

Missouri Department of Health and Senior Services
Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence
Prevention
Missouri State Action Plan
Grant Number:

1) The ways in which the recipient and partners will prioritize primary prevention at the outer layers of the Social Ecological Model (SEM):

a) Process to Identify, Select, and Implement Primary Prevention at the Outer SEM Layers

The Missouri Department of Health and Senior Services (MDHSS), Section for Women’s Health (SWH) used several factors to identify, select, and implement primary prevention at the outer levels of the SEM. To begin, the SWH reviewed the literature and evidence base for outer level strategies, including journal articles and lessons learned through sources like Prevent Connect. The SWH reviewed what work was currently happening throughout the state that could help sustain and amplify the strategies. The SWH then reviewed the number of strategies needed to maintain a 75%/25% split for outer-level and inner-level strategies and the STOP SV Technical Package (STOP SV) to ensure distribution among the strategies. Upon this review, the SWH selected the strategies included in section six of the State Action Plan (SAP).

b) Ensuring the Minimum RPE Funding Requirement at the Community or Societal Levels

At the start of the project period, MDHSS will only offer contracts and requests for applications (RFAs) that ensure that 75% of the planned strategies occur at the community-or societal-level. When contracts expire, MDHSS will continue to implement strategies at outer layers, incorporating new data and input from stakeholders, including the SAP committee. MDHSS invited the following organizations to send representatives to be a part of the SAP:

- Community Partnership of the Ozarks
- Metropolitan Organization to Counter Sexual Assault
- Missouri Chamber of Commerce and Industry
- Missouri Coalition Against Domestic and Sexual Violence

- Missouri Department of Economic Development, Workforce Development
- Missouri Department of Elementary and Secondary Education
- Missouri Department of Higher Education
- Missouri Department of Public Safety
- Missouri Department of Social Services
- Missouri Partners in Prevention
- Missouri School Boards' Association
- Northwest Missouri State University

In order to ensure the minimum RPE Funding Requirement at the community-or societal-level is met throughout the entirety of the sub-recipients' contract periods, MDHSS conducts contract monitoring. During the contract period, MDHSS reviews monthly reports, conducts regular phone calls, and performs site visits and/or desk reviews. During these monitoring processes, MDHSS is able to ensure sub-recipients are meeting the contract deliverables throughout the contract period.

c) Existing Experience and Capacity to Implement Community and Societal Strategies

Throughout the previous project period, MDHSS built a framework through partnership, training, and TA to implement both relationship- and community-level strategies for the primary prevention of SV.

Sub-recipients from the previous project period have demonstrated their ability to implement the strategies selected for implementation. They have not only been implementing violence prevention strategies at the relationship- and community-level, but they have developed their own unique partnerships both on and off campus. They have also been trained on STOP SV, have participated in a thorough evaluation since beginning implementation, and will be developing more detailed plans for sustainability and evaluation going forward. Because of the established relationships, these organizations began implementing immediately upon the start of the project period.

Newly selected sub-recipients detailed their capacity to implement the contract deliverables as a part of a competitive RFA. In their narratives, sub-recipients outlined their experience as an organization that has prepared them for the work, their

understanding of the public health approach, and staff training that qualifies the staff to implement the strategies.

Other organizations not funded through RPE have the capacity to implement violence prevention strategies representing the wide range of work included in STOP SV and across the SEM. For example, the Community Partnership of the Ozarks and the Kansas City public library system have worked together to strategically to implement Green Dot in their communities without additional sources of funding. The Susanna Wesley Family Learning Center in rural East Prairie, Missouri has worked with their board of directors to implement stronger sexual harassment policies at local businesses. OneKC for Women and the Women's Foundation of Kansas City have worked to empower women to achieve financial success through research, policy change, small business investment, individual classes, and employment support. The Hawthorn Foundation, the Missouri Department of Economic Development, the Missouri Department of Higher Education, and Missouri Development Finance Board are partnering on Best in Midwest and Talent for Tomorrow, two initiatives that will transform Missouri into a top state for economic and workforce development. The Best in Midwest and Talent for Tomorrow initiatives seek to remove barriers to work like lack of transportation and family care, and increase educational attainment for all Missourians, including those with relatively low levels of education. These organizations represent only a small portion of the work happening in Missouri, and many more have the skills needed to implement community-level violence prevention in the state.

d) Training and Technical Assistance to Build Capacity

There are some local-level organizations that do not currently have the capacity to implement primary prevention strategies that reach the outer layers of the SEM or that align with STOP SV. In order to build capacity for more comprehensive primary prevention that uses the best available evidence, MDHSS will work with partners to provide targeted TA to identified organizations. The Missouri Coalition Against Domestic and Sexual Violence (MCADSV) will begin the development and implementation of a new program, the Intensive Technical Assistance Project. This project will include an assessment of over 100 MCADSV member programs to identify the levels of capacity for the primary prevention of SV. MCADSV will identify member

organizations with interest, but not capacity to implement prevention strategies at the outer levels of the SEM that align with the SAP and STOP SV. A cohort of organizations will receive virtual and onsite training and targeted TA. MCADSV will create materials that include lessons learned from their targeted work to share with other member organizations. In future years, some organizations may be selected as pilot sites for capacity building projects. Because of this work, more organizations throughout the state will have capacity to implement community/societal-level SV prevention strategies based on the best available evidence.

