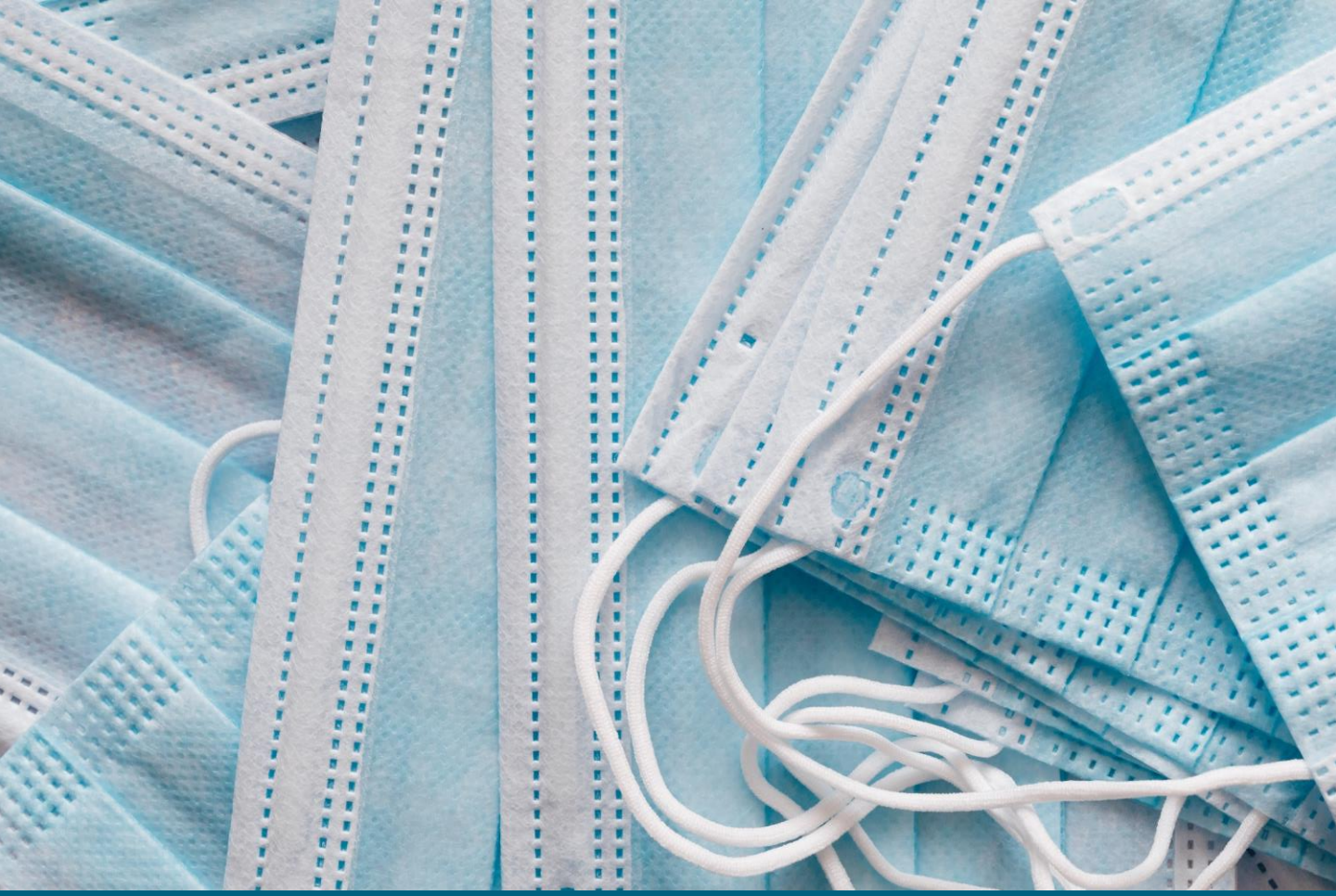

The Impact of COVID-19 on Sexual and Intimate Partner Violence Prevention in Nebraska

January 31, 2021

Daniel Kreuzberg, MSW Student
Lizeth Fraire, MSW/MPA Student
Claire Rynearson, MPA, LICSW
December Lange Treacy, MS with
Jeanette Harder, PhD

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NEBRASKA
DEPT. OF HEALTH AND HUMAN SERVICES

UNIVERSITY OF NEBRASKA AT OMAHA
SUPPORT AND TRAINING FOR THE EVALUATION OF PROGRAMS

NEBRASKA COALITION
TO END SEXUAL AND DOMESTIC VIOLENCE

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Introduction

Project Background

Support and Training for the Evaluation of Programs (STEPs) at the University of Nebraska at Omaha is a trusted leader in conducting evaluations for social service programs across the state of Nebraska. Since 2018, STEPs has partnered with the Nebraska Department of Health and Human Services (DHHS) and the Nebraska Coalition to End Sexual and Domestic Violence (the Coalition) to provide evaluation and evaluation capacity building related to the Rape Prevention and Education (RPE) program.

Purpose

The overarching purpose of the COVID-19 Supplement evaluation project is to equip Nebraska practitioners and the sexual and intimate partner violence (SV/IPV) prevention community with accessible, timely, and relevant evaluation to enhance evidence-informed decision-making for COVID-19 response and recovery efforts. The outcomes of this evaluation project are to:

1. Describe the impact of COVID-19 on statewide and local-level sexual and intimate partner violence prevention efforts.

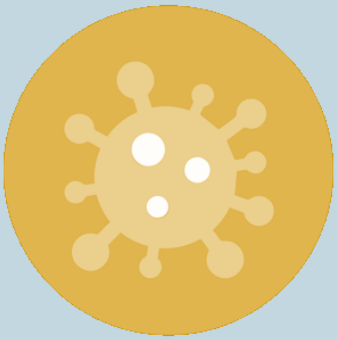
2. Identify promising practices for sexual and intimate partner violence prevention during current and future disasters.

3. Identify areas of need such as additional activities, training, technical assistance, and infrastructure to increase capacity for current and future disaster response.

4. Identify sexual and intimate partner violence prevention priorities at the state and local levels and document priority shifts because of COVID-19.

5. Identify assets and gaps in sexual and intimate partner violence prevention work for addressing continuing and emerging priorities during COVID-19 response and recovery.

STEPs would like to thank NDHHS and the Coalition for their support and enthusiasm for this evaluation, Nebraska SV preventionists for their time and participation in interviews, Nebraska school-based mental health professionals for their time and participation in the survey, and the School Social Work Association of Nebraska (SSWAN) and Nebraska School Psychologist Association (NSPA) for their promotion of the survey.



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Executive Summary

Changing Priorities and the Role of SV Preventionists

COVID-19 quickly surged to the top of the list of priorities and over-shadowed all other previous public health priorities, including sexual violence (SV) prevention . We affirm NE RPE's concern for continuing to attend to SV prevention during the COVID-19 pandemic, as women have historically reported a significant loss of support when experiencing violence during times of crisis (First et al., 2017).

As is appropriate in the face of a global emergency, such as the COVID-19 pandemic (Wenham et al., 2020), Nebraska SV preventionists expressed how much of their work has shifted from SV prevention to SV intervention and response. Priorities are now centered on increasing SV survivors' awareness and accessibility of services for adults, children, and youth; ensuring access to basic needs (e.g., transportation, food, shelter, diapers, formula, medications); and supporting survivors' livelihoods.

Interview participants acknowledged this sudden shift in their roles as SV preventionists. Programs statewide were gaining momentum with community-level SV prevention efforts and rapidly had to set these efforts aside to prioritize the needs of individual survivors in response to the pandemic. Another significant change expressed by participants was the abrupt transition from in-person to remote services, prompting new and different needs related to technology and youth education on top of attending to the health and safety concerns of employees and their families.

Overall, preventionists expressed pride in how their communities displayed teamwork, adaptability, and resiliency in continuing to provide vital SV prevention and intervention services.

Executive Summary (cont.)

Impact on SV Prevention in Schools

Throughout the COVID-19 pandemic, schools have remained a vital lifeline for students as teachers find ways to continue various levels of live contact with their students each week. School staff reported their priorities shifted to safety and core curriculum with over two-thirds of school counselors and social workers acknowledging that no SV prevention or awareness activities were being provided. Elementary schools especially showed the lack of SV prevention programming.

When providing SV prevention education, schools reported a continued emphasis on social-emotional learning (SEL) approaches to preventing violence, with increased attention given to safety and monitoring. While the *Second Step* curriculum is used in many schools, nearly half of survey respondents indicated they did not know what SV prevention curriculum their school was using. Classroom teachers are those primarily responsible for providing instruction to students on SV, with schools bringing in fewer outside presenters and educators during the pandemic.

The move to remote learning significantly impacted SV preventionists' ability to provide SV prevention education to students. The time available for implementing curriculum decreased significantly and was sometimes removed completely due to these changes. Also, the online delivery of material impacted the way in which curricula could be taught and how educators and SV preventionists could interact with students.

Increased and Unique Needs during the Pandemic

In their interviews, SV preventionists described an **increased demand for basic needs** such as finances to pay bills, housing, and technology. Secondary data showed that over one-third of households reported losing income since the pandemic began, and another 15% of households expected to lose income in the next 4 weeks, resulting in difficulty paying expenses and maintaining housing.

"Our efforts, they're more concentrated on just meeting people's very immediate needs, helping them get out of situations."

Executive Summary (cont.)

Interview participants overwhelmingly identified **increased stress, anxiety, and fear** among clients they serve due to the COVID-19 pandemic. For some, the stress of the pandemic compounds the trauma symptoms they experience as survivors of violence. Secondary data lends further support for this decrease in mental health among adults and youth during the pandemic. Interview participants expressed concern that increased economic stress on families impacts survivors' ability to leave their perpetrators. The economic impact of the pandemic is disproportionately affecting lower income households.

All data sources pointed to a **significant impact of the pandemic on youth**, especially those in urban areas. Youth are experiencing the negative effects of familial economic strain and social isolation, resulting in higher levels of depression and anxiety, family conflict, and alcohol or substance use.

Nebraska schools continue to show high interest in SV prevention through direct services and collaborations. Many students' households remain in need of technology (e.g., devices, internet) in order to engage in SV prevention education.

SV preventionists spoke about the negative impact of remote work and other changes associated with the pandemic on their own sense of well-being. Participants identified a significant need for funding to cover personnel costs (e.g., crisis leaves, time to do evaluation), and technology expenses (e.g., virtual platforms) for virtual education, communication, and service delivery.

