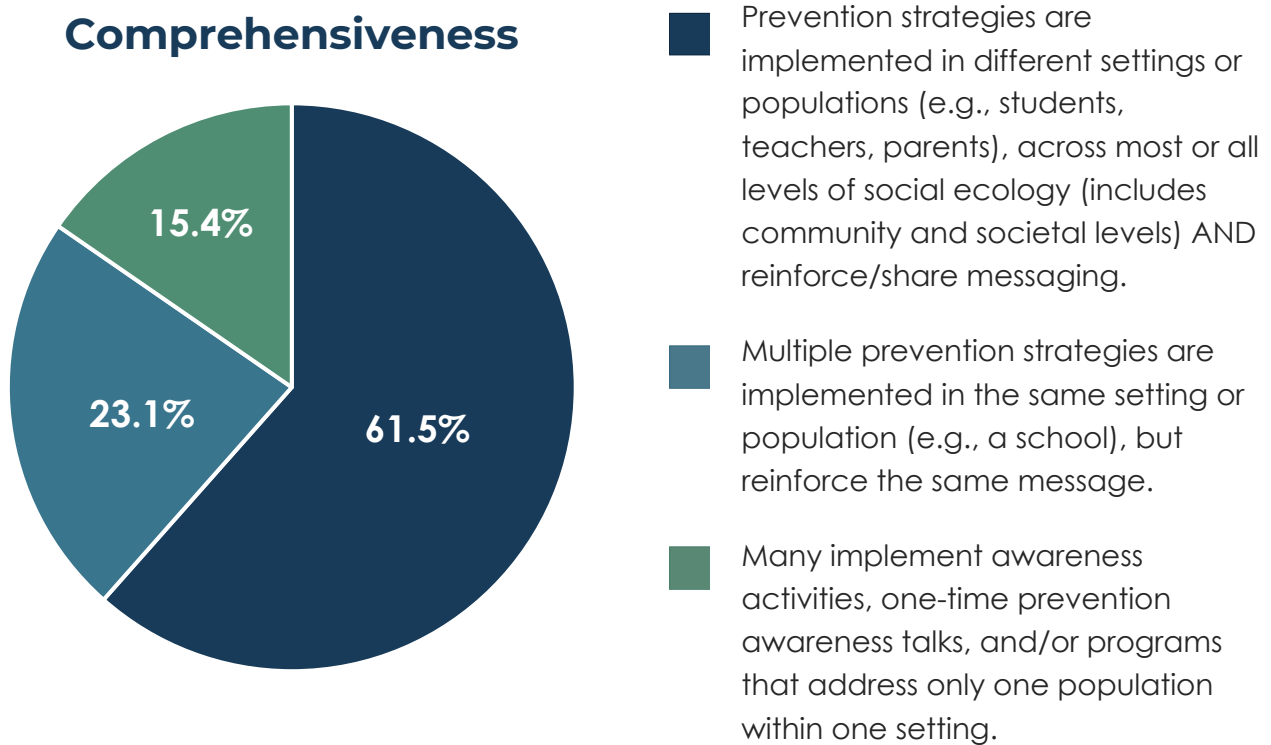
Comprehensiveness

- **61.5%** Prevention strategies are implemented in different settings or populations (e.g., students, teachers, parents), across most or all levels of social ecology (includes community and societal levels) AND reinforce/share messaging.

- **23.1%** Multiple prevention strategies are implemented in the same setting or population (e.g., a school), but reinforce the same message.

- **15.4%** Many implement awareness activities, one-time prevention awareness talks, and/or programs that address only one population within one setting.

Figure 11: Program Comprehensiveness

Equity, Inclusion, and Cultural Responsiveness

As part of the PPPG funding cycle, there is an emphasis on promoting equity and inclusion including increasing cultural responsiveness and contextually relevant programming. The impact of DV/SV is not shared equally across groups; some are disproportionately affected and impacted more greatly due to certain risks (e.g., low income, low collective efficacy, racism, strict gender norms). For IPV/TDV and SV prevention efforts to be successful, cultural responsiveness and community characteristics must be considered in

the planning and evaluation of efforts to best address larger systemic issues contributing to violence and safety factors for those historically most impacted.