Throughout the project period, Alteristic, Inc., MDHSS, and MCADSV provide ongoing training and technical assistance to programs throughout the state. MCADSV works with their member programs to increase capacity to implement prevention strategies. They provide training to interested members on health equity and primary prevention to increase knowledge of prevention strategies. MDHSS contracts with Alteristic, Inc. to provide training on the *Green Dot Violence Prevention Strategy*. In order to increase the number of trained instructors across the state, MDHSS offers the training at no cost to both sub-recipients and other unfunded organizations. Alteristic, Inc. provides technical assistance monthly and by request to organizations implementing the *Green Dot Violence Prevention Strategy*. MDHSS conducts monthly phone calls and in-person site visits to all sub-recipients. MDHSS conducts quarterly technical assistance for the strategies with multiple implementing organizations. For example, the RPE Program Coordinator hosts webinars and customized in-person meetings for sub-recipients implementing the *Green Dot Violence Prevention Strategy* on college campuses.

e) Use of Data to Select and Prioritize Community and Societal Level Strategies

MDHSS reviewed multiple data sources to identify community-and societal-level strategies, including data from The American Association of University Women (AAUW), U.S. Equal Employment Opportunity Commission (EEOC), the Youth Risk Behavior Survey (YRBS), and the Missouri Assessment of College Health Behavior (MACHB). These data were used to support the need for primary prevention strategies that incorporated economic security for women and girls, and strategies that address middle school and college students.

In 2017, the AAUW reported that median annual earnings for men in Missouri were \$47,436 compared to \$37,339 for women — an earnings ratio of just 79 percent, or 34th out of all states and the District of Columbia. This report was according to the most recent census data. The gap is worse for most women of color and working mothers (<https://www.aauw.org/resource/gender-pay-gap-by-state-and-congressional-district/>). MDHSS has identified strategies to support economic opportunity as a priority in Missouri and is conducting a needs assessment with the University of Missouri Kansas City (UMKC) to identify specific barriers to economic security and educational attainment for women and families in Missouri.

In 2018, the EEOC reported that there were 558 individual charge filings for discrimination on the basis of sex in Missouri. This represents 35.5% of all charges filed in the state. Missouri ranked 17th for highest percentage of charges filed on the basis of sex out of all the states and territories reporting data to the EEOC (<https://www1.eeoc.gov/eeoc/statistics/enforcement/>). MDHSS has identified strategies that promote organizational change to create proactive sexual harassment policies and procedures as a priority for community-level work.

The Youth Risk Behavior Survey reports that in 2017 approximately 10% of high school students in Missouri had been physically forced to have sexual intercourse. This rate is significantly higher than the national average (<https://nccd.cdc.gov/youthonline/>). Prioritizing strategies at the outer layers of the SEM to address this population is critical to reduce sexual violence perpetration and victimization.

Finally, data from the MACHB indicate college students in Missouri face sexual violence at alarming rates. According to the MACHB in 2019, approximately 22% of Missouri college students have experienced non-consensual sexual contact in their lifetime, and 7% have experienced it in the past year. Of all sexual assaults, 35% occurred while the student was attending their current college or university. (http://pip.missouri.edu/docs/briefs/PIP_8_01.pdf) Implementing effective strategies that incorporate community-level interventions is a priority in order to ensure the most significant reach.

2) The ways in which health disparities and disproportionate burden will be addressed using state or local level data:

a) Data sources

MDHSS used the same data to select health disparities as was used to prioritize community-level prevention strategies. YRBS, census data from the AAUW, reports from the EEOC, and results from the MACHB demonstrate specific burdens to address. In order to strengthen the understanding of health disparities and disproportionate burden in Missouri, MDHSS began working with internal epidemiologists at the start of the project period. The epidemiologists will help to identify state and local data sources to determine whether there are geographic regions or populations with disproportionate burden. Furthermore, MDHSS is working with UMKC to conduct a qualitative needs assessment. This assessment will identify the barriers to work and education for women and families. Once MDHSS identifies data sources and the needs assessment is complete, members of the SAP committee will review all current and new data in order to identify disproportionate burdens to address through sexual violence primary prevention strategies. This is an area for growth for MDHSS and will be a part of future planning for data collection related to health disparities.

b) Which health disparities or burdens will be addressed

Because of the limited information that could provide insight into any health disparities or burdens, no specific disparity or burden has been identified at this time.

c) Which populations of interest will be selected

While MDHSS has not identified a specific disparity or burden, MDHSS did identify three target populations. The data used to select these populations is described in section 1.e) of the SAP. MDHSS identified college students as a population of interest for the current project period. Research shows college women, as compared to their non-college peers and the general population, are disproportionately raped by men. MACHB data demonstrate that college students in Missouri face an alarming rate of violence.

MDHSS selected Missouri women and families as a population of interest for the current project period. Census data demonstrate a low earnings ratio for women in Missouri and high levels of discrimination in the workplace on the basis of sex.

Additionally, MDHSS selected middle school populations as a population of interest in the current project period. This group was selected because of the age of the students. By working with students at this age group, MDHSS and sub-recipients could prevent violence earlier in the life span. History of violent victimization is a risk factor for child maltreatment, teen dating violence, intimate partner violence, SV, youth violence, bullying, suicide, and elder maltreatment. By reducing violent victimization with these adolescents, MDHSS could potentially reduce multiple forms of violence throughout their adult lives.