"One negative thing that I think has come of this, and it's a pretty obvious one I think that everybody in the world is feeling, is that you can't have that one-on-one human contact…You know, that is just part of our human makeup, that we gravitate towards, you know, seeing facial expressions to know what—how we're feeling and how the other person is feeling. And that can provide some comfort, too, you know, that having somebody physically there with you, talking to you or helping you."

On a positive note, SV preventionists explained that increased dependence on remote service delivery has expanded the reach of SV prevention services to rural areas and schools in addition to increasing opportunities to conduct well-being checks with clients. Preventionists expressed appreciation for how the Coalition and STEPs have provided resources to them during the pandemic, including a shift to virtual delivery of technical assistance (TA).

Executive Summary (cont.)

Impact on Community-Level Prevention Efforts

SV preventionists said that COVID-19 has made a considerable impact on their engagement with stakeholders as coalition building and community mobilization efforts have moved to virtual platforms. Preventionists are increasingly relying on social media campaigns and informal inter-agency communication. Many expressed the difficulty of engaging new stakeholders and succumbing to "Zoom fatigue." At the same time, SV preventionists stated that virtual meetings have been easier to setup than in-person meetings and outreach work has been more creative.

Planning for Future Disasters

In their article, Seratta and Hurtado Alvarado (2019) urged domestic violence and sexual assault (DVSA) programs finding themselves amidst a widespread crisis to take the opportunity to sketch out plans for future disasters. When the situation returns to "normal," DVSA programs can solidify these plans based on experiences during the pandemic and additional information that may become available from professional sources. The intersectionality of survivors' experiences with violence should be incorporated into disaster preparedness planning at multiple levels: programs, coalitions, communities, and all governmental levels.

Literature Review

The world changed drastically in 2020 due to the novel SARS-CoV-2, commonly known as COVID-19 or coronavirus. This virus is characterized by symptoms such as cough, shortness of breath, difficulty breathing, fever, chills, muscle pain, sore throat, and loss of taste or smell. Up to 14 days following infection, individuals can be asymptomatic, making the transmission of COVID-19 even more pervasive (CDC, 2020). According to the Johns Hopkins Covid-19 map, there have been over 82 million confirmed cases and nearly 2 million deaths worldwide in 2020. The United States reported over 19 million cases and over 300,000 deaths (CDC, 2020).

Due to global infection rates, the World Health Organization (WHO) labeled COVID-19 a global pandemic and urged countries to act immediately. Many countries took COVID-19 seriously at the onset of the pandemic and implemented strict measures to minimize virus transmission. On March 13, 2020, President Trump issued a national state of emergency in the United States, allocating $50 billion in funding for states to combat COVID-19 (Taylor, 2020).

With no clear federal guidelines, states addressed COVID-19 on an individual basis. Some states implemented strict shelter-in-place orders, and by March 30, 2020, more than 265 million Americans were under stay-at-home orders (Taylor, 2020). Nebraska was not one of them. On March 17, 2020, most schools in Nebraska abruptly moved to remote learning for the remainder of the schoolyear. The following day, Nebraskans were advised to limit large gathering to 10 or less and work from home, if possible. In May 2020, businesses began reopening at limited capacity with new restrictions. In August 2020, some Nebraska schools resumed virtually and others in person, depending on local guidance (Wade, 2020).

Literature Review (cont.)

Crisis and Sexual Violence Prevention

As the world had to adjust to life during the COVID-19 pandemic, sexual violence preventionists also had to adjust to new ways of providing services. Though the world seems to stop during times of crisis, the work of social agencies does not. In fact, research shows that rates of emotional and physical violence against women increase following disasters (Enarson, Fothergill, & Peek, 2006). Moreover, "violent crime survivors can have an especially difficult time coping in the aftermath of disaster. The shock, loss of safety, increased anxiety, fear, and absence of traditional supports can trigger feelings and reactions from earlier traumas" (West, 2006, p. 6). Therefore, victims need support and the help of social service agencies more than ever during times of crisis. In their study on post-disaster predictors of intimate partner violence (IPV), Lauve-Moon and Ferreira (2017) found that respondents directly impacted by disaster were twice as likely to experience both physical and emotional IPV and those that experienced both emotional and physical IPV were five times more likely to feel they "rarely or never" received the social and emotional support they needed post-disaster.

First, First, and Houston (2017) found similar results regarding access to services in time of crisis. Women directly impacted were twice as likely to experience both physical and emotional IPV and were five times more likely to report that they "rarely or never" received the social and emotional support they needed after a disaster. Additionally, women experiencing post-disaster IPV often encountered poor responses from social service providers, who themselves may have been overwhelmed by "increased demand with reduced capacity" (p. 392) as a result of the disaster.

Agencies often fall short in their response to the influx of clients during crisis or disasters for various reasons. Researchers suggest that preventionists "provide a framework for professionals working in IPV shelters and coalitions (e.g., social workers, counselors, and advocates) promote women's safety and wellness in each disaster phase. Emergency management often conceptualizes disasters in four phases (mitigation, preparedness, response, recovery)" (First et al., 2017, p. 394). The focus of this report is on preparedness and response for social services providers.

Literature Review (cont.)

Preparedness

Since the world has not faced a global pandemic in recent history, much of the existing research on disaster preparedness centers on natural disasters. However, these lessons and principles can translate to other types of disaster preparedness.

Researchers studying the impact of Hurricane Harvey on social service agencies provided the following steps on how to prepare for disasters:

1. "Create site-specific disaster plans and promote disaster preparedness awareness in IPV shelters and programs through communication efforts such as fliers, posters, announcements, meetings, and social media.
2. Assist IPV survivors in updating or creating safety plans for emergency and disaster situations.
3. Ensure children and pets are included in disaster safety planning.
4. Assess client vulnerabilities and the needs of marginalized women and families. (Seratta & Hurtado Alvarado, 2019 p. 33).

Response

First et al. (2017) describes the response phase as the time immediately after a disaster during which preventionists focus on clients' immediate safety and basic needs. Responding preventionists "can promote empowerment for women and children by ensuring their basic needs are met and providing them with comfort and support" (p. 397). In times of crisis, the focus shifts away from prevention and towards intervention. Preventionists work to raise awareness and answer the immediate needs of their clients. The three priorities during this time are to 1) tackle domestic violence, 2) ensure access to sexual and reproductive health services; and 3) support women's livelihoods (Wenham et al., 2020).

During the response phase, practitioners are no longer focused on prevention or advocacy but on meeting clients' needs. In order to ensure clients' basic needs are met, Serratta and Hurtado Alvarado (2019) suggest agencies:

- "Assist with crisis assessments and interventions that seek to identify women's immediate needs, resources, and strengths.
- Ensure that women and families have transportation, essential supplies (e.g., food, water, diapers, formula, medications), and information on post-disaster resources and alternative IPV contacts.
- Provide information on common reactions to traumatic events and on calming techniques to assist with managing overwhelming feelings.
- Provide parents with information about how to support their children following exposure to IPV and disaster, such as setting up safe play areas and normalizing and validating children's feelings." (p. 34)

Literature Review (cont.)

COVID-19

At the onset of the COVID-19 pandemic, many agencies prioritized stopping the spread of the virus. The Nebraska Department of Health and Human Services (NDHHS) released several documents describing what the COVID-19 virus is, associated symptoms, and state-imposed restrictions. Many national organizations targeting sexual violence prevention and IPV disseminated information on best practices and tips for operating during the pandemic. Information included how to stop the spread of infection, fast facts about the virus, and blog posts that practitioners could use to connect on how COVID-19 was affecting their work. There was limited information about how to continue providing sexual violence prevention services during the pandemic.

MADRE, Media Matters for Women, Men Engage Alliance, Out Right Action International, Women Enabled International, and Women's International League for Peace and Freedom (WILPF) (2020) released a toolkit for agencies to follow for providing services during COVID-19 titled *From Global Coordination to Local Strategies: A Practical Approach to Prevent, Address, and Document Domestic Violence under COVID-19.* This toolkit offers guidance both in recommendations and messaging for preventing, addressing, and documenting domestic violence.

Strategies for prevention include engaging community leaders to promote zero-tolerance for domestic violence, producing and/or sponsoring an online and shareable podcast for youth and young couples that teaches positive and healthy relationship skills, and building men and boys' capacities to act as allies.

For addressing domestic violence, the authors suggest providing direct psychosocial support services online, providing support to those living in isolation, and organizing community response during stay-at-home orders. For documenting domestic violence, the authors recommend creating systems to track the quantity and nature of the calls for help and documenting all forms of domestic violence to better address the specific needs of marginalized persons and communities. For programmatic messaging to prevent, address, and document domestic violence, the authors suggest radio and television messaging, social media, using influential leaders in messaging, Bluetooth messaging, and messaging for local journalists.

Literature Review (cont.)

The authors of the toolkit also discuss reaching vulnerable individuals by combining domestic violence and COVID-19 prevention messaging and making a safety plan for survivors in social isolation. The toolkit further outlines how to reach vulnerable communities, such as the LGBTIQ, disabled, and marginalized communities, by being inclusive with messaging. The toolkit concludes with policy recommendations for governments, UN Agencies, and international organizations, such as integrating domestic violence prevention messaging into COVID-19 prevention materials for health care providers, humanitarian aid, and outreach workers. This extends to information on funding agencies tailored to meet the needs of all persons vulnerable to domestic violence; recognizing and addressing all forms of domestic violence; implementing policies and programs that address the root causes of domestic violence; monitoring resource distribution to marginalized communities; and funding local organizations responding to domestic violence, including groups adapting their programming to address rising violence in the context of COVID-19.

The toolkit also provides information on support for grassroots feminist journalists and their professional associations and incorporates a gender-based violence analysis into government and global health institutions' responses to COVID-19, including in public policy and economic and health solutions.

In their working paper, Peterman, Potts, O'Donnell, Thompson, and Shah (2020) outlined eight recommendations for program response in pandemics:

1. "Bolster violence-related first-response systems.
2. Ensure violence against women and children (VAW/C) is integrated into health systems response.
3. Expand shelter and reinforce safety nets.
4. Expand shelter and temporary housing for survivors.
5. Encourage informal (and virtual) social support networks.
6. Clear communication and support during quarantine mandates.
7. Integrate VAW/C programming into longer term pandemic preparedness.
8. Implement and invest in flexible funding mechanisms" (pp. 20-23).

Literature Review (cont.)

Future Direction

Researchers have indicated the need for policy action and future research in the area of sexual violence response during pandemics. Building upon that researchers have also pointed out the gaps in existing literature and research. Peterman et al. (2019) proposed three areas for future research to better inform VAW/C in the current COVID-19 pandemic as well as in other crises in the future:

1. "Understand the magnitude of the problem.
2. Elucidate mechanisms and linkages with other social and economic factors.
3. Inform intervention and response options" (p. 23).