Addressing culture and the specific needs of community members in prevention can look like having diverse and representative membership in the coalition, activities centered on the local traditional values, offering materials in multiple languages, championing economic opportunities and other sanctions against those using violence against others in the community. Grantees are expected to thread this cultural and equitable lens into their implementation efforts in a way that best represents the community and their needs. In SFY2022, grantees approach to equity, inclusion and cultural responsiveness was **grounded in local partnerships and representative leadership**.

Approach to Equity in Prevention Programming

Grantees discussed the ways in which they partner with local organizations, such as tribal entities or LGBTQ+ organizations, to guide decision-making, review materials, identify gaps in programming, translate materials, and facilitate programming:

> *"[Grantee] is collaborating with an informal group in [city] to provide resources about IPV in the LGBTQ+ community."*
>
> *"[Grantee's] MOU with [local Alaska Native tribe] allows for [local Alaska Native tribe] to review [grantee] materials for cultural responsiveness."*
>
> *"[Local Alaska Native tribe] facilitates the [culturally specific peer workgroup] as one of the co-chairs, provides an adult mentor for [youth group], sharing in decision making power and leadership with [grantee] staff for these efforts."*

Complementary to their partnerships with local entities, grantees expressed their priority to ensure that their coalition and programming is representative of the community they are in. **Grantees achieved numerous efforts over SFY2022 to ensure that prevention programming leadership is diverse in a way that includes BIPOC, LGBTQ+, survivors, disabled, youth, seniors, immigrant, and other underrepresented communities.** The capacity of this representative involvement informing programming, decision-making, goals and values, and contributing feedback. Some grantees reflected:

> *"Both the [youth group] and the [youth peer educators program] to have input on the programs [grantee] provides for youth… These relationships built with youth also allow [grantee] to better understand the challenges youth experience…"*
>
> *"…[local Alaska Native tribe] began the process of creating a [local response team], sexual assault response team that encompassed leaders from [local organizations]… [Local Alaska Native tribe] taking the leadership role allowed elevated voices of Tribal citizens in our community."*

Interweaving Equity and Prevention Programming

Through these approaches to equity, inclusion, and cultural responsiveness, grantees have facilitated various conversations and have made decisions in their programming to reduce inequities. Various grantees described their ongoing conversations within their organization, partners, and with community members to better understand the environment in which inequities are taking place. Some grantees have specific workgroups and subcommittees dedicated to facilitating these decisions. Some questions grantee shared that guide the discussions are:

1. What forms and which populations are experiencing violence?
2. How can the grantee ensure that all programs and materials are accessible?
3. What is inclusion and why does it matter?

Results of these discussions lead to grantees participating in more trainings, diversifying their leadership, allocating resources, and change policies/practices. Some key takeaways from grantees are:

> *"All [grantee] staff participate in ongoing trainings on cultural responsiveness."*
>
> *"Resources, such as brochures, are provided in multiple languages and are culturally relevant. Program materials are designed to be accessible for individuals with disabilities by using larger, simpler font, emphasizing by underlining, and high contrast colors. When designing marketing materials, gender-neutral and cultural inclusion is incorporated."*

"We start all [coalition] meetings now with the established guidelines of how to create a more welcoming space."

Programming adaptations are the most common ways that grantees interweave equity into their work. In SFY2022, adaptations focused mainly on expanding programming to include more populations and adapting the language or framing used during the program to be more inclusive. For example, one grantee analyzed the language they were using during trainings and updated it to be inclusive of various populations' life experiences. Another grantee implementing the Boys Run I Toowu Klatseen curriculum adapted the program to be more culturally relevant and gender inclusive to further root the program in Alaska Native traditional culture and to better accommodate communities who may not have enough boys for one team. This grantee also stated:

"[Program site] makes slight adaptation to implementation to better accommodate the community. [Program site] has added lock-in at the school for both GOTR and BRITK…[Program site] also combines both their GOTR and BRITK 5ks at the end of the seasons as the programs happen simultaneously in the spring. The 5ks typically bring out over 80 people from the community to cheer the kids on as they complete their celebratory fun run."