3) The ways in which coordination with partners will be increased and/or maintained:

a) Engagement of Current Partnership

Current partners began meeting in January 2019 for the development of the SAP and will continue meeting regularly throughout the grant cycle. This group has met in-person and is willing to try video chat and/or email, but agreed that conference calls were the least favorable option. During these meetings, partners share progress on their role in primary prevention, specifically at the outer levels. Meetings will have specific agenda items to report on implementation, evaluation, and promotion of RPE. As this group is in its first year of existence, it is anticipated that members will share reports on progress of implementing, evaluating, or promoting primary prevention. They will help identify new resources and partnerships in order to bring more voices to the table and expand strength of local partnerships. They will provide feedback regarding barriers, challenges, and successes in partnership and program implementation. These dynamic partnerships will likely strengthen over the project period.

b) New Partnership

MDHSS will engage new partners to help provide insight into planning, implementation, and evaluation. To begin, MDHSS will encourage and educate partners to see their role in primary prevention. Some partners may be able to assist with identifying data sources, evaluation efforts, bringing unique perspectives to primary prevention, and helping to increase reach.

With assistance from the SAP committee, MDHSS identified several new partners to bring on board, including other state government departments, partners from within

MDHSS, representatives from target populations, and non-traditional partners. These include:

- Missouri Department of Higher Education
- Missouri Department of Elementary and Secondary Education
- Partnerships within MDHSS- Local Public Health Agencies, Maternal Child Health Program, Epidemiology, and the Bureau of Community Health and Wellness
- Representatives from disability groups,
- Representatives immigrant/refugee groups,
- Pediatricians and medical community,
- Representatives from job centers in the state,
- Landlords/housing, and
- Bar owners/bartenders/staff

By continuing to expand the community-level prevention strategies throughout the state, there will be additional prospects for partnership. MDHSS will build on these opportunities and develop new partnerships throughout the project period. One example of how MDHSS can build on opportunities and partnerships is through the Missouri School Boards' Association (MSBA). MDHSS invited MSBA to be a part of the SAP Committee because of their ability to work across the state to support primary prevention in schools. Since the start of the project period, Governor Mike Parson signed an executive order to establish a Missouri School Safety Task Force. MSBA is a part of this task force. This task force will develop a strategic plan for school safety and make Missouri specific recommendations to schools and school districts. This timely partnership has allowed MDHSS to better understand the priorities of school safety advocates from the state and increase understanding of sexual harassment and violence being critical components of school safety.

c) Gap Analysis and Use of Data

Sub-recipients implementing the Green Dot Violence Prevention Strategy at colleges will work with MDHSS to use data from the MACHB to identify areas of need and build partnerships to strengthen their work. They will also work with the University of Nevada Las Vegas (UNLV) to conduct a program evaluation that can help identify areas for

ongoing continuous improvement. UNLV will provide annual reports and update summaries throughout the evaluation. For example, UNLV recently developed a short summary of the evaluation for the campuses to share in order to build partnerships at the local level.

MCADSV will utilize qualitative data from the regional member meetings to report on partnerships and areas of need to MDHSS and the SAP. Internally they will use this information to update their trainings, as necessary, and provide targeted TA. UMKC will conduct a needs assessment using qualitative interviews throughout the state. These interviews will help MDHSS identify gaps in partnerships and opportunities for improvement. This data will be used to help prioritize community-level strategies and identify populations of interest.

4) The ways in which the recipient plans to leverage partnerships and resources to increase primary prevention efforts in the state:

a) Process of Working with Partners and Use of Resources

MDHSS will work with partners to identify resources needed in order to expand primary prevention efforts across the state. SAP committee members are dedicated to expanding primary prevention and have agreed to continue to meet regularly in order to do so. Sub-recipients will also build partnerships to expand primary prevention. For example, MCADSV plans to build partnerships to strengthen sexual harassment prevention with statewide organizations, such as the Missouri Hospital Association and the Missouri Chamber of Commerce and Industry. Building partnerships with membership organizations is critical to quickly building stronger prevention networks throughout the state. These membership organizations have strong levels of trust with their local membership. Additionally they have existing networks and systems to easily share and disseminate information. By working with existing networks that have established trust, MCADSV will be able to reach a large number of local organizations more efficiently.

b) Capacity Building and Technical Assistance

MCADSV will start an intensive technical assistance project as described in section 1.d. to build capacity of their member programs, many of which are not funded by RPE.

In addition, MCADSV will train member programs on a variety of primary prevention topics, including health equity, in order to help member programs begin considering strategies outside of individual level lessons in schools. Other partners that have membership organizations can share knowledge of prevention in future meetings and training opportunities.

c) Use of Data

SAP committee members will report on what prevention strategies they support, know of throughout the state, and/or provide funding for at meetings. For example, MCADSV can report on discussions from their members' regional meetings, which can help inform MDHSS how partnerships were leveraged. Sub-recipients will report on their partnership building through monthly reports. Internally, MDHSS began tracking partnerships at the start of the current project period and is collecting the number of current partnerships, new partnerships, and partnerships continued throughout the year. During SAP meetings, members can report on whether they have seen primary prevention spread throughout the state and any lessons learned for the group. There is not currently a formal or quantitative mechanism to measure the expansion of primary prevention of sexual violence throughout the state. This is an area of growth for MDHSS and will be a part of future planning.

