



Legislative Report for Domestic Violence and Sexual Assault Prevention Grant Program

Laws of Minnesota 2019, 1st Spec. Sess. chapter 9, article 11, section 108

FEBRUARY 2022

Legislative Report for Domestic Violence and Sexual Assault Prevention Grant Program

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Protecting, Maintaining and Improving the Health of All Minnesotans

The Honorable Paul Utke, Chair
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The Honorable Melissa Wiklund, Ranking Member
Health and Human Services Finance and Policy
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Minnesota Senate
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The Honorable Tina Liebling, Chair
Health Finance and Policy Committee
Minnesota House of Representatives
477 State Office Building
100 Rev. Dr. Martin Luther King Jr. Blvd.
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The Honorable Joe Shomacker, Ranking Member
Health Finance and Policy Committee Minnesota
House of Representatives
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Saint Paul, MN 55155-129

Dear Senators Utke and Wiklund, and Representatives Liebling and Shomacker:

Domestic and Sexual Violence are significant public health and human rights issues in Minnesota. In 2019, the Minnesota State Legislature took a vital step to support prevention initiatives by directing the Minnesota Department of Health to implement a Domestic Violence and Sexual Assault Prevention Program. Pursuant to the Laws of Minnesota 2019, 1st Spec. Sess. chapter 9, article 11, section 108, the legislature appropriated \$750,000 over the biennium to fund grants to nonprofit organizations to incorporate community-driven and culturally relevant practices to prevent domestic violence and sexual assault in Minnesota communities. The legislature allocated fifteen percent of the total program funding to the Minnesota Department of Health to promote and administer the program as well as to provide technical assistance to program grantees.

Pursuant to the legislation, the Minnesota Department of Health submits the enclosed report detailing the expenditures of funds authorized under this grant program. A brief description of the six grantees, a description and analysis of the practices implemented, and best practice recommendations that are culturally relevant to historically underserved communities are included. This report is the second of two required under the legislation. The first report was submitted in February 2020.

Legislative Report for Domestic Violence and Sexual Assault Prevention Grant Program

If you have additional questions or comments, please contact Beatriz Menanteau, JD, Violence Prevention Programs Unit Supervisor, Injury and Violence Prevention Sections, Minnesota Department of Health (651.201.4154).

Sincerely,

A handwritten signature in black ink, appearing to read "Jan K. Malcolm". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jan K. Malcolm
Commissioner
Minnesota Department of Health
P.O. Box 64975
Saint Paul, MN 55164-0975

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Executive Summary

Sexual violence and domestic violence are major public health problems in Minnesota. In their lifetimes, one in four women and one in nine men are victims of domestic violence, while one in three women and one in six men report being victims of sexual violence.^{1,2} Students of all backgrounds reported experiencing sexual and domestic violence on the Minnesota Student Survey, with some students experiencing violence at higher rates than others. The Minnesota Department of Health (MDH) found disparities in sexual and domestic violence victimization by race, ethnicity, sexual orientation, and gender identity, and for students with disabilities and students who have experienced economic hardships.^{3,4}

In 2019, the Minnesota State Legislature made a one-time appropriation of \$750,000 over the biennium for a competitive Domestic Violence and Sexual Assault Prevention Grant Program, to fund projects that use community-driven and culturally relevant practices to prevent domestic violence and sexual assault.⁵ The legislature allocated fifteen percent of the total program funding to MDH to promote and administer the program. The program recognized that domestic violence and sexual assault impact communities in different ways and therefore prevention efforts must be community-driven and culturally relevant to be effective. Grant goals included reaching communities that have historically been underserved by mainstream prevention efforts and creating best practice recommendations for community-driven and culturally specific prevention.

The MDH Sexual Violence Prevention Program collected input from community stakeholders, and this data was used to inform the Request for Proposals and review process. A committee of 32 reviewers scored 29 applications and participated in review meetings. After considering the final scores, comments from reviewers, target populations, and geographic areas served, MDH selected six applicants for funding. See Figure 1 for a brief description of all grant awards and numbers reached by each grantee. Over 7,800 Minnesotans were served by this pilot grant program, including 2,000 direct program participants and 5,800 Minnesotans who were reached through strategic communications via social media, videos, and radio.

Pursuant to the legislative requirement, MDH submits this report detailing the expenditures of funds authorized under this grant program. A brief description of the six grantees, a description and analysis of the practices implemented, and best practice recommendations that are culturally relevant to historically underserved communities is included below. As a one-time appropriation, additional funding would be necessary to sustain the program.