While grantees are working diligently to ensure equity, inclusion, and cultural responsiveness are interwoven into their programming, there is still a large emphasis on capacity building for this topic. Slight adaptations have been made, however, there is a notable gap in long-term and influential changes to account for the differences among community populations. The areas in which grantees are working on capacity building are the following:

❖ Bringing awareness on the need to adapt programming
❖ Furthering understanding of what this means for community wellness and identity; specifically, to their region
❖ Continuing to facilitate workgroups to advance the vision of equity and inclusion
❖ Attending local events to show support and commitment to equity and inclusion
❖ Generating decision-makers buy-in through consistent invitations and reoccurring relationship building efforts

Investment to address existing disparities

As alluded to above, grantees are working diligently to address existing disparities through program adaptations, leadership representation, training, capacity building, and more. The PPPG funding has an emphasis of understanding the ways that grantees have made tangible investments to further address disparities in the community and/or programming. These tangible investments, such as resources, policy changes, and time allocations) are **longstanding and measurable** items that are deliberately allocated to further equity and inclusion in their communities. In SFY2022, grantees invested:

Time   Funding   Training   Organizational Practices
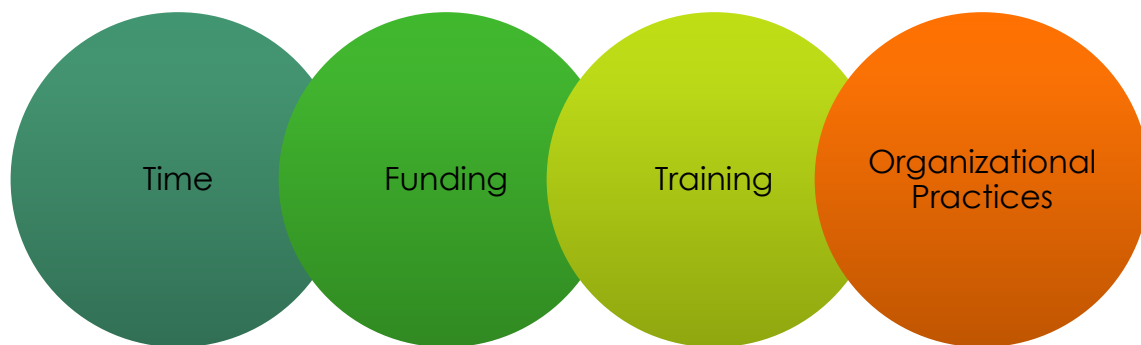
Building the capacity to contribute tangible investments to equity and inclusion is an ongoing effort for many grantees. Impactful and effective strategies, such as local policy changes and adopting equitable internal organizational practices[28], require investments to have the capacity to accomplish. Grantees described the ways in which they are building local capacity to invest in equity and inclusion:

❖ Conduct an internal equity audit of their board, staff, programs, and services
❖ Work with local partners to identify ways to improve their equity approach
❖ Engage with community members to garner support and buy-in for efforts
❖ Seek additional funding to provide monetary incentives for program participants

OUTPUTS AND COMMON INDICATORS

CDVSA developed and identified a set of common indicators that provides a reliable means of measuring outputs and impacts of prevention programming across grantee sites. Counts from grantees' efforts on the current iteration of the common indicators will be reviewed at this point.

---

[28] Social and Economic Costs of Violence: Workshop Summary, Investing in Prevention (2012)

YEAR ONE FINDINGS

Grantees promoted the prevention of DV/SV in part through the education and training pertaining to the **promotion of healthy, respectful, and nonviolent relationships and communities**. Awareness and informational sessions provide opportunity for grantees to engage influential community members, leaders, and adults in prevention efforts. In SFY2022, grantees delivered or supported DV/SV primary prevention focused awareness or training events reaching over 5,000 community members.

Grantee	Awareness — How many community members attended and received information about DV/SV Primary Prevention?	
	By Agency	**By Community Coalition**
1	524	250
2	15	0
3	57	0
4	0	26
5	250	100
6	0	0
7	859	0
8	2015	0
9	3	2
10	295	105
11	252	15
12	25	82
13	71	0
Total	**4,366**	**580**

Table 1: Awareness Reach

Bystander programming approaches **promote social norms and behaviors that are protective, empowering, and teach individuals how to intervene and prevent violence**. Typically, participants in bystander programming learn about characteristics of healthy relationships, identify aggressive behaviors, and practice strategies for intervening. Bystander programs include *Bringing in the Bystander* and *Green Dot*. In SFY2022, over 1,300 individuals were exposed to bystander programming through the efforts of grantees and their partners.

Bystander Programming

How many individuals joined a bystander program?