5) Tracking and use of data, including, but not limited to, SV indicators:

a) Structures, Functions, and Capacity

MDHSS currently contracts with UNLV to conduct a program evaluation for the Green Dot Violence Prevention Strategy with colleges. The evaluator at UNLV works with the universities to collect data, analyze the data and present on findings. Other contractors are required to evaluate changes in knowledge, behavior, and other outcomes as a part of their contract. MDHSS is currently working with epidemiology staff within MDHSS to build capacity for data monitoring, and tracking SV indicators. SWH will be responsible for tracking indicators.

b) Process to align potential indicators to selected outcomes

MDHSS utilized existing tools like the Outcome Indicator Selection guidance document from the CDC to select indicators for measuring change. MDHSS began by

reviewing the logic model and identifying the short-term, intermediate, and long-term outcomes that relate back to program activities. Then, MDHSS reviewed potential indicators from the indicator database, data available through statewide surveys, and data collected through program evaluation to select indicators that were available and aligned with the selected outcomes. MDHSS tried to identify both leading and lagging indicators whenever possible. This review was done in conjunction with the contracted evaluator at UNLV and MDHSS epidemiology staff.

- c) Process to understand what data exists and how to access current or new data sources to monitor and track selected outcomes

The SWH worked with epidemiology staff at MDHSS and the contracted evaluator to identify data sources at the state and community level that can help measure change in short term and intermediate outcomes. Data sources selected include, pre-/post-tests from students trained in the Green Dot Violence Prevention Strategy, MACHB data, the YRBS, the Missouri Pregnancy Risk Assessment Monitoring System, the Missouri Child Assessment Program Survey, the Behavioral Risk Factor Surveillance System, reporting from sub-recipients, US Census data, National Survey on Child Health, State Performance Reports from the U.S. Department of Education, National Center for Education Statistics, and the U.S. Equal Employment Opportunity Commission.

The data from the pre-/post-test is collected by each implementing university and processed by UNLV. The MACHB data are available through Partners in Prevention for a small fee that is included in UNLV's contract budget. The remaining data sources for short term and intermediate outcomes are available through the health department. Staff at MDHSS will provide the RPE Program Coordinator the data when available, who will then track the data in a spreadsheet.

To measure long-term outcomes, MDHSS will utilize multiple sources in order to build a complete picture of the continuum of sexual violence. Data from the hospital patient abstract summary, the Violent Death Reporting System, Uniform Crime Reporting Program, Missouri State Highway Patrol, MACHB, the Equal Opportunity Employment Commission, and MCADSV will be utilized to measure prevalence of sexual violence in the state. These data are either already collected by UNLV as a part of

the program evaluation detailed earlier, or are available through public information. The RPE Program Coordinator will track and maintain the data for the evaluation.

As MDHSS develops additional partnerships and builds stronger capacity for the evaluation of sexual violence prevention, additional data sources may be identified.

d) Barriers and Challenges

The main barrier facing the SWH currently is building the capacity to measure changes in outcomes. As the SWH continues to build a stronger relationship with the epidemiology staff within MDHSS, this will likely improve. MDHSS will continue to work with the assigned Project Officer and Evaluation Officer from the CDC and members of the evaluation team to build capacity to evaluate outcomes and indicators in the state.

6) Plans for implementation of the strategies selected for each focus area:

a) RPE Program Structure

In Missouri, the RPE Grant is awarded to the MDHSS. Within the Department, the SWH administers the program. Four staff members, with varying levels of responsibility, implement the program. Funds are awarded to sub-recipients through contracts.

b) Funding Process and Sub-recipient Selection

MDHSS funds organizations through one of three mechanisms – single feasible source contracts, competitive request for applications (RFAs), or direct contracts with governmental entities.

- Sole source contracts are used when a service is proprietary and only available from a single entity. These contracts are used for Alteristic, Inc., who is the proprietor of Green Dot, and the Missouri Coalition Against Domestic and Sexual Violence, which serves as the sole source of training and TA for its membership.
- Competitive RFAs are used when there is more than one organization that can provide the service requested. Applications that meet eligibility are scored by a review panel and are awarded based on a pre-determined set of criteria. MDHSS program staff work with their assigned procurement officer to ensure clarity and compliance with procurement laws and regulations.

- Direct contracts are used for governmental entities who derive their funding from a public tax base (i.e., public universities/colleges). MDHSS develops the scope of work in order to meet the needs of the Department. Sub-recipients are selected based on capacity and interest in completing contract deliverables.

c) High-Level Description of Prevention Strategies Selected and Implemented

Green Dot Middle School

What is the prevention strategy being implemented, including essential content?

The Green Dot Violence Prevention Middle School Strategy has one main goal, the permanent reduction of power-based personal violence. To reach that goal, the strategy is designed to accomplish the following objective: establish two cultural norms in the school, power-based personal violence will not be tolerated and everyone does his/her part to maintain a safe school. In order to change cultural norms, the Green Dot Violence Prevention Strategy seeks to engage the entire school community in new behaviors through awareness, programming and education. This is accomplished through several components. The first component of the program recognizes the central role of adults in creating safe schools. Teachers, staff, administrators, and parents are trained to recognize and address risk and support students. The second component of the program is the Classroom Module, a highly interactive, adaptable series of two one-hour sessions designed to target every student at the school. The third component is Student Leadership Training, a more intensive education program designed for small groups of carefully selected early adopters, who are students who have influence within the school. The program allows students to practice more intensive skills, teaching them to recognize and respond to violence among their peers. The final component is a school-wide social marketing campaign. Student leaders develop a unique symbol to represent violence prevention at their school. This emblem is shared throughout the school through a poster campaign. Student leaders are provided with additional tools, like pins and bracelets, to promote violence prevention throughout the school. This component creates community-level change by addressing the social norms of the school in order to decrease norms that support aggression toward others.