This evaluation project aims to fill some of the gaps in current research. There is minimal qualitative research on how social service providers continue to provide services in times of crisis. Moreover, the COVID-19 pandemic is the first experience these social agencies have had with a global pandemic. This project utilizes qualitative and quantitative methods to examine the extent of COVID-19's impact on sexual violence prevention in Nebraska, community response, and what strategies agencies at the local level have utilized.

Methodology Overview

Interviews

STEPs conducted semi-structured interviews with SV preventionists working in DVSA programs throughout Nebraska in October 2020. Interviews lasted 30-45 minutes each and were professionally transcribed for analysis. Analyses were conducted using MAXQDA software and performed by two coders. Coders consulted with each other and reached agreement on themes in preparation for reporting. A detailed interview methodology can be found in Appendix A, an interview request template in Appendix B, a consent handout in Appendix C, and the interview protocol in Appendix D.

School-Based Survey

STEPs sent a Qualtrics survey to 1,329 school counselors, social workers, psychologists, and other mental health practitioners throughout Nebraska schools in October 2020. The survey was promoted by the School Social Work Association of Nebraska (SSWAN) and the Nebraska School Psychologists Association (NSPA). Survey responses were exported to Microsoft Excel and STEPs conducted univariate and bivariate analyses of the data. A detailed school-based survey methodology can be found in Appendix E, recruitment and follow-up emails in Appendix F, and the full survey text in Appendix G.

Survey data is reported inside blue boxes throughout this report.

Secondary data is reported inside yellow boxes throughout this report.

Secondary Data

The results of both the school-based survey and semi-structured interviews informed additional evaluation questions regarding the economic and social impact of COVID-19 on families as well as access to technology and mental health services for Nebraskans during the pandemic. STEPs utilized data and information from the following sources to answer these questions: the CDC's Sexual Violence Indicator Guide and Database, the 2019 Nebraska High School Youth Risk Behavior Survey, the 2017–2018 and 2018–2019 National Survey of Children's Heath, the Nebraska Community Foundation's 2020 Nebraska Youth Survey, Week 17 Household Pulse Survey, and the 2020 Teen Mental Health report published by The Harris Poll. A detailed secondary data methodology can be found in Appendix H.

Demographics

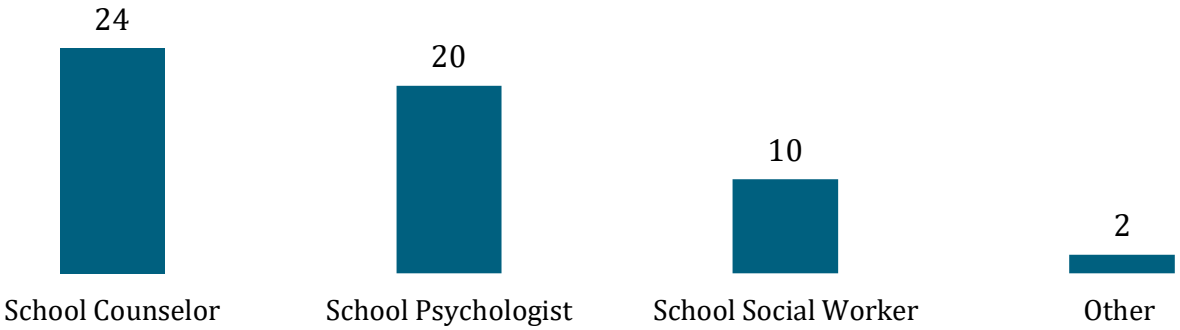
Interview Participant Demographics

STEPs interviewed 12 sexual violence (SV) preventionists throughout the state of Nebraska with a wide variety of experience in SV prevention work. Six participants were directors, two were advocates, two were educators, one served as a campus service coordinator, and one worked with the aging population. Participants held a variety of experience working with SV prevention, ranging from 1–21 years in the field.

School-Based Survey Demographics

Overall, 109 of the 1,329 potential participants fully or partially completed the survey. Of the 109 survey responses, 56 were fully completed. The sample description is based on the 56 fully completed surveys as demographic items were at the end of the survey.

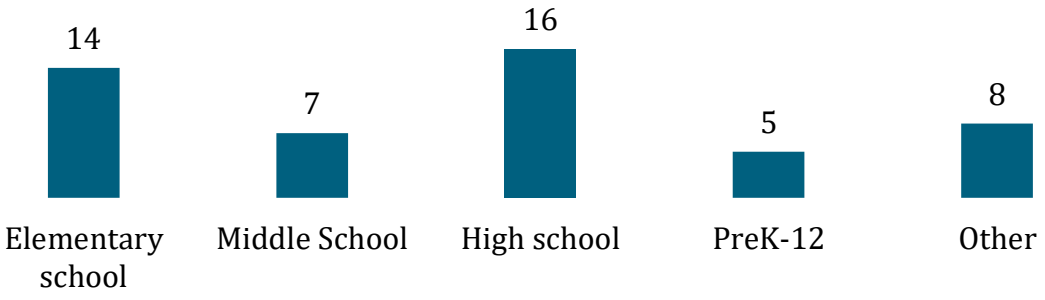
Position (n=56)**.** School counselors made up 95% (n=1,259) of the potential participants and 43% (n=24) of the respondents who fully completed the survey. The graph below represents the role of each respondent who shared demographic information.



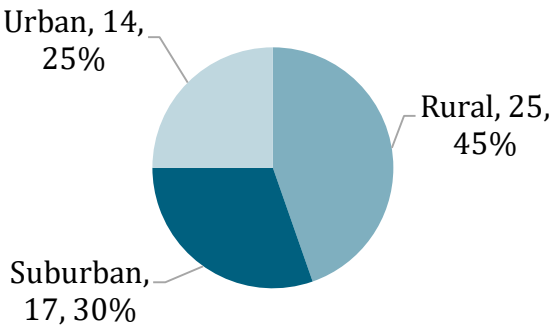
School Format (n=56)**.** Most (53%, n=29) respondents served in a school district serving students entirely in person during COVID-19. Another 35% (n=19) of respondents reported their school district using a hybrid learning model. A smaller portion (9%, n=5) reported most students are in-person with some students remote. Only 4% (n=2), reported remote learning as the only option for students.

Demographics (cont.)

Grade Level (n=56)**.** The respondents worked in a variety of grade levels. Most frequently, respondents indicated working in a high school setting (29%, n=16) followed closely by elementary schools (25%, n=14). The graph below demonstrates the grade levels served by respondents.



Area (n=56)**.** Respondents indicated whether their school was in an urban, rural, or suburban setting. The largest sample of respondents who completed the survey worked in a rural school (45%, n=25). Respondents represented 24 counties in Nebraska.



Overall Impact of COVID-19

STEPs asked participants questions about the general impact of COVID-19 on their communities. Participants highlighted the **mental health toll** of the COVID-19 pandemic for themselves and community members. Unfortunately, a significant amount of SV prevention work has been placed "**on hold**" as practitioners have moved to **remote work** and clients have experienced a **lack of resources** amidst the pandemic. Practitioners have also identified **fluctuating client needs** as cases of COVID-19 rise and fall in their communities.

Mental Health Toll

Overwhelmingly, participants have seen a mental health toll due to the COVID-19 pandemic. SV preventionists not only identify increased stress and anxiety for themselves but also for their peers and the clients they serve. Several participants highlighted feelings of increased **anxiety** and **fear**. One stated, "*I think everyone's stress and anxiety level is up.*" Another participant described, "*It definitely has scared a lot of people. It's frightened them quite a bit, especially in the beginning… I was getting a lot of panicked calls not knowing how to process the information, you know, and having to deal with that on top of being victims of violence was a struggle for many people.*"

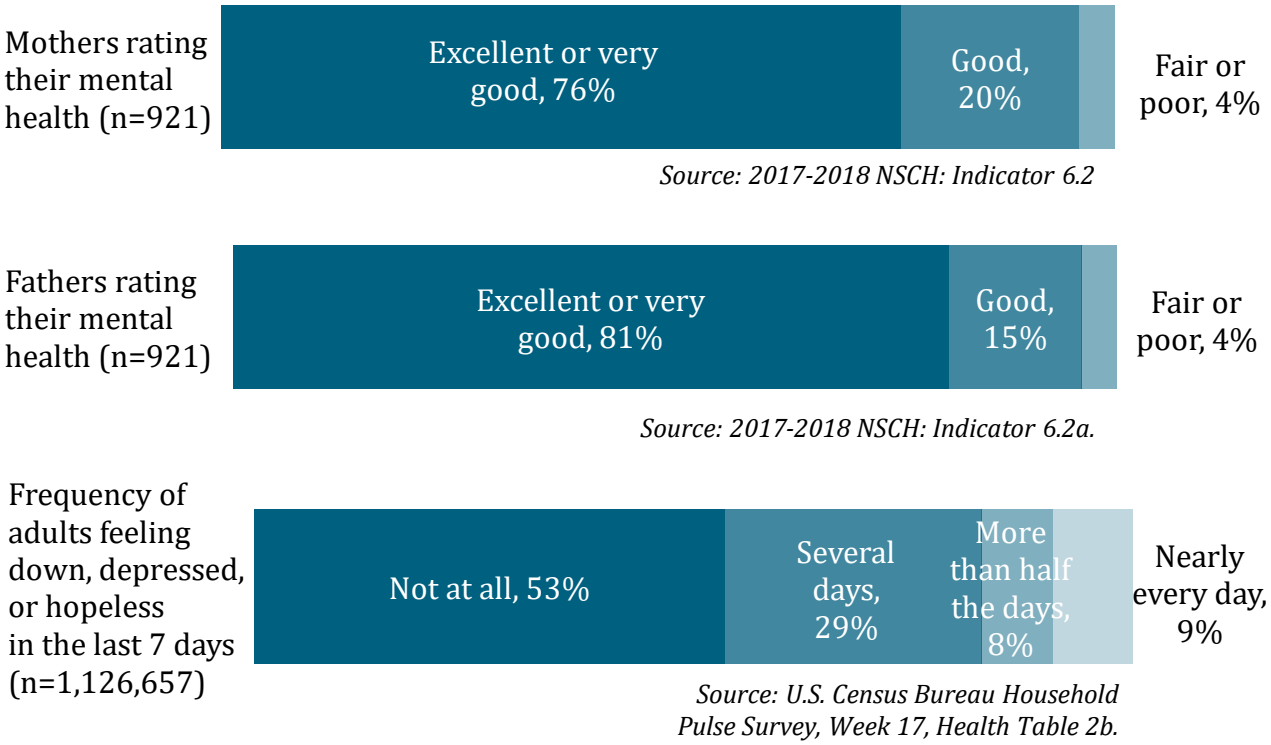
Another concern among SV preventionists during this time has been the re-traumatization for survivors. The COVID-19 pandemic has led to increased feelings of isolation for many individuals, but this has taken a unique toll on victims of violence.