¹ National Intimate Partner and Sexual Violence Survey. (2017). Centers for Disease Control and Prevention.

² *ibid.*

³ Wiens T, Raguette M, Roesler J. Report: Students Reporting Sexual Violence Victimization on the Minnesota Student Survey, 1992-2016. September 2019. Injury and Violence Prevention Section, Minnesota Department of Health.

⁴ Minnesota Student Survey, 2019.

⁵ 2019 Minn. Laws Chap.9, Art. 11, § 108, 1st Special Session.

Figure 1: Brief Description of Grant Awards and Individuals Served

Organization	Target Population	Total Reach	Grant Award
Lao Assistance Center of Minnesota	Lao, Karen, Karenni, Bhutanese and Cambodian communities	3,850	\$118,250
SEWA-AIFW (Asian Indian Family Wellness)	South Asian communities	2,699	\$86,250
Somali Community Resettlement Services	Somali communities	23	\$118,750
Upstream Arts	Adolescents with disabilities	248	\$86,250
Women’s Initiative for Self Empowerment (WISE)	Adolescent immigrants and refugees	1018	\$124,250
Women of Nations	Native American communities	53	\$118,250
Total		7,891	\$652,000

Grant Awards

Applicants eligible to apply for this grant program were limited to Minnesota-based nonprofit organizations that focus primarily on serving specific communities, based on the legislative language. During the RFP planning phase, MDH received feedback that many tribal domestic violence and sexual assault programs are funded through tribal governments and, as such, are not eligible as nonprofit organizations. Future iterations of this grant program may want to consider this nuanced impact of legislative language.

Projects funded under this grant program promoted the prevention of domestic violence or sexual assault. Eligible projects as outlined in the Request for Proposals included primary, secondary, or tertiary prevention. Tertiary prevention could not be the sole focus of a project, but rather was allowable when combined with primary and/or secondary prevention efforts. The levels of prevention were explained to applicants through the prevention allegory below.

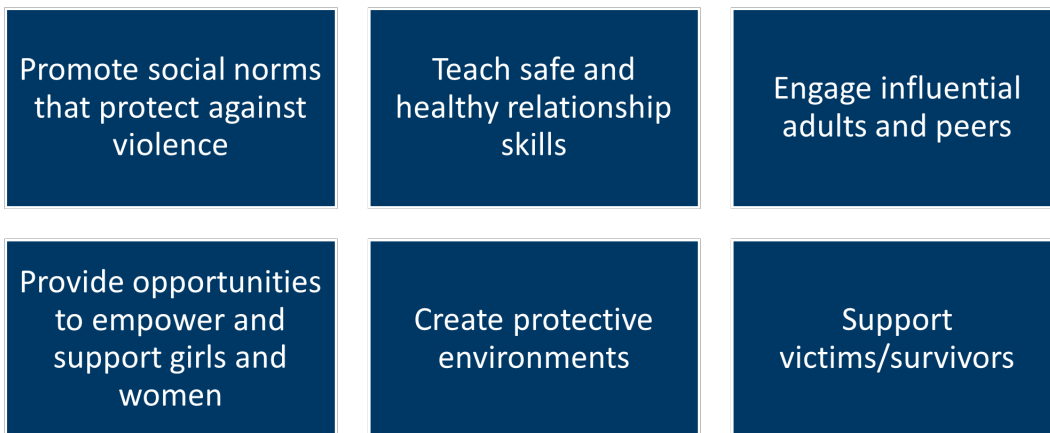
Prevention Allegory

Three siblings were walking along a river when they saw people struggling to stay afloat rushing downstream. The first sibling jumped into the water to bring people to shore. The second sibling waited to help people on the shore. The third sibling ran upstream to see why so many people were drowning in the first place.

- The sibling pulling people from the water represents emergency response – or secondary prevention. They are the immediate response after violence to deal with the short-term consequences of violence.
- The sibling helping the rescued people on shore represents long-term response – or tertiary prevention. They focus on the long-term consequences of violence.
- The sibling going upstream to stop people from entering the river represents primary prevention – they change the environment and conditions that lead to violence before it ever happens.

Activities funded under the grant program were consistent with strategies recommended to prevent domestic violence and sexual assault from the Centers for Disease Control and Prevention (CDC). The CDC has published a suite of technical packages detailing the best available evidence to prevent different forms of violence. There are six key strategies outlined below, adapted from *STOP SV: A Technical Package to Prevent Sexual Violence and Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices*.^{6,7} As shown in Figure 2, strategies used by grantees include: 1) promote social norms that protect against violence, 2) teach safe and healthy relationship skills, 3) engage influential adults and peers, 4) provide opportunities to empower and support girls and women, 5) create protective environments, and 6) support victims/survivors. A detailed account of activities completed by each grantee follows.