What Focus Area does it address?

Promote Social Norms that Protect Against Violence

What level of the SEM does it address?

Relationship and Community

What is the population of focus?

Middle school students (grades 6-8), teachers, school staff, and parents

What risk or protective factors are addressed by the strategy?

Community-level:

Cultural norms that support aggression toward others

Harmful norms around masculinity and femininity

Relationship-level

Connection/commitment to school

What is the rationale for this strategy (including the connection between the strategy, the population of focus, and the risk/protective factor(s))?

Middle school is foundational to the development of self-esteem, personal values, and identity development – making effective prevention and response programming critical. Rates of bullying, dating violence, sexual violence, and harassment are already disturbingly high. Research suggests links between bullying behavior in early adolescence and other forms of violence and aggression later in life. Effective identification, response, and intervention in middle school lay the foundation for powerful prevention in high school and beyond.

This strategy utilizes bystander intervention as a primary component. This type of strategy is appropriate for this age group because of the way this version of the strategy is designed. In early adolescence, self-esteem tends to drop and is largely shaped by the influence and response of peers. The Green Dot Middle School strategy creates and allows for multiple options for students to “do the right thing” while minimizing the need for them to stand out from their peers. At the same time, early adopters are provided with additional training that helps them become stronger leaders and better able to be active bystanders. The variety of intervention options

combined with the role of early adopters builds on the power of peer pressure, rather than fight against it, which is critical for students at this developmental age.

What is the evidence to support that this strategy will address the SV problem identified in the population of focus?

The strategy has been rigorously evaluated and is included as a part of *STOP SV*. *STOP SV* states that an evaluation of the Green Dot Strategy “implemented with college students found the intervention campus had an 11% lower rate of sexual harassment and stalking victimization and a 19% lower rate of sexual harassment and stalking perpetration when compared to two non-intervention campuses.

(<https://doi.org/10.1016/j.avb.2014.05.004>) Another evaluation found that *Green Dot* substantially decreased SV, including sexual harassment, dating violence, and stalking in high schools, including a decrease in SV perpetration.

(<https://doi.org/10.1007/s10896-018-9961-8>)” While this strategy has not been evaluated for this particular population, the evidence in other populations suggests strong efficacy.

How is the prevention strategy being implemented (Information may be from sub-recipient/implementing organization)

First, Alteristic provides training to instructors to be certified to implement Green Dot. Then the certified instructors provide the Classroom Module, a highly interactive, adaptable series of two one-hour sessions designed to target every student at the school. The team also provides Student Leadership Training, a more intensive education program designed for small groups of carefully selected students who have influence within the school. Classes are provided booster sessions that vary in length and audience after other components are implemented.

Schools selected for implementation were chosen by the implementing organization based off existing relationships, capacity to implement, and interest. The implementing organization has a comprehensive outreach, education, and prevention program. As schools build interest and a stronger relationship with the subrecipient, they are encouraged to build their capacity for prevention by increasing dose, duration, and reach in their anti-violence work. Schools often move from short

presentations to limited groups of students to eventually implement more robust strategies like Green Dot. This method of engagement helps the schools to build stronger commitments to violence prevention and helps to ensure more long-term sustainability.

Green Dot Colleges

What is the prevention strategy being implemented, including essential content?

The Green Dot Violence Prevention College Strategy has one main goal, the permanent reduction of power-based personal violence. To reach that goal, the Green Dot Violence Prevention Strategy is designed to accomplish the following objective: establish two cultural norms on the campus, power-based personal violence will not be tolerated and everyone does his/her part to maintain a safe campus. In order to change cultural norms, the Green Dot Violence Prevention Strategy seeks to engage the majority of the campus community in new behaviors through awareness, programming and education. This is accomplished through several components. The components used are faculty/staff/administrator bystander training (three hour training), early adopter bystander training (four-six hour training for students), general student population overview talks (one hour training for faculty, students, and staff), action events, social norms marketing, and other integration strategies.

What Focus Area does it address?

Promote Social Norms that Protect Against Violence

What level of the SEM does it address?

Relationship and Community

What is the population of focus?

College students, faculty, and staff

What risk or protective factors are addressed by the strategy?

Community-level:

Cultural norms that support aggression toward others

Harmful norms around masculinity and femininity

Relationship-level

Connection/commitment to school

What is the rationale for this strategy (including the connection between the strategy, the population of focus, and the risk/protective factor(s))?

According to the CDC's publication "Sexual Violence on Campus: Strategies for Prevention", studies show that one in five women experience attempted or completed sexual assault during her college years. In recent college studies by Krebs and colleagues, sexual assault is defined to include "unwanted sexual contact that could include touching of a sexual nature, oral sex, sexual intercourse, anal sex, or sexual penetration with a finger or object" (Krebs, et al., 2009, p. 641). College women, as compared to their non-college peers and the general population, are disproportionately raped by men—often by someone they know (Krebs, et al., 2007; Krebs, et al., 2009). College men also experience sexual assault. In a 2007 study, it was noted that more than 6% of men experienced attempted or completed sexual assault in college (Krebs, et al., 2007)."