"I think sexual assault survivors are having less to distract themselves with. So things are coming up a lot more."

Overall Impact of COVID-19 (cont.)

Secondary Data

Adult Mental Health



"On Hold"

Many participants felt they have had to **pause efforts** and place SV prevention on hold during the COVID-19 pandemic. Over the past few years, programs have been shifting towards community-level SV prevention efforts. Many programs are feeling as though their momentum has been lost amidst the pandemic. One participant shared, "*So we focused a lot of effort into outreach and our numbers of survivors that we were serving was going up and then COVID hit, and we quit doing outreach.*" Participants felt the burden of balancing community needs with the safety of employees and clients, as well.

Every participant noted the **transition to remote work** in an effort to help protect everyone's physical health and safety. "*It has affected what we do here because I have staff in high-risk categories for COVID, so some of them are trying to work from home. We had to re—we don't have a way to isolate somebody in our shelter if they did have COVID symptoms, so we've had to make a plan for that. So yeah, everything has turned upside down.*"

Overall Impact of COVID-19 (cont.)

Some participants welcomed the reprieve in order to **reassess priorities** and take stock of community needs and best practices. One participant illustrated this stating, "*I feel that it has really caused all of us to step back and really reassess priorities and needs and to kind of pivot what we're doing to be able to address those needs in our community.*"

Remote Work

Participants highlighted again and again the strain of moving to remote work as SV preventionists during the pandemic. As one participant stressed, "*It's impacted us greatly.*" The many challenges voiced by participants include **remote schooling**, **working from home**, and heavy reliance on **phone calls** and **virtual platforms**. One participant stated, "*The daycare's closed, the kids are at home—when school was closed, kids were at home—and just added stress overall.*"

Lack of Client Resources

In addition to their individual agency responses to the COVID-19 pandemic, participants described the additional stress experienced by their clients struggling with a lack of resources. Many clients are coming to DVSA programs during this time with **financial needs** or experiencing **homelessness** due to the pandemic. One participant noted, "*We have seen an increase in shelter needs and people leaving their current situations.*"

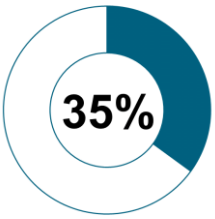
Another concern is the **lack of access to technology** many clients experience. As agencies move to virtual platforms in an attempt to facilitate social distancing during the pandemic, victims of violence are left without access to services if they do not have the proper technology.

"And I think one of the things we've been trying to do, and we've always strived to do, was have conversations about how we reach our most marginalized clients. You know, who has the most barriers, what are the most amount of challenges, and how can we reach those folks because we're worried about them falling through the cracks."

Overall Impact of COVID-19 (cont.)

Secondary Data

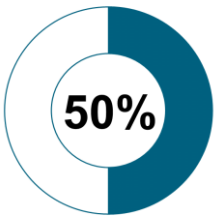
Loss of Income (n=1,418,191)



35% (n=502,816) of households reported losing income since March 13, 2020.

15%

15% (n=206,867) of households expect to lose income or continue to lose income in the next four weeks.



While all age groups were impacted by loss of income, the highest proportion was for those ages 18-25 (50%, n=72,046).

Source: U.S. Census Bureau Household Pulse Survey, Week 17, Employment Table 1.

Difficulty Paying Expenses

Difficulty paying for usual household expenses during the coronavirus pandemic (n=1,418,191)				
Not at all difficult	**A little difficult**	**Somewhat difficult**	**Very difficult**	**Did not report**
49% (n=701,188)	20% (n=288,105)	14% (n=204,909)	11% (n=164,258)	4% (n=59,731)

Source: Source: U.S. Census Bureau Household Pulse Survey, Week 17, Household Spending Table 1.

Overall Impact of COVID-19 (cont.)

Secondary Data

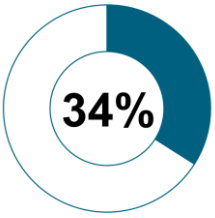
Foreclosure and Eviction

Respondents who rented their homes appeared to be under more economic stress than those who owned their home. Over one in five (23%, n=7,083) respondents reported it being very likely they will be evicted in the next 2 months.

	Very likely	Somewhat likely	Not very likely	Not likely at all	Did not report
Likelihood of leaving this home due to foreclosure in next two months (n=36,180)	2% (n=862)	23% (n=8,407)	35% (n=12,782)	37% (n=13,611)	1% (n=517)
Likelihood of leaving this home due to eviction in next two months (n=31,267)	23% (n=7,083)	18% (n=5,773)	35% (n=11,014)	20% (n=6,414)	3% (n=983)

Source: U.S. Census Bureau Household Pulse Survey, Week 17, Housing Table 3a and Housing Table 3b.

Impact of Financial Stress



Nationwide, 34% of teenagers reported feeling anxious or depressed because of family financial stress.

Source: 2020 Teen Mental Health Report.

Fluctuating Client Needs

As COVID-19 cases rise and fall in various communities throughout the state, SV practitioners have seen fluctuating client needs. This has been difficult for participants to predict or anticipate, leaving SV preventionists feeling reactionary rather than proactive about their work.

One participant explained, "*When it first started, like in March, we didn't see a lot of COVID around here, but right now we're seeing a lot of COVID.*" Another described, "*We've had an influx of sexual assault survivors reach out to our program in the months following the shutdowns related to COVID-19. So we are serving a higher number of survivors.*"

Risk and Protective Factors

School-Based Survey Data

Respondents were provided a list of 13 risk factors and 9 protective factors related to SV/IPV. For each risk and protective factor, respondents indicated the frequency they believed students are now experiencing or being exposed to the factors using the following response options: 1) more frequently now than before COVID-19, 2) about the same now as before COVID-19, and 3) less frequently now than before COVID-19.

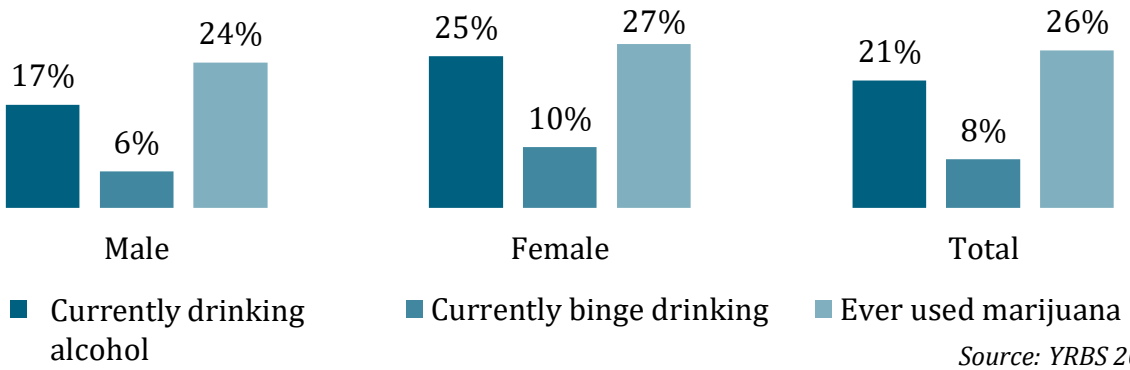
Risk Factors

Overall, most respondents believed students were experiencing all risk factors either at the same or higher frequency more now compared to before COVID-19; few respondents indicated students are experiencing risk factors less now than before COVID-19. The two risk factors with the highest percentages of respondents indicating students are experiencing them more now compared to before COVID-19 were economic stress (86%, n=57) and social isolation or lack of social support (82%, n=54). For these two risk factors, no respondents indicated they believed students were experiencing these factors less now than before COVID-19.

Other risk factors with more than half of all participants indicating they believe students are experiencing them more frequently now than before COVID-19 include family conflict (65%, n=43), alcohol or substance use (62%, n=40), poor behavioral control (55%, n=36), and poor parent-child relationships (52%, n=36). For the complete response counts for each risk factor, please see Appendix I.

Secondary Data

Teen Substance Use



Source: YRBS 2019.

19% of teenagers feeling pressure to use drugs, drunk alcohol, or vape.

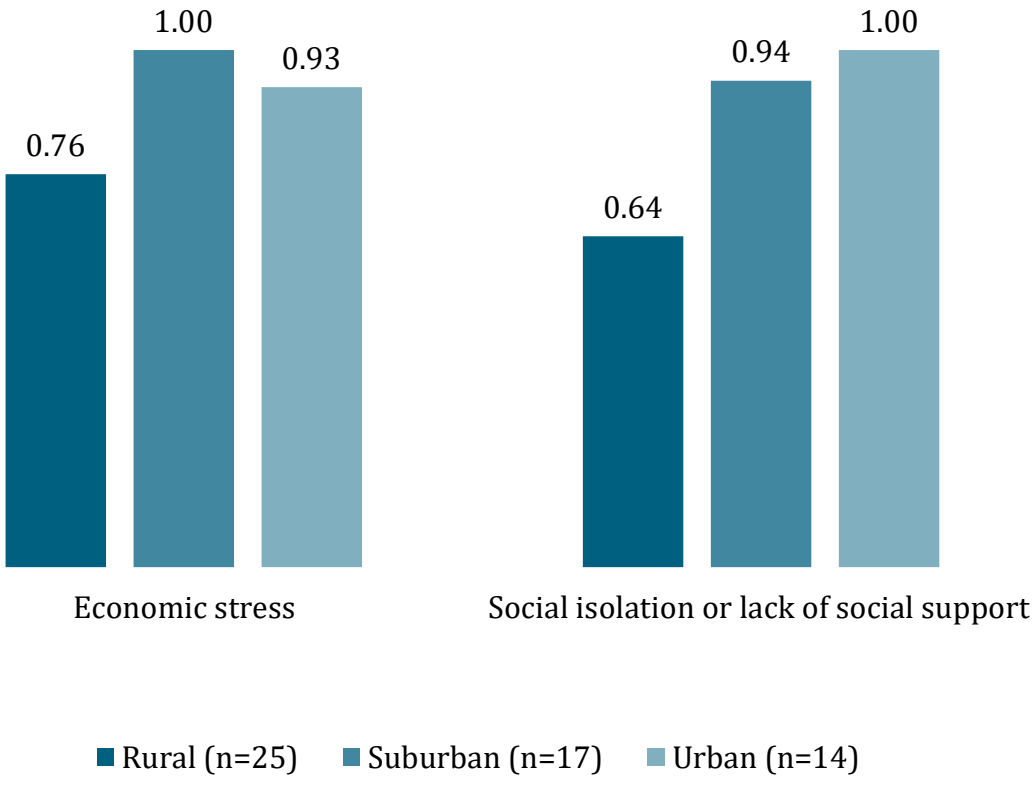
Source: 2020 Teen Mental Health Report.