Figure 2: Strategies to Prevent Domestic Violence and Sexual Assault



⁶ Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). *STOP SV: A Technical Package to Prevent Sexual Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

⁷ 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.

Lao Assistance Center of Minnesota and the API Women's Health Coalition

"Our center is well known and trusted in our community...that is why community comes back to trust the services." – Lao Assistance Center of Minnesota

The Lao Assistance Center of Minnesota was created to respond to the urgent resettlement needs of thousands of fellow Lao refugees in Minnesota and beyond in 1983. This project leveraged collaborative partnerships already established in the Asian-Pacific Islander (API) Women's Health Coalition with Lao Assistance Center of Minnesota leading the work. Other members of the API Women's Health Coalition include United Cambodian Association of Minnesota, Urban Village, and Bhutanese Community Organization of Minnesota. Partners in the project addressed domestic violence and sexual assault through culturally relevant victim services, outreach and education at health and wellness events, media campaigns, and conversation circles in the community.

The API Women's Health Coalition garners community participation by approaching domestic violence issues as part of broader holistic health and wellness. People trust the Coalition to provide important services through their health and wellness events, where they can receive cancer screenings and sign up for health insurance. Women who attend these events are invited to a discussion on mental health and social health. Within social health, they discuss the importance of healthy relationships, what a healthy relationship looks like, boundary setting, and recognizing unhealthy and abusive relationships. The events end with an activity where participants practice boundary setting conversations. A holistic view resonates with API communities. Most community members are first-generation immigrants and are more familiar with a traditional healthcare model where one health issue is seen as affecting part of the larger self, including emotional and spiritual health. The API Women's Health Coalition mimics that model by putting social health and relationships at the same level as physical health and emphasizing that these are issues of equal importance that can be talked about in a similar way.

SEWA-AIFW (Asian Indian Family Wellness)

"We're doing art projects or sweatshirt projects, the sole purpose isn't to sit and talk about this heavy thing [violence], there is something else they can bond with peers about." – SEWA-AIFW

SEWA-AIFW is a nonprofit organization committed to serving, supporting, and enhancing family wellness for the South Asian community. With this funding opportunity, SEWA-AIFW implemented new youth programming through the Brown Breakfast Club, they hosted multi-generational educational workshops, and they started a new podcast. All these efforts focused on supporting healthy relationships and promoting positive social norms within the South Asian community.

As a family wellness organization, SEWA-AIFW approaches domestic violence and sexual assault prevention as part of mental health promotion. This funding allowed SEWA-AIFW to extend their prevention work to young people and start critical conversations across generational divides. The Brown Breakfast Club youth group met consistently throughout the grant period, covering topics such as healthy familial relationships, healthy romantic relationships, mental health, and sexual violence on college campuses. Intergenerational workshops continue these conversations, but they invite parents to participate. As part of the evaluation of the grant project, SEWA-AIFW planned to gather stories from program participants on what healthy relationships meant for them. Out of

this idea, the grantee started a podcast to share these messages with a broader audience. The Life Without Limca Podcast is led by three youth of various South Asian backgrounds who bring diversity in perspective to the conversation. The name of the podcast is a reference to a lemon-lime flavored soda popular in India. Through connections and partnership made through this grant program, SEWA-AIFW also completed outreach to students through events and an art competition which asked students to submit art on the topic of domestic violence. One piece of art submitted through the art competition is featured below, art by Sindhu Gupta.

Figure 3: Art piece submitted to SEWA-AIFW



Somali Community Resettlement Services and HOPE Center

“Creating this curriculum gave me an opportunity to dive into what is the guidance out there for our culture and faith. Every culture and faith has the foundations of protecting human life and dignity and let’s shine that.”- Kaltun Karani, Somali Community Resettlement Services Consultant

Somali Community Resettlement Services was formed in 1999 by a volunteer network of Somali refugees to directly respond to the needs of Somali refugees and immigrants. To prevent and respond to sexual and domestic violence in the Somali communities of Rice and Steele counties, Somali Community Resettlement Services collaborated with Healing Outreach Prevention Education (HOPE) Center, a sexual and domestic violence organization, to assess the readiness of the Somali community for sexual violence prevention programming, and based on their findings, to create a new curriculum to train Somali youth and adult women about sexual violence.