This strategy utilizes bystander intervention as a primary component. This type of strategy is appropriate for this age group because of the way this version of the strategy is designed. In order for a bystander strategy to be effective, the population must be able to consider other people's feelings and perspectives, and have cognitive capacity to engage in problem solving. As all university students have the ability to do this, implementing this strategy is appropriate. Students in the college environment are often in the developmental stage where they tend to feel invincible. In order to address this, the strategy does not ask students to recognize themselves as potential victims or perpetrators. The strategy does not threaten students with punishment if they fail to intervene or if they engage in risky behavior. Rather, Green Dot puts each student in the role of pro-active bystander with the power to shift social norms. This builds on their developmental capacities rather than try to counter them.

The program helps students identify situations in their life when someone causes harm to others (red dots) and practice ways to prevent harm from happening (green dots). Participants are encouraged to identify red dots for multiple forms of violence

on the full continuum of violence, from inappropriate jokes to rape. Participants then practice identifying the ways they can stop violence through reactive or proactive green dots. Reactive green dots include behaviors that address the red dots directly, through distraction, or through delegation. Proactive green dots communicate the social norms to others on the campus. This framework helps students, faculty, staff, and administrators recognize their role in violence prevention, that prevention is possible, that their campus community cares about them, and that violence is not acceptable.

What is the evidence to support that this strategy will address the SV problem identified in the population of focus?

The strategy has been rigorously evaluated and is included as a part of *STOP SV*. *STOP SV* states that an evaluation of the Green Dot Strategy “implemented with college students found the intervention campus had an 11% lower rate of sexual harassment and stalking victimization and a 19% lower rate of sexual harassment and stalking perpetration when compared to two non-intervention campuses. (<https://doi.org/10.1016/j.avb.2014.05.004>) Another evaluation found that *Green Dot* substantially decreased SV, including sexual harassment, dating violence, and stalking in high schools, including a decrease in SV perpetration. (<https://doi.org/10.1007/s10896-018-9961-8>)”

How is the prevention strategy being implemented (Information may be from sub-recipient/implementing organization)

First, Alteristic provides training to instructors to be certified to implement Green Dot. Then the certified instructors provide faculty/staff/administrators bystander training (three-hour training), early adopter bystander training (six-hour training for students), general population overview talks (one-hour training for faculty, students, parents, and staff), and booster sessions (vary in length and audience). A coordinated team of faculty, staff, and/or students supports the implementation of action events, social marketing, social norms campaigns, and other integration strategies. The implementation of Green Dot includes both relationship- and community-level components. At the relationship-level, content in the trainings encourages active

bystander behavior. At the community-level, the implementing organizations conduct a social norms campaign and action events that help establish the new cultural norms.

Strengthening Economic Supports for Women and Families

What is the prevention strategy being implemented, including essential content?

This strategy is currently in development. The implementing organization is using the public health approach to first define the problem. They will be conducting a statewide needs assessment to first identify the barriers to work and education. Once the qualitative data is analyzed, they will conduct additional listening sessions to identify solutions. They will conduct an analysis of the data to identify the strength of the solutions. This analysis will identify the solutions that participants identify as most likely to change the identified barriers. The sub-recipient will then develop a toolkit with resources to implement the identified solutions and disseminate the results throughout the state. The recipient will use both the results from their qualitative needs assessment and research regarding effective violence prevention strategies to inform the toolkit. This will help those using the toolkit to incorporate Missouri specific concerns and the best available evidence.

What Focus Area does it address?

Provide Opportunities to Empower and Support Girls and Women

What level of the SEM does it address?

Community

What is the population of focus?

Women and families in Missouri

What risk or protective factors are addressed by the strategy?

Community-level

Weak health, educational, economic and social policies

Diminished economic opportunities

What is the rationale for this strategy (including the connection between the strategy, the population of focus, and the risk/protective factor(s))?

By developing and implementing tools to reduce barriers to education and opportunity, women and their families throughout the state will have stronger economic opportunities and reduced risk for sexual violence.

What is the evidence to support that this strategy will address the SV problem identified in the population of focus?

According to *STOP SV*, empowering and supporting girls and women through education, employment, income supports and providing other opportunities (e.g., for leadership, civic participation) is important for reducing women and girls' risk for SV. Studies show that gender inequality in education, employment, and income results in increased risk for SV. Cross-national evidence indicates that rates of SV are lower in countries where women have higher educational and occupational status.

How is the prevention strategy being implemented (Information may be from sub-recipient/implementing organization)

Implementation has not begun for this strategy as it is currently in the needs assessment phase. It is anticipated that organizations will begin implementing strategies in years three-five of the grant period.

Sexual Harassment and Violence Prevention

What is the prevention strategy being implemented, including essential content?

The purpose of the Sexual Harassment and Violence Prevention strategy is to prevent the perpetration and victimization of sexual violence in the workplace. The goal of the Sexual Harassment and Violence Prevention program is to revise or establish, consistently apply, and enforce proactive policies and procedures for sexual harassment and violence. This includes working with organizations in writing new policies and procedures, updating existing policies and procedures, establishing new methods for disseminating the policies and procedures, and/or developing new training for staff and/or management at the organization.

What Focus Area does it address?