Grantee	Community Members	High School	University	Partners Programming
1	339	224	10	349
2	0	0	0	0
3	7	17		
4	0	0	0	0
5	8	35		
6	0	0	0	0
7	293	47		
8	0	0	0	0
9	0	0	0	0
10	19	0	0	0
11	15	0	0	0
12	0	0	0	0
13	0	0	0	0
Total	**681**	**323**	**10**	**349**

Table 2: Bystander Program Reach by Setting

Preventing DV/SV has long emphasized **a two-fold approach of 1) creating safe, stable, and nurturing relationships and 2) delivering education to youth to prevent it across their lifespans.** Many primary prevention approaches are childhood-, or family-, or school-based. In addition to programming, grantees build individual youth skills (e.g., communication) and provide opportunity for mentorship through stand-alone engagements or activities (e.g., co-facilitators, coalition membership). In FY2022, 35 youth participated in community coalitions and 121 were peer mentors or facilitators. Additionally, grantees had over 7,000 recorded instances of youth attending a prevention presentation or strategy this year.

Youth Engagement

How many youths (under 18 years of age) participated in some type of prevention activity this year?

Grantee	Coalition Member	Peer Mentor or Co-facilitator	Attended a single or one-time prevention presentation	Participated in a prevention strategy
1	2	3	229	324
2	0	2	213	0
3	10	7	56	954
4	0	0	394	0
5	0	35	120	35
6	0	2	183	262
7	0	0	319	0
8	0	20	176	23
9	5	1	5	15
10	5	40	240	137
11	3	0	3,155	28
12	10	11	280	82
13	0	0	15	10
Total	35	121	5,455	1,870

Table 3: Youth Engagement in Prevention Activities

PPPG PROGRESS UPDATE

PPPG grantees were able to **improve and expand their program implementation because of this funding, capacity building efforts, increased comprehensiveness, and enhanced partnerships.** In SFY2022, funding was used to improve and expand programming in the following areas:

- ❖ Reach new populations
- ❖ Contribute more staff and staff time to implementation
- ❖ Increase capacity to host trainings and presentations
- ❖ Enhance new or existing partnerships
- ❖ Distribute more materials, funds, and incentives during programs
- ❖ Implement new or old programs
- ❖ Allocate efforts to increase equity and inclusion
- ❖ Evaluate and collect data for CQI

One grantee described how being able to reach new sectors in the community led to new potential for their future efforts:

> *"One notable new connection was the [faith-based organization], whose staff came to our community trainings in [spring 2021] and invited us to train their new class of students this fall. They have significant connects to other churches in the area, thus increasing our reach into this new sector."*

Another grantee reflected on their ability to enhance their program by providing incentives:

> *"Funding allowed us to educate through engagement. We had the ability to give prizes and swag which youth really like and helped us promote healthy relationships with the [prevention event], support the health of our youth through Sources of Strength activity, and expand youth knowledge of what respect looks like, sounds like, and feels like."*

The efforts made by grantees are valuable steps to creating safe, healthy, and resilient Alaskan communities. However, an area of capacity building that almost

every grantee is working towards is policy work. They have identified several policy areas they are hoping to focus on in future funding years, such as:

- ❖ Increasing availability of childcare in the community
- ❖ Transforming the school district into a trauma responsive district
- ❖ Advocating for local agencies to adopt economic policies to better support families
- ❖ Increasing access to mental health services; notably, confidential services for youth
- ❖ Incorporating formal equity and inclusion practices into local policy work

Due to the potential that policy action can do to prevent violence, among other public health concerns, it is imperative to continue supporting grantee efforts to create this lasting change. **Grantees leverage their partnerships to address cross-cutting risk and protective factors that DV/SV share with other forms of violence and have interest in building safe, more equitable communities.** Programming narrative updates indicate grantees have established collaborative relationships with many prevention stakeholders and experts, and can be successful in stimulating further change through prevention policies. Grantees current strategies heavily address individual- and relational-level factors, primary school-based and early-childhood or socio-emotional focused. Additional support around economic conditions and policies that promote family stability and economic security could empower coalitions to direct efforts towards shared community-level characteristics and impact factors associated with risk of DV/SV perpetration and victimization.