Somali Community Resettlement Services and HOPE Center both recognized a need for sexual violence prevention that would be culturally relevant to the Somali community, but neither organization felt they had all the answers. The solution was to collaborate, bringing together the domestic violence and sexual assault prevention expertise from HOPE Center, along with the expertise in serving the Somali community from Somali Community Resettlement Services. They completed a community readiness assessment to better understand the unique needs and strengths of the community. Through the assessment, they found that any prevention activities should be connected to faith and use a strength-based approach. The collaboration added new

member Kaltun Karani in 2021, who brought her expertise in the Muslim faith. The curriculum was piloted with the first groups of participants starting December 2021.

Upstream Arts

“This content is so desperately needed. The fact that some of my students are sophomores in high school and haven’t really had any kind of education around bodily autonomy and some of these safety issues is concerning. I honestly wish my students could take this class every year. So many of the topics and themes discussed are crucial for kids but also, these are lasting behaviors people really need to know about through adulthood. And I truly think they can’t be practiced enough. I’m just so grateful we were able to do this with Upstream Arts, and I think it’s desperately, desperately needed.” – MPS Educator

The mission of Upstream Arts is to use the creative arts to activate and amplify the voice and choice of individuals with disabilities. With this funding opportunity, Upstream Arts brought *The Art of Relationships* to high school students receiving special education services in the Minneapolis Public School District (MPS). *The Art of Relationships* is a unique arts-based program that educates individuals with disabilities on sexual health, safe relationships, and abuse prevention, while cultivating a culture of prevention within disability organizations, schools, and families.

Upstream Arts adapted their existing program, *The Art of Relationships*, traditionally used with adults, to provide essential healthy relationships and sexual violence prevention education to high school students with disabilities. Using an arts-based approach allows Upstream Arts’ teaching artists to share often abstract concepts like consent and bodily autonomy in concrete and understandable ways for all learners in the classroom. Along with their programming for youth, Upstream Arts also provides resources and information to staff and parents about their own role in preventing domestic violence and sexual assault. One activity Upstream Arts uses in their classes is poetry, created by students and Teaching Artists, using notes and conversation from the class. Below is an example of a poem created in January 2021, highlighting important concepts of consent and boundaries.

Beautiful people on rainbow day dates

*Co-written by MPS Art of Relationships students & Upstream Arts Teaching Artists
January 2021*

It’s hard when we don’t feel the same/In my heart, it might feel like pain/I need to sleep, take a bath, and chill/Feeling better, I know I will/I want a husband, a partner, to choose me too/When we don’t feel the same, it feels kinda blue/When we both say yes it feels like YAY!/I ask my parents and they said I may/I can go on a date, one that I choose/I hope it’s a love that I don’t lose/Well, what if they’re famous?/Harry Styles, so amazing/I wish we could date/My heart would be blazing/Listening to music may soothe my soul/When getting married is my goal/A yes, or a no, I know I can take it/Even if it’s hard, I know I can shake it/Maybe you don’t feel romance or a crush/You may not get those butterflies, that rush/And that is normal, you are free to be/You and you don’t need to be like me/I could admire a celebrity from my home/It’s safe, we won’t date, I can let my heart roam/It feels good when someone

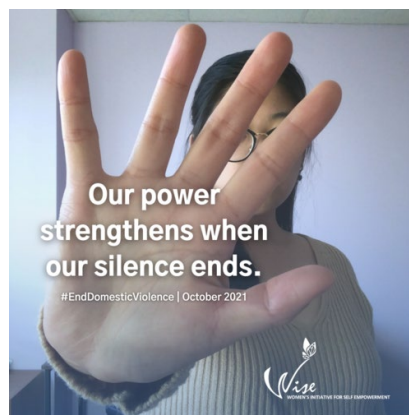
*likes me too/When there's two yeses, I feel less blue/I like you, you like me, it feels like green/
Green like a rainbow with infinite sheen/Having a crush, my heart beats, and I smile/I can
believe in good things, even if it takes a while.*

Women's Initiative for Self Empowerment

Women's Initiative for Self Empowerment (WISE) was founded in 1995 by a group of multicultural, first-generation immigrant women as a vehicle for educational, leadership, social, and economic empowerment for immigrant and refugee women and girls. WISE implemented a new healthy relationships program and media campaigns with immigrant and refugee high school student groups in Saint Paul, as well as bystander training for adults from immigrant communities.