Create Protective Environments

What level of the SEM does it address?

Community

What is the population of focus?

Organizations in Missouri, including statewide membership organizations, the Missouri Chamber of Commerce and the Missouri Hospital Association

What risk or protective factors are addressed by the strategy?

Community-level

Weak health, educational, economic and social policies

What is the rationale for this strategy (including the connection between the strategy, the population of focus, and the risk/protective factor(s))?

By working with organizations, including statewide organizations to adopt stronger sexual harassment policies and procedures, the implementing organization can reduce the risk factor of weak health, educational, economic and social policies. This will lead to fewer incidences of sexual harassment and violence.

What is the evidence to support that this strategy will address the SV problem identified in the population of focus?

According to *STOP SV, Proactive Sexual Harassment Prevention Policies and Procedures* that include commitment from top management, zero tolerance, notification to applicants and new hires of harassment-free environments, regular organizational assessments, and consistent, specific training can reduce workplace SV behaviors. A national study of Canadian women found that proactive versus information-only policies were associated with fewer incidents of sexual harassment in the past 12 months. Women in workplaces with proactive sexual harassment policies were less likely to be physically threatened or to be the targets of unwanted sexual behavior or comments. Women also responded more assertively to unwanted sexual behavior when the workplace implemented policy, complaint procedures, and training to prevent sexual harassment. A more recent review of previously published workplace ethnographies found that having formal, written grievance procedures protected women from predatory harassment—the most threatening and well-defined form of sexual harassment.

How is the prevention strategy being implemented?

The subrecipient chose to work with statewide membership organizations, as identified in the population of focus. The membership organizations have strong levels of trust with their local membership. Additionally they have existing networks and systems to easily share and disseminate information. By working with existing networks that have established trust, the sub recipient will be able to reach a large number of local organizations more efficiently. The implementing organization will work with leadership of organizations and other associations to develop best practices for reviewing and revising sexual harassment policies, and assist associations in developing trauma-informed approaches to organizational expectations for employees. They will develop policy and procedures, multi-session training, and assist with the widespread dissemination of the information. It is anticipated that over the first two months of the implementation, the subrecipient will develop sample curricula, policies and practices, and related materials. In months three through ten, the organization will work with one organization at a time during a two-month period. During the implementation, the sub-recipient will develop partnerships in order to increase sustainability of the strategy.

Shifting Boundaries

What is the prevention strategy being implemented, including essential content?

The building-level intervention, school mapping activity, of *Shifting Boundaries* is being implemented in middle schools where the Green Dot Violence Prevention Strategy is being implemented. Students identify “hotspots” in the school and results are presented to school administration in order to increase the safety of the school.

What Focus Area does it address?

Create Protective Environments

What level of the SEM does it address?

Community

What is the population of focus?

Middle schools (grades five-nine)

What risk or protective factors are addressed by the strategy?

Community-level

Community (school) Violence

What is the rationale for this strategy (including the connection between the strategy, the population of focus, and the risk/protective factor(s))?

By modifying the physical environment of the schools, the students in the schools will have less exposure to violence in their school community.

What is the evidence to support that this strategy will address the SV problem identified in the population of focus?

According to *STOP SV, Shifting Boundaries* building-level intervention was found to reduce peer SV perpetration by 40% and sexual harassment perpetration by 34% among middle school students in New York City in a rigorous evaluation.

How is the prevention strategy being implemented (Information may be from sub-recipient/implementing organization)

In the first year, the implementing organization will work with identified groups of students to complete a mapping activity to identify “hotspots” where students feel unsafe. The sub-recipient will compile the results. Once results are reviewed, the sub-recipient will work with student leaders to identify solutions and co-present results to the school administration to improve the safety of the school. Solutions presented may include both short-term and long-term changes to the school. In future years, the implementing organization will continue to work with the students and school administration to implement identified changes. These actions will be reported on in the successes and challenges sections of the subrecipients’ monthly report. While there is not currently a mechanism in place to ensure schools will adopt all changes proposed, the strength of the existing partnership between the implementing organization and the schools is strong and deep enough that it is likely changes will be adopted. Furthermore, some changes may require school board approval and while the implementing organization can provide education around these changes, they cannot lobby elected officials and, therefore, cannot ensure all changes proposed are enacted during the contract period.

Community Environmental Strategies

What is the prevention strategy being implemented, including essential content?

This strategy is currently in development. The subrecipients will use the public health approach to first define the problem. They will be conducting a local needs assessment to first identify the area of focus. Once the data is analyzed, they will work with their community to identify community-level evidence-based solutions.

What Focus Area does it address?

Create Protective Environments

What level of the SEM does it address?

Community

What is the population of focus?

Communities in Missouri

What risk or protective factors are addressed by the strategy?

Community-level

Community support and connectedness,

Community violence

What is the rationale for this strategy (including the connection between the strategy, the population of focus, and the risk/protective factor(s))?

By modifying the physical environment of the communities and working to reduce community violence, members of the community will be less likely to perpetrate violence and will have less exposure to violence in their community.

What is the evidence to support that this strategy will address the SV problem identified in the population of focus?

The evidence for this strategy is still emerging. STOP SV recommends addressing the physical environment as an approach for creating protective environments.

How is the prevention strategy being implemented (Information may be from sub-recipient/implementing organization)

In the first two years, the implementing organizations will work to build capacity with a team of community members to select their area of focus. They will then develop an action plan and evaluation plan for their implementation.