Risk and Protective Factors (cont.)

School-Based Survey Data

Changes in Risk Factors by School Location

On average, respondents from schools in rural areas reported smaller increases in exposure or experience with risk factors than both suburban and urban schools. For example, for economic stress and social isolation or lack of social support (the two risk factors with the highest average increases in exposure during COVID-19 compared to before COVID-19), respondents from rural schools reported a much smaller increase compared to suburban and urban schools, for which nearly all respondents indicated students are being exposed to these risk factors more now than before COVID-19. For the complete response counts for each risk factor, please see Appendix J.



Risk and Protective Factors (cont.)

School-Based Survey Data

Protective Factors

For most of the protective factors, the highest percentage of respondents indicated students are experiencing them about the same now as before COVID-19. However, there are two exceptions.

More respondents (41%, n=27) indicated students are experiencing school support or connectedness more frequently now than before COVID-19 than those who indicated frequencies about the same (29%, n=19) or less than before COVID-19 (20%, n=13).

Inversely, nearly half of all respondents (48%, n=32) indicated students are experiencing emotional health or wellbeing less frequently now than before COVID-19, which is a higher rate than respondents reporting frequencies about the same (32%, n=21) or more than before COVID-19 (20%, n=13).

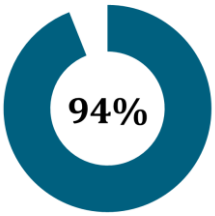
For the complete response counts for each protective factor, please see Appendix K.

Secondary Data

Social Support

Compared to other children, how difficult is it for this child to make and keep friends? (n=392)

Source: 2018-2019 NSCH, Indicator 2.6.



94% (n=645) of children age 6-17 have at least one adult outside of the home who the child knows well and can rely on for guidance.

Source: 2017-2018 NSCH, Indicator 5.9.

Risk and Protective Factors (cont.)

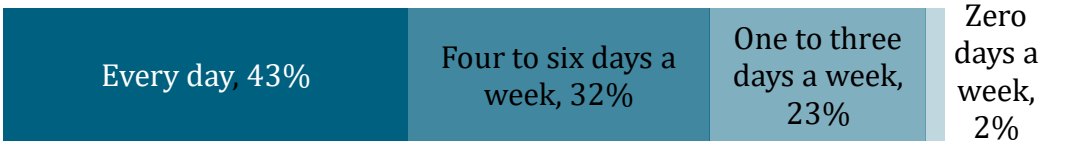
Secondary Data

Family Support

How well does your family share ideas with each other (n=782)

Source: 2017-2018 NSCH, Indicator 6.6.

How often does your family eat meals together? (n=989)

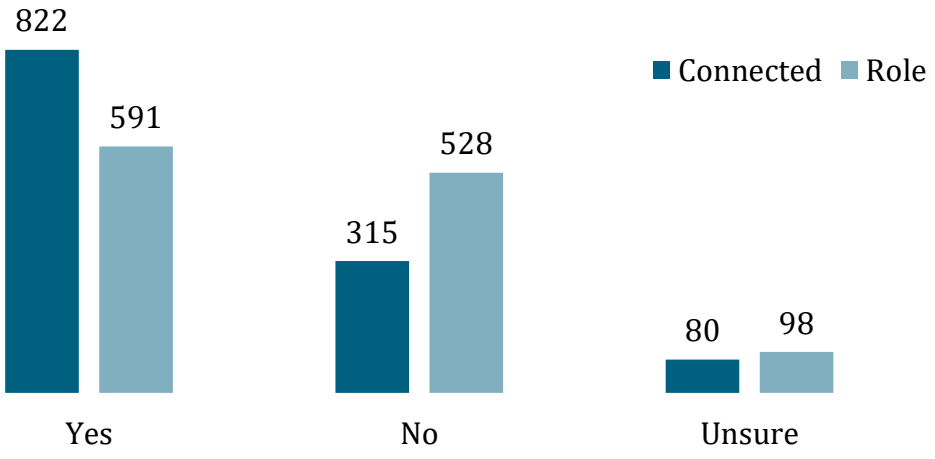


Source: 2017-2018 NSCH, Indicator 6.9.

Community Engagement

Teenagers were asked if they felt connected to their community and if they felt they played a role in their community. 67% (n=822) of students reported feeling connected to their community but only 49% (n=591) felt they played a role in their community.

Feelings Towards Community (n=1,217)



Source: 2020 Nebraska Youth Survey.

Risk and Protective Factors (cont.)

School-Based Survey Data

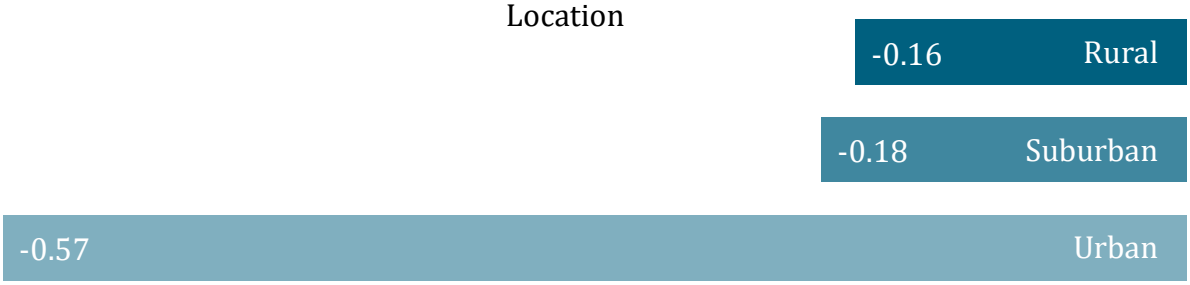
Changes in Protective Factors by School Location

On average, respondents from rural schools indicated an increase in most protective factors from before to during COVID-19. The one exception was emotional health and wellbeing for which respondents indicated a slight decrease.

In contrast, respondents from urban schools indicated an average decrease in most protective factors. The one exception was empathy for which respondents indicated a moderate increase. In addition, for protective factors which had average decreases across all three areas, the average scores for respondents from urban schools indicated a much greater drop in scores compared to the other geographic areas.

These findings suggest students in urban schools are experiencing protective factors less frequently now than before COVID-19 and to a greater degree less than students in rural and suburban schools. For the complete response counts for each protective factor, please see Appendix L.

Decreases in Experience with Emotional Health or Wellbeing by School Location



Highest Needs in Schools

In addition to ranking the frequency in which they believe students are experiencing different risk and protective factors, respondents were asked to identify the top three risk and/or protective factors in most need of being addressed in their school. Some respondents selected less than three risk and/or protective factors and some respondents selected more than three. All responses were included in the analysis.

The most frequently selected factors included social isolation or lack of social support (n=34), emotional health and wellbeing (n=23), economic stress (n=20), alcohol or substance abuse (n=18), and poor behavioral control (n=18). For the complete response counts for each risk and protective factor, please see Appendix M.

Education and Curriculum

Many SV preventionists throughout the state of Nebraska provide SV prevention education and curriculum in their communities. Some of these efforts take place in schools while some serve to educate other agencies or professionals. When asked about how the COVID-19 pandemic has impacted education efforts, most SV preventionists highlighted **changes** in their efforts in order to meet community needs. Some changes have been **successful,** and others have been **challenging** for SV preventionists.

Changes

Overall, most SV preventionists described a move to **virtual learning** for all educational efforts during the pandemic. Most programs have also needed to **shorten curriculums** in order to accommodate this. One participant stated, "*Definitely everything is over online.*" Another explained, "*I think that it is a lot shorter than what we do in person.*"

Secondary Data

School Engagement

How often are children engaged in school? (n=787)

Source: 2018-2019 NSCH: Indicator 5.2.

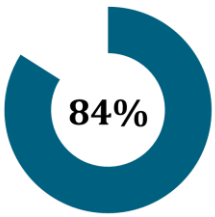
Education and Curriculum (cont.)

Secondary Data

School Engagement (cont.)

Frequency of live contact between a student and teacher (n=334,017)	
4 or more days per week	76% (n=252,266)
2 to 3 days per week	12% (n=41,045)
1 day per week	2% (n=5,173)
0 days per week	7% (n=22,719)
Did not report	4% (n=12,815)

Source: U.S. Census Bureau Household Pulse Survey, Week 17, Education Table 1b.



84% (n=695) of children aged 6-17 were involved in one or more extracurricular activities during the past 12 months.

Source: 2018-2019 NCSH: Indicator 5.5.

31%

31% of teenagers, nationally, report cancelled extracurricular activities as a cause of feeling anxious or depressed.

Source: 2020 Teen Mental Health Report.

STEPs did not collect data on the level of student engagement during the COVID-19 pandemic. However, the 2018–2019 National Survey of Children's Health provides baseline data. The majority of students reported being always engaged in school (51%, n=390). Over two-thirds (76%, n=252,266) of students have live contact with their teacher 4 or more days a week during the COVID-19 pandemic.

Education and Curriculum (cont.)

Successes

Overwhelmingly, participants felt that they have been able to **increase their reach** to populations they may not have otherwise worked with during the pandemic. Many DVSA programs throughout Nebraska serve large geographic areas. The move to virtual learning has facilitated an unprecedented reach to rural populations for SV preventionists. One participant stated, "*Reaching out to that rural population that's been fully missed in the past has been positive.*"

Participants also noted feeling an **increased connection** with clients during educational efforts. Not only are preventionists providing education, but they are also checking in with clients about overall wellbeing during this time. A participant noted, "*I think we've been able to develop closer or more authentic relationships with the individuals, because we are a little bit less focused on, you know, meeting curriculum guidelines and more focused on, 'Hey, let's just have a real conversation.'*"

Participants also noted an increased capacity to provide educational services due to remote work, which has eliminated the need for commuting. One participant noted, "*We can fit more educational pieces in one day, or one week, or even a month, that would take use a whole lot longer in the past if we would have to be there in person.*"

Both the **flexibility** and **adaptability** of virtual learning was underscored by participants. One participant explained, "*I think we've been more focused with what we are providing so that we can make sure that we are offering the most important information in a shorter amount of time.*"

Participants expressed high levels of gratitude for being able to **access schools** during this time. Many agencies had to postpone educational efforts in schools at the beginning of the pandemic as schools abruptly moved to remote learning. However, in the fall of 2020, many agencies were permitted access to students either in person or virtually. One participant described, "*The change of being able to get into schools with social distancing and masks was a little bit of a challenge, but it's really great that the schools are welcoming us and letting us come in.*"

Education and Curriculum (cont.)