WISE works with girls in the Healthy Relationships program to learn how to identify unhealthy relationships and intervene when they see dating violence and sexual assault. Girls who participate in the program also create poster campaigns, social media campaigns, a whiteboard animation video, and a music video which highlight lessons learned about healthy relationships. The [Healthy Relationships](https://www.womenofwise.org/healthy-relationships) materials are available here: (<https://www.womenofwise.org/healthy-relationships>).⁸ The videos are then shared back with the wider school to encourage healthy relationships across the student body. Figure 4 is a social media post from their Domestic Violence Awareness Month campaign. WISE uses concepts from the evidence-based Green Dot program to promote active bystander responses to violence.⁹ They have adapted those concepts into their youth curriculum, as well as into linguistically and culturally relevant bystander workshops for adults in Thai, Karen, and Oromo languages.

Figure 4: Social Media Post for Domestic Violence Awareness Month



⁸ Healthy Relationships. Women's Initiative for Self Empowerment. Accessed 23 December 2021. <<https://www.womenofwise.org/healthy-relationships>>

⁹ Green Dot. Alteristic. Accessed on 23 December 2021. <<https://alteristic.org/services/green-dot/>>.

Women of Nations

“Thinking about who the messenger is. I’m trusted in a way that someone who isn’t Native wouldn’t have the same kind of trust and respect.” – Women of Nations

Women of Nations was founded in 1982 as a community advocacy program serving Native American women who were victimized by domestic violence. In 1992, Women of Nations opened the Eagle’s Nest Shelter in Saint Paul. With this funding opportunity, Women of Nations provided healthy relationships and sexual violence prevention education to individuals and families receiving services at Eagle’s Nest Shelter, as well as to youth served through Native American youth-serving organizations.

Women of Nations uses the evidence-informed FLASH Curriculum, which incorporates lessons about healthy relationships and sexual violence prevention as the base of their youth education.¹⁰ They have adapted this curriculum to be culturally relevant to Native American youth. For example, they incorporate Native American history and the effect of European colonization on gender norms and relationship dynamics among Native communities. In addition, they provided culturally relevant activities to promote sexual violence prevention with residents in the Eagle’s Nest Shelter, like cultural healing methods and rattle making. They use a strengths-based approach to connect participants to positive aspects of cultural identity as a protective factor against violence.

The COVID-19 Pandemic and Social Unrest

The Domestic Violence and Sexual Assault Prevention grants were awarded in February of 2020, just weeks before Governor Walz declared a peacetime emergency in response to the COVID-19 pandemic. In response to the pandemic, grantees altered their plans to engage communities through virtual environments. All grantees started using new technologies, like Zoom, Facebook, Microsoft Teams, and more. State grant procedures limit the ability of state agencies to reimburse expenses related to these tools, which can be a large expense for any sized organization. With new technology also came new strategies to make meetings accessible, keep participants engaged, and ensure safety for participants who may not be safe at home. During the first few months of the grant period, MDH responded to many requests for technical assistance by creating new resources and hosting all-grantee meetings. These all-grantee meetings continued through summer 2021 and were a useful space to share innovative solutions and new resources between grantees.

SEWA-AIFW and the API Women’s Health Coalition were also looked to as leaders in their community to respond to increased violence and threats of violence towards the Asian community as anti-Asian hate crimes spread across the country in 2020.¹¹ In addition, grantees were impacted by the murder of George Floyd, Jr. Many grantees incorporated conversations about these traumatic events to help program participants process

¹⁰ About the FLASH Curriculum. Seattle and King County Public Health. Accessed 23 December 2021. <<https://kingcounty.gov/depts/health/locations/family-planning/education/FLASH/about-FLASH.aspx>>.

¹¹ 2020 FBI Hate Crime Statistics. United States Department of Justice. Accessed 23 December 2021. <<https://www.justice.gov/crs/highlights/2020-hate-crimes-statistics>>.

their feelings and identify coping strategies during difficult times. Upstream Arts and SEWA-AIFW are both located close to George Floyd Square, and had concerns about the physical safety of their offices and employees throughout the months of social unrest.

A study of how injury and violence prevention programs adapted to emergent needs arising out of the pandemic and social unrest found that community-based prevention organizations that center the voices, leadership, and expertise of those most impacted, like the ones funded in this grant program, were best suited to respond to the prevention needs of their community.¹² All grantees were able to pivot and adapt to still achieve positive results towards domestic violence and sexual assault prevention.

Best Practice Recommendations

What made this grant program unique was the ability for grantees to use culturally specific and community-driven practices in their prevention projects. While all grantees identified unique approaches to prevention, there were four consistent best practice themes that emerged shown in Figure 5: 1) collaborate, 2) use a holistic approach, 3) listen and adapt, and 4) ensure equitable access. Each theme is described in detail with examples from grantees.