7) A summary of current primary prevention program or policy strategies being implemented in the state, with an emphasis on increasing community and societal level strategies:

a) Other Funding for SV Primary Prevention

Services, Training, Officers and Prosecution (STOP) Violence Against Women Act (VAWA)

The Missouri Department of Public Safety (MDPS) administers the STOP VAWA grant program. STOP VAWA is administered at the federal level by the Office on Violence Against Women which is a component of the United States Department of Justice.

One of the allowable purpose areas for which funds may be used is developing, enhancing, or strengthening prevention and educational programming to address sexual assault, domestic violence, dating violence, or stalking. No more than five percent of the amount allocated to a state can be used for this purpose. Awards are made for two years on a competitive basis. Currently, one sub-recipient is funded to implement a locally developed prevention strategy, Project HART (Healthy Alternatives for Relationships Among Teens). This is a multi-session, classroom-based curriculum for youth ages 12-19. It is offered in middle and high schools, residential facilities, and community sites. This strategy expects change at the individual- and relationship-levels of the social ecological model. It addresses two components of STOP SV, Promote Social Norms that Protect Against Violence and Teach Skills to Prevent Sexual Violence.

Preventative Health and Health Services Block Grant (PHHS)

SWH manages the PHHS funds set aside for sexual assault. Starting in 2019, these funds will be awarded to support strategies at the community-and relationship-levels. Specifically, they will fund *Shifting Boundaries* in middle schools and the *Green Dot Violence Prevention Strategy* training for communities.

Family Violence Prevention Services Act (FVPSA)

The Missouri Department of Social Services (MDSS) is granted over \$1.9 million dollars annually from the Family Violence Prevention and Services Program within the Family and Youth Services Bureau of the United States Department of Health and Human Services to fund organizations and programs demonstrating effectiveness in the field of domestic violence services and prevention. Along with those funds, DSS receives \$5.75 million in state general revenue funds to be used for grants to organizations for services and programs that will assist victims of domestic violence and sexual assault.

The funds mentioned above, along with over \$2 million in Temporary Assistance for Needy Families (TANF) funds, are awarded to contractors working in the field of domestic violence and/or sexual assault. In order to be awarded grant funds, programs must have an approved mission statement that declares a commitment to work toward the elimination of domestic violence and/or sexual violence, the provision of domestic violence and/or sexual violence intervention and prevention services, or educating the community regarding the issue of domestic violence and/or sexual violence.

b) Connection with RPE

Each of the different sources of funding mentioned above complement RPE. RPE guidelines encourage implementation of strategies not solely in schools. PHHS funding will focus on expanding community-level strategies while allowing for more of a focus in schools, thus allowing RPE funding to be used to support other community-level strategies. FVPSA and STOP VAWA have fewer restrictions on funds for prevention activities. This allows implementing organizations to work within the individual-and relationship-levels of the SEM.

In the future, the funding organizations, MDHSS, MDPS, and MDSS can continue to improve connections in order to strengthen capacity to implement violence prevention strategies at the outer levels of the SEM.

c) Connection with other Forms of Violence

Strategies to address and prevent multiple forms of violence occur in several different organizations and state departments. Suicide prevention efforts are led through the Missouri Department of Mental Health. MSBA works to prevent bullying. MDSS and The Children's Trust Fund work with child maltreatment. MDHSS addresses elder

maltreatment. Organizations like the Community Partnership of the Ozarks and the University of Missouri St. Louis address and educate their communities on youth violence. Currently there is an effort to bring together multiple stakeholders in order to prevent injury and violence, Missouri Injury and Violence Prevention Advisory Committee. The RPE Program Coordinator participates in this committee to represent sexual violence prevention. This committee has several roles throughout the state:

- Coordinating injury and violence prevention interventions within the MDHSS.
- Increasing coordination and collaboration with agencies addressing efforts to reduce intentional, unintentional injuries, and violence.
- Improving and maintaining injury data collection and dissemination to focus prevention efforts.
- Implementing injury prevention programs that are based upon current evidence found in research and injury prevention literature.
- Strengthening state and local legislation and policies that lead to the prevention of injuries.

While the committee is still working on growing their membership to more comprehensively address multiple forms of injury and violence prevention, this is an excellent opportunity to share resources throughout the state. Through participation in this group, MDHSS can continue to build on the shared risk and protective factors connected to the work supported by RPE.

8) A sustainability plan component that describes how RPE work will be sustained at the state and local level:

Members of the SAP Committee involved in developing this plan defined sustainability as supporting staff retention, identifying ongoing prevention if the program was no longer funded, building capacity within organizations to implement evidence-based prevention and prevention at the outer layers of the SEM, and expanding efforts within organizations already implementing strong prevention programs. In order to build sustainability, Missouri will need to formalize partnerships, create implementation teams, and connect with organizations that are non-traditional partners. This work will need to happen at both the state level and within local communities.

MDHSS will require contracted agencies to build sustainability into their program practices and implementation. This will include developing resources and sharing with other programs. Additional technical assistance around developing new partnerships and finding alternative funding sources will be needed to make progress for sustainability.

MDHSS would use program evaluation data and incidence rates of sexual violence to determine where resources are needed most and which program types are most effective in order to plan for sustainability. MDHSS hopes to sustain current prevention efforts among college campuses and develop stronger infrastructure among local communities to implement prevention.