School-Based Survey Results

SV/IPV Lesson Prevention Strategies and Approaches

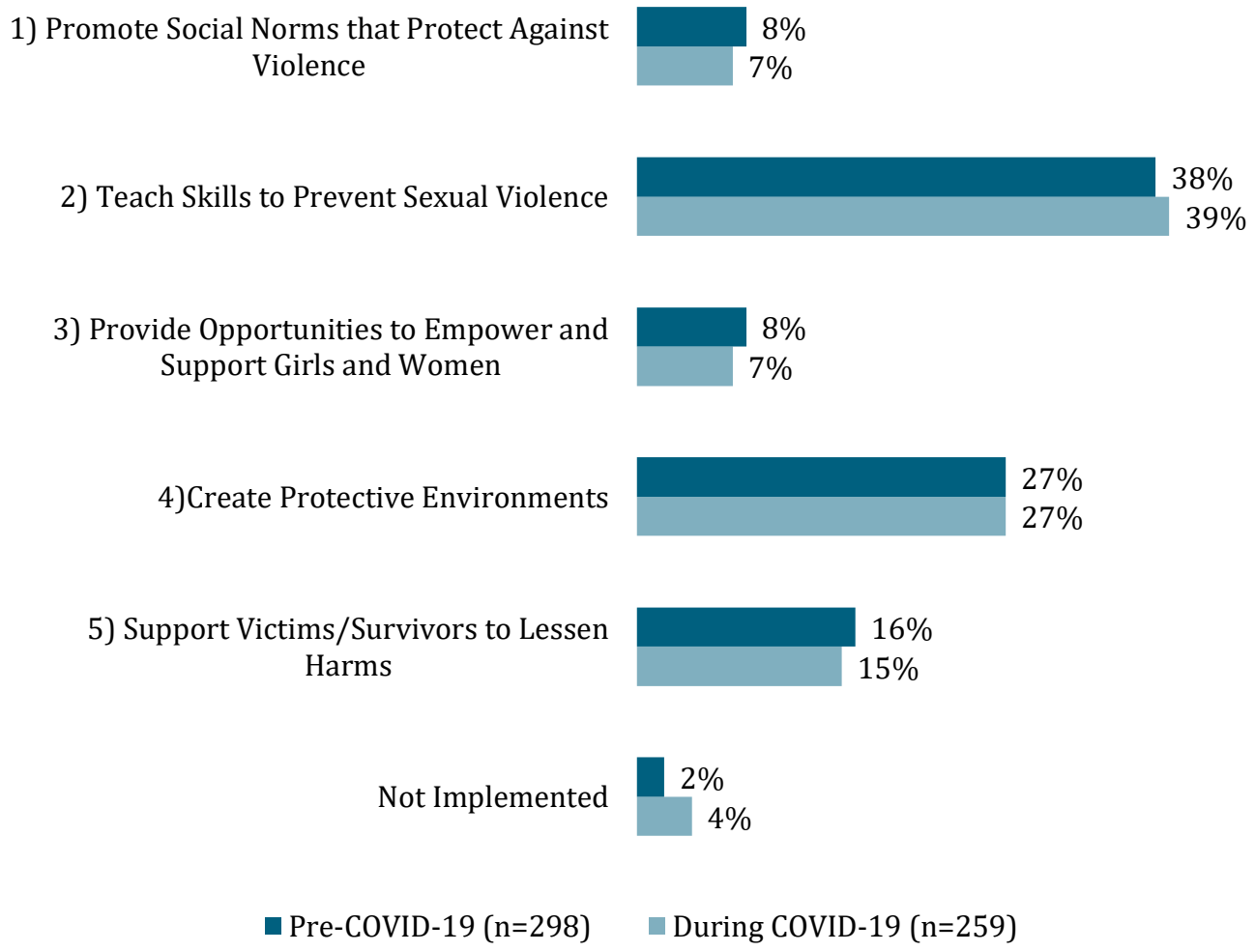
Prevention Strategies. Survey respondents were provided with a list of 12 prevention approaches from the CDC's *STOP SV: A Technical Package to Prevent Sexual Violence* (p. 11, 2016) across five prevention strategies:

1. Promote social norms that protect against violence,
2. Teach skills to prevent sexual violence,
3. Provide opportunities to empower and support girls and women,
4. Create protective environments, and
5. Support victims/survivors to lessen harms. Respondents then selected all the SV/IPV prevention approaches, if any, their school was implementing before and during the COVID-19 pandemic.

Respondents most frequently selected prevention approaches falling under the second strategy: Teach skills to prevent sexual violence (38%, n=114 pre-COVID-19 and 39%, n=101 during COVID-19), followed by those under the fourth strategy: Create protective environments (27%, n=80 pre-COVID-19 and 27%, n=71 during COVID-19). Respondents least frequently selected prevention approaches related to 1) Promote social norms that protect against violence (8%, n=23 pre-COVID-19 and 7%, n=19 during COVID-19).

Education and Curriculum (cont.)

Overall, the percentage of selected prevention strategies did not differ much between pre-COVID-19 and during COVID-19 time periods.



Prevention Approaches. On average, respondents indicated their school was implementing four approaches to SV/IPV prevention both before (n=74) and during COVID-19 (n=71). The number of approaches selected by each respondent ranged from 0 to 10 (pre-COVID-19) and 0 to 8 (during COVID-19).

Social-emotional learning approaches were the most frequently reported approach being implemented in schools both before COVID-19 (n=53) and during COVID-19 (n=47). Prior to COVID-19, establishing and consistently applying school policies related to bullying, SV/IPV, and other forms of youth violence was the second most frequently reported approach (n=41) followed by improving safety and monitoring in schools (n=39). During COVID-19, the order of those two approaches switched with improving safety and monitoring in schools being the second most common approach (n=38).

Education and Curriculum (cont.)

Most Common SV/IPV Prevention Approaches Implemented in Schools

Before COVID-19 (n=298)	During COVID-19 (n=259)
1. Social-emotional learning approaches (n=53)	1. Social-emotional learning approaches (n=47)
2. Establishing and consistently applying school policies related to bullying, SV/IPV, and other forms of youth violence (n=41)	2. Improving safety and monitoring in schools (n=38)
3. Improving safety and monitoring in schools (n=39)	3. Establishing and consistently applying school policies related to bullying, SV/IPV, and other forms of youth violence (n=33)
4. Teaching healthy, safe dating, and intimate relationship skills (n=30)	4. Teaching healthy, safe dating, and intimate relationship skills (n=27)
5. Providing leadership opportunities and other programming for girls to build confidence, knowledge or leadership skills (n=25)	5. Promoting healthy sexuality with sex education that addresses sexual communication, sexual respect, and consent (n=20)

For the complete ranking of selected prevention approaches, please see Appendix N.

What Schools Need to Prevent SV/IPV

School-Based Survey Data

Respondents were asked to indicate the extent to which they were interested in or are currently partnering with community-based domestic violence and sexual assault programs on a variety of SV/IPV prevention activities.

Overall, while at least one respondent indicated they are currently partnering with a DV/SV agency for each activity, the number of existing partnerships was low.

In general, there was interest in partnering with a DV/SV on all activities as more than 60% of respondents indicated they were "somewhat interested" or "very interested" in each activity.

Based on the percentage of respondents indicating some or high interest, the top five prevention activities for which respondents were most interested include:

Top Five Prevention Activities Based on Interest

1. Support compliance with local and state dating abuse policies, as well as bullying and harassment
2. Ongoing educational seminars for school personnel on topics related to SV/IPV awareness and prevention
3. Consulting on evidence-based curricula for SV/IVP prevention
4. Support developing or revising school-based policies to prevent SV/IVP
5. Ongoing educational seminars for students on topics related to SV/IPV awareness and prevention

Challenges

Despite the many successes of these changes, SV preventionists have also experienced challenges with moving to **remote learning**. Participants spoke to missing the human interaction of working directly with their audiences to build rapport and trusting relationships. One participant elaborated, "*One negative thing that I think has come of this, and it's a pretty obvious one I think that everybody in the world is feeling, is that you can't have that one-on-one human contact...You know, that is just part of our human makeup, that we gravitate towards, you know, seeing facial expressions to know what—how we're feeling and how the other person is feeling. And that can provide some comfort, too, you know, that having somebody physically there with you, talking to you or helping you. You know, being able to read facial expressions and body language and, you know, that, I think, has definitely put a negative spin on things. I think that is something that everybody is missing and that's just, you know, our human nature to have that face-to-face contact.*"

What Schools Need to Prevent SV/IPV (cont.)

Participants largely reported their biggest challenge during the COVID-19 pandemic was that education on **sexual violence prevention was not a priority** in their communities. Schools and other community services were focused on measures to prevent the spread of COVID-19 and SV prevention education was placed on the backburner. One participant shared:

"It's just not a priority right now, which we totally understand. But I think that's just been difficult of trying to balance how much we put a focus on sexual violence right now. Because we know it's a very connected to every other issue that we're talking about right now, but it's just not a priority for people."

Access to technology has also been a concern for SV preventionists working in schools with students. Those without consistent access to the internet or without the proper electronic devices are missing out on programming.

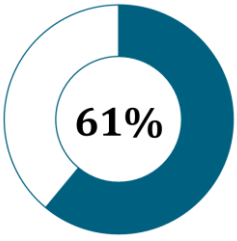
Secondary Data

Access to Technology

Over 7 out of 10 (72%, n=241,650) children always have access to a device for educational purposes in Nebraska. More than three out of every four (76%, n=253,965) children always have access to the internet for educational purposes in Nebraska.

	Devices Available for Educational Purposes (n=334,017)	Internet Available for Educational Purposes (n=334,017)
Always	72% (n=241,650)	76% (n=253,965)
Usually	17% (n=56,027)	17% (n=55,320)
Sometimes	5% (n=15,882)	3% (n=8,936)
Rarely	3% (n=9,564)	1% (n=3,938)
Never	1% (n=3,305)	1% (n=2,435)
Did not report	2% (n=7,589)	2% (n=9,424)

Source: U.S. Census Bureau Household Pulse Survey, Week 17, Education Table.



61% (n=202,529) of households have computers provided by the children's school or school district.

Source: U.S. Census Bureau Household Pulse Survey, Week 17, Education Table 3.