Figure 5: Best Practice Recommendation Themes



¹² Community-Identified Strategies For Times of Compounding Crisis. Men as Peacemakers and Minnesota Department of Health. Accessed 23 December 2021. <<https://www.menaspeacemakers.org/weareallconnected>>.

Collaborate

All the grantees used relationships and partnerships to achieve their goals, but two grantees in particular showed the value of collaboration. Somali Community Resettlement Services and HOPE Center collaborated to bring their distinct expertise to the table to create a strategy that incorporated best practices for domestic violence and sexual assault prevention as well as best practices for engaging with Somali communities. This collaboration was successful in creating a new curriculum to prevent domestic violence and sexual assault for a community with limited resources specific to domestic violence and sexual assault prevention. The collaboration also helped each organization beyond the scope of this grant and will lead to better services for individuals seeking support at each agency. As Somali Community Resettlement Services said, “Relationships built through this grant provided several resources I wouldn’t have had before.”

The Lao Assistance Center of Minnesota collaborated with partners in the API Women’s Health Coalition to best serve diverse API communities in Minnesota. As the Lao Assistance Center put it, “We don’t want to be like an outsider telling them the solutions.” All members of the API Women’s Health Coalition could connect with and learn from one another, but they took the key prevention strategies and implemented them using different languages, different platforms, and different methods that were most appropriate for each distinct community. Collaborating across sectors and with community-specific organizations has the potential to improve prevention programming across the board to better serve communities in a culturally relevant way.

Use a holistic approach

Using a holistic approach to health which incorporates mental, social, and spiritual health is a strategy that many grantees used to reach their communities. This strategy can make domestic violence and sexual assault prevention more accessible to communities who may consider the topic taboo, but it also represents a more traditional way of approaching health that may be more culturally relevant to many Native, Immigrant, and Refugee communities.

SEWA-AIFW and WISE discussed domestic violence and sexual assault as part of programming that is under a broader umbrella of mental health, leadership, and professional development. This helped make the topic more approachable. As SEWA-AIFW described, “The sole purpose isn’t to sit and talk about this heavy thing, there is something else they can bond with peers about.” The Healthy Relationship program implemented by WISE is part of their Girls Getting Ahead in Leadership (GGAL) program. GGAL is an academic, leadership and college preparation program for underserved and at-risk immigrant/refugee girls in 6th-12th grade. This program utilizes self-empowerment workshops, consistent academic support, and the development of relationships with college mentors to achieve positive student outcomes. The girls in this program already trust and know WISE and each other, making it easier and safer to broach difficult topics like domestic violence and sexual assault. It is important to also note that providing leadership opportunities for girls is itself considered a promising strategy to prevent domestic violence and sexual assault.

The API Women’s Health Coalition and Somali Community Resettlement Services both approached domestic violence and sexual assault prevention as a part of holistic health, which incorporates mental health, social health, and spiritual health. The Lao Assistance Center explained, “Most community members that we are working with are still first-generation immigrants and are more familiar with a traditional healthcare model

where one health issue is seen as affecting part of the larger self, including emotional and spiritual health, and addresses their relationship between the individual and the community that supports them.” Somali Community Resettlement Services heard similar refrains in their community needs assessment with the Somali community. They ensured their new prevention program incorporated and reflected cultural, spiritual, and religious values, such as the cultural value of protecting the dignity and honor of each human.

Listen and adapt

All grantees found that their programming had to be flexible and adaptable to best meet the needs of the communities they were serving, particularly given the many changes in programming due to health and safety concerns related to the COVID-19 pandemic. While some evidence-based strategies to prevent violence limit the kinds of adaptations that can be made, grantees used strategies that were flexible in nature, and could be adapted over time given feedback from participants. Somali Community Resettlement Services put it most succinctly, “Listen to the community and where they are at.”

Two of the grantees in this grant program used evidence-based prevention programs as the basis for some of their work, but they adapted those programs to be culturally and linguistically relevant. Women of Nations adapted the FLASH curriculum to incorporate Native American history and traditional practices. WISE adapted the Green Dot program into multiple languages, adapting materials as needed when concepts and examples did not easily translate. For example, at the Karen language community Green Dot training, a Karen advocate created new scenarios which would be more relevant for the audience; meanwhile, at the Oromo language community Green Dot training, they listened to input from the community to extend the length of the event to allow more time for sharing and conversation.