CLOSING COMMENTS

In SFY2022, grantees expanded their programs, enhanced their partnerships, and contributed to long-standing change to prevent DV/SV. Grantees built additional partnership and sector involvement within the local communities to broaden inclusiveness of various contexts and support for DV/SV primary prevention programming. PPPG grantees developed and delivered numerous presentations, events, and activities to impact the lives of youth, adults, and families in their community. They demonstrated consistent utilization of prevention and evaluation plans to monitor and evaluate their programming, including process and outcome data. They have integrated new approaches, such as SRPF, to leverage the resources in the community and tackle not only DV/SV issues, but also their root-causes. Alaskan communities are seeing youth more confident in themselves and making healthy decisions, families feeling more supported and building healthy communication skills, and community members supporting positive social norms and leading transformative justice work, and so much more. Grantees are working on their planning, communicating with partners, and diversifying the programming to fit the needs of their communities.
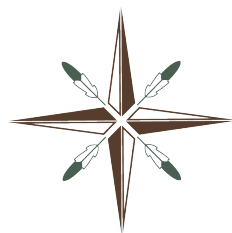
RECOMMENDATIONS

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

1. **Identify opportunities for coordination.** Foster meaningful relationships with other statewide initiatives surrounding violence prevention and risk and protective factors work. Identify key overlaps in efforts among state agencies with a similar focus to sustain a connected prevention workforce. Moreover, the Council can continue to promote inclusive, collaborative, and representative coalitions that have agreed structure to implement and evaluate primary prevention initiatives locally. Extensive capacity building at all levels – individual, organizational, community, and statewide is necessary for effective DV/SV primary prevention implementation. Having a connected, coordinated statewide community may offset some of the resource and staffing challenges reported by grantees.

2. **Engage in strategic planning with other statewide violence prevention efforts and promote use of the shared risk and protective factor approach.** Identify and prioritize common risk and protective factors and leverage points for coordination to achieve impact on multiple outcomes related to violence prevention. Successful implementation of DV/SV primary prevention engages diverse groups and other key issues, like suicide and violence prevention. Promote messaging and calls to action that strengthen and promote protective environments for meaningful impact.

3. **Promote best practices for effective primary prevention.** Continue to educate practitioners and support the evaluation of grantees' implementation of evidence-based practices and programs. Effective primary prevention programming is comprehensive, appropriately timed, of sufficient dose, administered by well-trained staff, socio-culturally relevant, theory-driven, and utilizes varied teaching methods. Grantees would benefit from continued support in increasing knowledge, skills, involvement, and capacity for primary prevention of DV/SV.

4. **Support ongoing capacity development efforts to deliver high-quality implementation of prevention programming.** To sustain significant local buy-in to

prevention initiatives, continue to fund primary prevention programming and support grantees in reducing barriers in organizational environments by promoting organizational norms supportive of prevention, and engaging and training organizational leadership about the benefits of prevention, policies, and resources.

5. **Promote practices and incorporating Alaska-specific values and culture in primary prevention efforts.** Identify strategies that grantees can implement to incorporate more community-specific and place-based practices that center Alaska-values. Consider incorporating as part of technical assistance activities at the start of every fiscal year. Leverage tools, materials, and programming developed by Grantees and increase the prominence of key and/or effective DV/SV messages, while promoting ''champions' of promising Alaska-based adaptions and approaches.

6. **Promote robust monitoring, record keeping, and documentation of primary prevention efforts.** Consider providing examples of 'exemplar' records including a community prevention plan, annual narrative report submission, and summative final evaluation report. Integrate a training on completing evaluation and the CDVSA annual report as part of the onboarding for new prevention coordinators and/or a quarterly technical assistance activity. In addition to the external evaluation support independently contracted, the Council should continue to promote opportunities for technical assistance and skills-building for evaluation.

7. **Identify opportunities for policy development.** Consider creating an example of a comprehensive and fully executed policy adaptation to share with grantees. Integrate a training on policy and practice adaptations as part of the onboarding for new prevention coordinators and/or an annual technical assistance activity. Promote opportunities for Grantees to become knowledgeable and familiar with legislation, policies, and guidelines around primary prevention.

8. **Promote increased comprehensiveness of programming that includes the outer levels of the social ecology.** Provide additional guidance to grantees on building the comprehensiveness of their programming, expand messaging efforts, and implement activities that engage the broader community and society (e.g., promote equitable structures and processes; civil and criminal law reform). The Council may work with TA providers and grantees to understand and identify opportunities, ways to foster support and additional buy-in for DV/SV primary prevention among local, regional, and state policy makers and other elected officials. Grantees offer unique advocacy insights related to their community's gains, transformations, needs, and lessons learned.