5% 5% (n=16,916) of households have internet provided by the children's school or school district.

Source: U.S. Census Bureau Household Pulse Survey, Week 17, Education Table 3.

What Schools Need to Prevent SV/IPV (cont.)

School-Based Survey Data

Reaching Students

While secondary data shows that most students have access to technology and internet, school staff still find difficulties in engaging students. One participant stated, "It is a challenge to inform and support children about these issues when they may be exposed to them by older siblings or adults in their homes, particularly during COVID-19. Those students whom we were most concerned about often were/are the ones not connecting on a regular basis with their classrooms online." Another respondent added, "remote learners are impossible to connect with and support." The respondent explained many of their responses are based on perception and prior observation and knowledge instead of direct contact.

One respondent discussed the difficulty of not only engaging students, but engaging parents. The respondent stated, "Parents also have been difficult to reach and have not responded to attempts by school staff to engage them or their student(s) in classroom activities or community resources to help the kids."

Prevention Efforts in Nebraska Schools

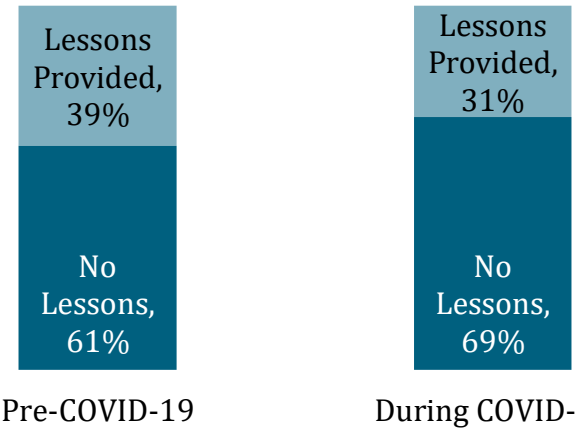
School-Based Survey Results

Prevalence of SV/IPV Instructional Lessons

Prior to COVID-19, most respondents (61%, n=67) reported their school did not provide instructional lessons to students to promote either awareness or prevention of SV/IPV. During COVID-19, this percentage increased (69%, n=70) with more respondents indicating these lessons are not being provided to students now.

Related to the impact of COVID-19 on school-based SV/IPV prevention programming, one respondent wrote, *"I don't know any schools that are doing anything with this right now. We are completely overwhelmed."*

Overall, findings suggest two out of three schools are not providing instructional lessons related to SV/IPV prevention or awareness, demonstrating a significant need for this type of programming.



Relevance of SV/IPV Awareness and Prevention Programming

Respondents were invited to share about the impact of COVID-19 on their school's SV/IPV prevention efforts through an open-ended question. One theme that emerged from the responses was the perception the SV/IPV-related programming is not as directly relevant for youth in elementary schools. For example, one participant wrote, *"I teach at an elementary school, so we don't address this topic."*

Similarly, many respondents from elementary schools indicated the programming their schools are implementing is distinct from SV/IPV: *"We have 3 grade levels and I only teach the youngest grade - so the topic is briefly discussed but several discussions about respecting others, ourselves and our body are had. e also discuss 'if you see something, say something' and reporting concerns."* Similarly, another respondent wrote, *"I teach K-5. We don't focus on SV/IPV. I do teach kids about being assertive and how to help as bystanders in other situations."*

Prevention Efforts in Nebraska Schools (cont.)

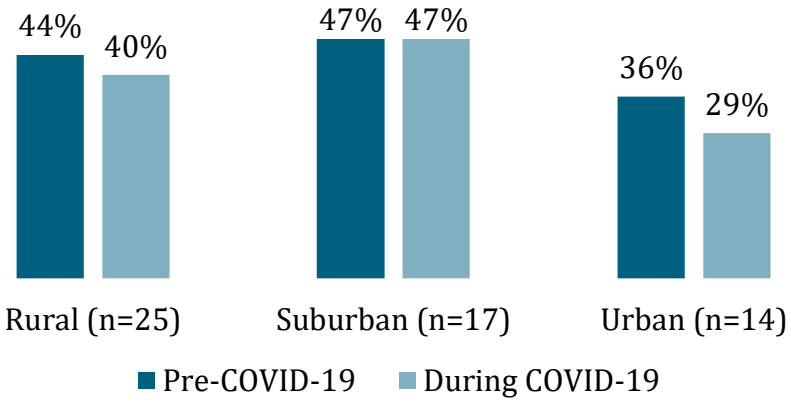
School-Based Survey Results

Overall, these responses suggest there may be opportunities for community-based domestic violence and sexual assault programs to make connections and address the risk and protective factors that are shared across different types of youth violence. The community-based domestic violence and sexual assault programs can build on the current work already being done in schools around related topics such as body safety, bystander intervention, and bullying prevention.

Prevalence of SV/IPV Instructional Lessons by Area

Prior to COVID-19, respondents from suburban schools reported the highest rates of SV/IPV awareness and prevention instructional lessons (47%, n=8) and respondents from urban schools reported the lowest rates (36%, n=5).

Compared to the time before COVID-19, respondents from suburban schools indicated little change in the prevalence of SV/IPV awareness and prevention instructional lessons. In contrast, respondents from both rural and urban schools reported a decrease in the prevalence of these lessons. Respondents from urban schools indicated the highest drop in delivery of SV/IPV-related sessions moving from 36% before to 29% during COVID-19.



These findings suggest SV/IPV awareness and prevention efforts are most prevalent in suburban schools and least prevalent in urban schools. In addition, while suburban schools were able to maintain their capacity for SV/IPV-related programming from pre-COVID-19 times, urban schools' capacity to do so was diminished.

Prevention Efforts in Nebraska Schools (cont.)

School-Based Survey Results

SV/IPV Awareness and Prevention Curricula

Respondents indicated which curricula, if any, their school used for their SV/IPV awareness and prevention lessons before COVID-19. Nearly half of participants (49%, n=18) indicated they did not know what curricula were being implemented in their schools. Of those who named a curriculum, respondents indicated *Second Step* (n=16) was by far the most used curriculum in schools.

When asked which curricula is currently being implemented during COVID-19, about one third (33%, n=10) indicated they did not know what curriculum was being implemented. Similar to programming before COVID-19, respondents indicated *Second Step* (n=12) was the most frequently used curriculum followed by *Safe Dates* (n=3).

Many participants named curricula outside of commonly adopted evidence-based and evidence-informed curricula as being the curriculum used within their schools. These programs included *Friendly Schools, Love is Respect, Set Me Free Project*, and the *Naviance* Curriculum. Other responses indicated lessons were developed districtwide (ex. OPS curriculum), by outside agencies (ex. Omaha Women's Fund), or a blend of different sources.

Because many respondents indicated not knowing which curriculum was used or curriculum developed by outside agencies, it is difficult for STEPs to determine the frequency with which Nebraska schools use evidence-based or -informed curriculums. However, it is promising many respondents indicated using *Second Step*, an evidence-based curriculum.

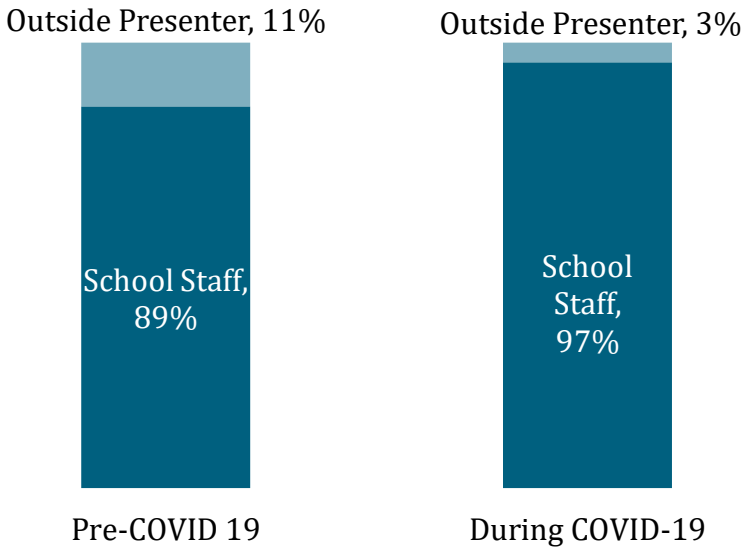
SV/IPV Lesson Providers

Respondents most frequently indicated classroom teachers were primarily responsible for providing instructional lessons to students both prior to COVID-19 (46%, n=17) and during COVID-19 (47%, n=14). School counselors were the second most frequently identified implementers of SV/IPV instructional lessons before COVID-19 (32%, n=12) and during COVID-19 (37%, n=11).

Prevention Efforts in Nebraska Schools (cont.)

School-Based Survey Results

One notable change between before and during COVID-19 was the increased percentage of school staff (ex. classroom teachers, school counselors, school nurses, school psychologists, and school social works) responsible for presenting SV/IPV curriculum and decreased percentage of outside presenters (ex. local domestic violence and sexual assault programs and local health departments).



Note: The y-axis of this graph ranges from 25% to 100% to emphasize the change in presenters from pre- to during COVID-19.

This change was also noted by one respondent when asked what else they would like to share about the impact of COVID-19 on their school's prevention work: *"What we are currently providing reaches only some of our students. We're not able to bring in speakers into the building who could reach all students."*

Stakeholders

In addition to educational efforts, SV preventionists have been increasing community-level prevention efforts over the past few years such as coalition building and community mobilization, both of which require significant stakeholder engagement. The COVID-19 pandemic has had a noticeable impact on stakeholder engagement for SV preventionists. Participants largely noted a move to **virtual engagement**. Rather than in-person gatherings, preventionists have relied on **social media** campaigns and **informal inter-agency updates**.

Virtual Engagement

At the beginning of the pandemic, participants recall moving quickly to virtual engagement as a way to maintain interactions with stakeholders. One participant noted, "*Just making sure we are staying connected, being cognizant to make that effort to stay connected, reach out. And I think we've gotten more invites to various different committee subgroups and meetings that we haven't participated in before.*"

Many participants shared that it has been **easier to schedule meetings** with others virtually than it previously has been to get folks in the same room together. Overall, participants feel like there has been **more creativity** around continuing outreach work. One participant stated:

> *I think, in a more metaphorical way, people have been giving people a lot more grace in this situation. A lot of people have become very creative in trying to find ways to continue to do our work and try to just find what works for them.*

As a result of virtual meetings, participants also felt that their work has been more focused and "on task." As one participant described, "*I think Zoom has just really made us be more focused about what we're discussing and figuring out next steps so everyone's on the same page.*"

Not everything about virtual engagement has been successful for SV preventionists during the pandemic. Several participants noted dealing with **slower responses** from community partners. One participant mentioned, "*You know, sometimes if you email somebody, call them, they're not available, so just waiting for them to get back to you*." Another participant stated:

> *You realize how much you really do see people day to day, how much you need to see people day to day, and how much, when that's lacking, communication becomes challenging. It takes longer to get anything done. So anything that I wouldn't be able to meet with someone and get ironed out in a meeting might take a couple of weeks out because it's all done through email. So definitely the length of time that it takes to plan anything.*

Stakeholders (cont.)