Nearly all grantees mentioned the value of providing traditional foods when working with their communities. Part of adapting programming for historically underserved populations means adapting the ways in which we meet. WISE and SEWA-AIFW mentioned sharing a meal as a communal act that brings people together and creates a sense of community among participants. This is an essential component for many of these organizations, whether they are providing a full meal, snacks, or using traditional foods as an incentive for participation or as part of the activity.

Grantees also highlighted the importance of leaving assumptions behind. Multiple grantees discussed the pitfalls of assumptions or stereotypes that providers might have about a certain group or population. While grantees were selected based on their knowledge of and proximity to historically underserved communities, they were sure to point out that they still needed to listen and adapt and that their understanding of a community was never complete or all-encompassing. All communities are diverse, and providers need to also consider that diversity. For example, while Upstream Arts is an expert in working with people with disabilities, they realized that their programming was not necessarily meeting the needs of students with diverse gender identities and sexual orientations. They consulted with the Annex Teen Clinic to learn how to best serve the diversity of students in their classrooms through their healthy relationships and sexual violence prevention program.

Ensure equitable access

Another best practice used by all grantees was a focus on ensuring equitable access for communities who have historically been underserved by domestic violence and sexual assault prevention. Grantees were working with communities who have cognitive and physical disabilities, communities with high rates of English learners, and communities who have been mistreated and underrepresented by mainstream power structures and systems. To best serve these communities, access had to be a consideration in every part of their work, from the way programs were provided, to finding appropriate resources and referrals.

Upstream Arts serves youth with cognitive and physical disabilities and puts access and adaptability at the center of their work. Upstream Arts looks to always “consider the diversity of learners present by incorporating multiple ways for participants to choose to interact with the materials and learn.” This means creating activities that are accessible for people who use different ways to communicate and may be coming into the classroom with different levels of understanding when it comes to the topic at hand. While this approach is essential to serving people with disabilities, it is a strategy that can improve all prevention programming.

For some communities, ensuring equitable access means providing gender-specific spaces, where women feel more comfortable sharing with one another. The API Women’s Health Coalition, Somali Community Resettlement Services with HOPE Center, and WISE each provided gender specific spaces for girls and women. For other communities, it was important to provide spaces open to all genders, like Upstream Arts, SEWA-AIFW, and Women of Nations. All grantees incorporated discussions of gender in some way, including discussions on gender stereotypes and gender diversity.

Building relationships and establishing trust is a key element of serving these communities. SEWA-AIFW and WISE both made it a priority to build relationships with the young people participating in their programs, by incorporating ice breakers and individual check-ins to their program. Lao Assistance Center credits their success in part to their role as a trusted resource in the community. Even if they are not the most knowledgeable on a topic, their community will still go to them first, because they are known and trusted. As they point out, just picking up the phone to call someone can be intimidating when you are experiencing domestic violence or sexual assault. Knowing that the person on the other end of the line will be able to talk to you directly, without an interpreter, can make that step a little easier, and gives additional credibility to the organization. Women of Nations shared that trust and credibility is important when discussing Native American history and violence against Native Americans. As they put it, “Thinking about who the messenger is, I’m trusted in a way that someone who isn’t Native wouldn’t have the same kind of trust and respect.”

Impact

Because MDH was asked to administer this grant program, a public health approach to violence prevention was used to evaluate impact. The public health approach to violence prevention consists of four steps: (1) Define and monitor the problem; (2) Identify risk and protective factors that may put communities at increased risk or that may protect communities against violence; (3) Develop and test prevention strategies; and (4) Assure widespread adoption.¹³ The CDC has identified risk and protective factors which have been shown to be associated with domestic violence and sexual assault through peer-reviewed research.¹⁴ Funded activities in this grant program targeted risk and protective factors which are associated with a decrease in domestic violence and sexual assault victimization and perpetration. Put another way, the activities completed by program grantees contributed to the prevention of domestic violence and sexual assault through targeting key risk and protective factors, such as reducing harmful social norms, increasing healthy relationship skills, and increasing connectedness. The risk and protective factors targeted by prevention strategies in this grant program and their impact on domestic violence and sexual assault can be found in Figure 6: Domestic Violence and Sexual Assault Prevention Grant Program Logic Model.

Grantees also completed their own evaluation activities as part of the grant program. Grantees submitted quarterly reports detailing activities completed and people served, and they were also required to complete an additional evaluation activity of their choosing. The evaluation activities completed included surveys, focus groups, interviews, and storytelling. Evaluation activities helped grantees improve their programming over time and provide evidence of success. In surveys completed by participants of Upstream Arts *Art of Relationships* program, 100% of teachers reported that students demonstrated understanding of the 5 Safety Rules and the concept of “My Body Belongs to Me.” All teachers also said the program was needed and that they will incorporate the content into their classroom instruction going forward. SEWA-AIFW completed weekly check-ins with members of the Brown Breakfast Club youth group to gather feedback and connect with participants. The check-ins helped inform and improve the program, and it also helped increase participation and retention. The Lao Assistance Center along with the API Women’s Health Coalition collected anecdotes and success stories from participants. Some of the participants who attended events went on to share what they learned with friends and family members, spreading the education and awareness even further. The Lao Assistance Center also had women reach out directly to their organization for support related to domestic violence, likely an outcome of their education and outreach. Overall, evaluation results were used to inform programming, adapt activities to best serve the community, and provide evidence of program success.

¹³ The Public Health Approach to Violence Prevention. National Center for Injury Prevention and Control, Division of Violence Prevention. Accessed 12 Dec 2021.
<<https://www.cdc.gov/violenceprevention/about/publichealthapproach.html>>

¹⁴ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Kleven, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

Figure 6: Domestic Violence and Sexual Assault Prevention Grant Program Logic Model

Inputs →	Strategies →	Best Practices →	Outputs →	Outcomes →	Impacts
MDH Administers Grant Program <ul style="list-style-type: none"> ▪ Community engaged Request for Proposals competitive process ▪ Organizations apply ▪ MDH grants awards ▪ Ongoing grant management and technical assistance provided by MDH 	Grantees implement community-driven and culturally relevant prevention strategies: <ul style="list-style-type: none"> ▪ Promote social norms that protect against violence ▪ Teach safe and healthy relationship skills ▪ Engage influential adults and peers ▪ Provide opportunities to empower/support girls and women ▪ Create protective environments ▪ Support victims/survivors 	Grantees use community-driven and culturally relevant best practices: <ul style="list-style-type: none"> ▪ Collaborate ▪ Use a holistic approach ▪ Listen and adapt ▪ Ensure equitable access 	New resources and strategy materials are created and distributed <ul style="list-style-type: none"> ▪ Strategy activities are delivered ▪ People and communities participate and are served ▪ Connections are built and strengthened 	Protective factors are addressed: <ul style="list-style-type: none"> ▪ Increase skills in solving problems non-violently ▪ Strengthen coordination of resources and services among community agencies ▪ Promote cultural and spiritual practices ▪ Increase connectedness Risk factors are addressed: <ul style="list-style-type: none"> ▪ Reduce harmful social norms 	Fewer incidents of domestic violence and sexual assault: <ul style="list-style-type: none"> ▪ Fewer people report domestic violence and sexual assault victimization ▪ Fewer people report domestic violence and sexual assault perpetration

Conclusion

While domestic violence and sexual assault continue to be major public health problems facing the people of Minnesota, the evaluation of this pilot grant program shows that prevention is possible, and may be more effective when investments are made into communities most impacted by domestic violence and sexual assault. There is no one way to prevent violence, but with the funding and support from this grant program, community-based organizations developed promising strategies for prevention. The strategies developed both aligned with evidence-supported approaches as outlined by the CDC and incorporated culturally relevant and community-driven best practices. As directed by the legislation, the Commissioner of Health will use the findings in this report to inform the administration of existing MDH programming and the development of MDH policies, programs, and procedures. The findings will inform the MDH Sexual Violence Prevention Program State Action Plan and State Evaluation Plan, as well as future funding processes.

Legislative Report for Domestic Violence and Sexual Assault Prevention Grant Program

Research shows that the economic burden of violence is significant, considering the medical, criminal, and personal costs associated with victimization.¹⁵ As the idiom goes, an ounce of prevention is worth a pound of cure. MDH has extended the timeframe for grantees to continue their work as funding allows and provided limited additional support for four of the grantees through alternative federal funding sources. However, these reprieves are both minimal and finite. Prevention is a long-term commitment, and this one-time grant program laid the groundwork to scale up a culturally relevant and community-driven grant program if continued funding is provided. As a one-time appropriation, additional legislative funding would be necessary to continue the grant program. If so provided, MDH is prepared to continue administering the Domestic Violence and Sexual Assault Grant Program.

¹⁵ Peterson, C., Kearns, M. C., McIntosh, W. L., Estefan, L. F., Nicolaidis, C., McCollister, K. E., Gordon, A., & Florence, C. (2018). Lifetime Economic Burden of Intimate Partner Violence Among U.S. Adults. *American journal of preventive medicine*, 55(4), 433–444. <https://doi.org/10.1016/j.amepre.2018.04.049>