Participants have also felt the effects of "**Zoom fatigue**" and report it can be difficult to maintain focus and attention when every meeting is through the computer. Moreover, participants noted that it is especially **difficult to network** with new partners virtually. Participants explained that there is not time after Zoom meetings for informal networking and building rapport with other professionals. One participant explained, "*You kind of miss out on that face-to-face, like after a meeting you might stick around and talk in depth a little more with a specific staff of an agency and then that doesn't happen anymore.*"

Social Media

Several participants expressed that they have been able to stay connected with their communities through **increased social media** during the pandemic. Social media has been especially useful to preventionists as a way of informing the public of upcoming events or ongoing service changes. One participant stated, "*Social media presence by making sure the public has information about, you know, our services, our crisis line and everything. Just doing constant daily social media post so we can stay connected that way.*" Overall, participants agreed that social media has been an effective tool for them during this time.

Informal Inter-Agency Updates

Participants reported moving away from structured outreach efforts and formal networking meetings towards frequent, informal updates with community stakeholders. A participant noted, "*We can do it like a Zoom, or we can talk to them on the phone.*" Participants feel this has been a more effective way to stay in touch and "keep a pulse" on what other community agencies are doing and how things are change week-to-week and day-to-day throughout the pandemic.

Coalition Building and Community Mobilization

Participants were invited to share changes to coalition building and community mobilization efforts during the COVID-19 pandemic. Some programs have continued with coalition building efforts during the pandemic. Few programs had established community mobilization efforts prior to the pandemic, and those that had paused these efforts when the pandemic began. As with other prevention efforts, participants noted that most engagement has moved to **virtual formats**. With this, there have been both **successes** and **challenges**.

Virtual Engagement

Most participants whose agencies are part of local or statewide coalitions reported that meetings have moved to virtual platforms, such as Zoom. Overall, participants feel relieved that efforts have continued. At the same time, participants have noticed **burnout** and **fatigue** associated with meeting virtually. One participant stated, "*We are a part of a few coalitions locally within our communities that we would go to in-person; those are all Zoom now. And it's great that we're still continuing through Zoom, but it's just not quite the same*."

Participants reported **difficulty networking** and **difficulty advocating** for services over virtual platforms. A participant reported, "*I think the hardest thing is that it is just hard to build relationships*."

Successes

Participants largely feel that there has been community-wide **understanding between social service agencies** during the pandemic. One participant noted, "*Being able to check in, not really having high expectations for anyone to have made lots of progress or to have been able to think a lot in between meetings and use those meetings a little bit more as work time rather than, you know, checking in for updates*."

Participants feel that they have been able to maintain **strong communication** with their community partners. One explained, "*I think we've been trying to do more of a focused effort to still connect via email or phone to do more one-on-one with our partners*." This has allowed SV preventionists to keep in touch with how other agencies and partners are still providing services during the pandemic, as well. Overall, participants feel that **social media** updates have been successful when interacting with their community partners, as well.

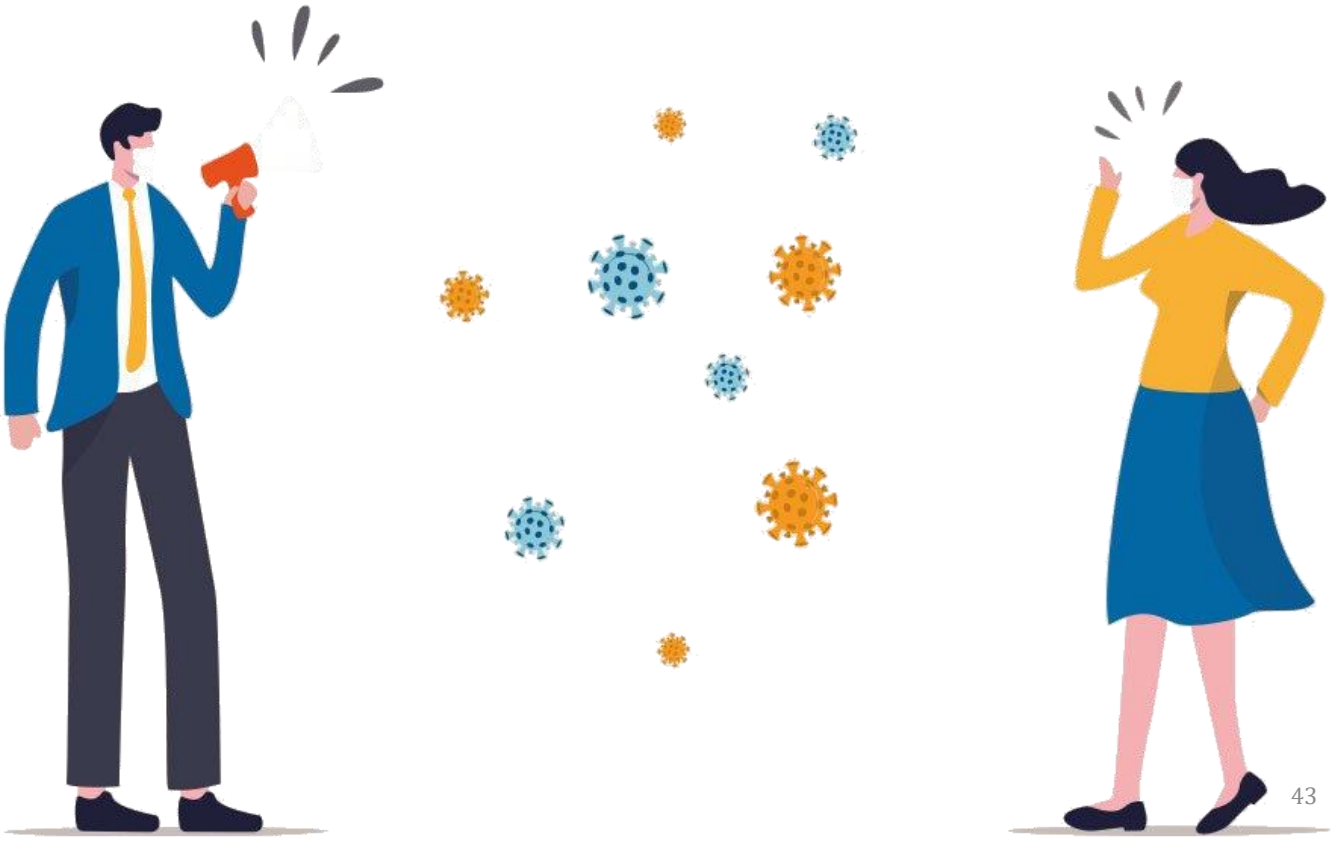
Challenges

Participants found it particularly difficult to cope with the ever-changing **COVID-19 precautions and restrictions**. Because Nebraska implemented very few statewide public health policies, cities and counties have been left to establish their own. A majority of DVSA programs in Nebraska serve multiple communities, often crossing county lines.

Coalition Building and Community Mobilization (cont.)

> *It was challenging for agencies to keep up with what, you know, the world is telling us, of being like, you know, wear gloves this day, but don't do it this way, clean this way, but not this way. Like you can't see people like, absolutely not, but now it can be, you know, 6 feet or, you know. So keeping up with that and then trying to translate it to an agency that has many employees who are then serving many clients, so that everybody's on the same page has been a little challenging because, you know, we get pulled into—with everybody else—we get pulled into many directions of how to run an agency successfully in this time to keep everybody safe*.

Participants also noted the challenge of focusing on SV prevention efforts during a time of crisis. Most participants noted the **shift away from prevention efforts and towards intervention efforts** because of the immediate community needs regarding SV response. One participant described this as, "*Just really shifting priorities towards the immediate issues that our client clients and our community are facing*."



Public Health Priority

Participants shared how local- and state-level public health priorities have affected SV prevention efforts during COVID19. Overall, participants reported that **COVID-19 has been the top priority** for public health in their communities during the pandemic. As a result, there has been a significant **decrease in attention to sexual violence**. Participants also feel that **sexual violence efforts have shifted away from prevention and towards intervention** during the pandemic.

COVID-19 is the Top Priority

> *Right now the priority with public health is all about COVID. So I do feel like we're losing a little bit of, you know, the sexual violence prevention and provision of services. So I do feel like it's getting a little lost.*

Decreased Attention to SV

Most participants expressed that with the focus shifted to COVID-19, there has been little attention paid to SV during the pandemic. One participant stated, "*Everything else is on the back burner right now to the world, which is not a good thing, you know, when we're thinking about preventing sexual violence or helping survivors and victims of sexual violence. It's definitely, like many other things have been, put to the side right now because COVID has kind of consumed everybody's energy and attention*"

Some participants feel it has dropped to the bottom of list for the general public. One stated, "*Domestic violence, sexual violence, you know, all forms of interpersonal violence are still a big part of—you know, that's a big part of public health as well.*" Participants expressed concern because the COVID-19 pandemic has aggravated unsafe situations for many victims of violence due to increased isolation and social distancing.

Priorities Shifted to Intervention

As previously mentioned, participants largely felt that SV efforts have shifted away from prevention and towards intervention during the pandemic. Many attributed this to communities, families, and individuals being in crisis. Participants noted an increased need to address the **physical and emotional needs of survivors**. As one participant described, "*Our efforts, they're more concentrated on just meeting people's very immediate needs, helping them get out of situations.*" Another stated:

> *So I would say, for us, we try to focus on people's mental health, their wellbeing, as well as their physical needs. Food, shelter that type of stuff, also. But we are very much focused on people's mental health right now.*

Public Health Priority (cont.)

Participants also expressed concern about **increased rates** of domestic and sexual violence during the pandemic. One participant expressed a desire "*to help people understand that sexual violence continues and it's much more prevalent in situations of isolation and the current climate that we're in.*"

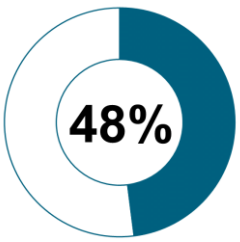
Not only are preventionists concerned about increasing rates, but they are worried for the potential **re-traumatization** of survivors. One participant shared, "*We had a client who came in and when she was being sexually assaulted, you know, they covered her mouth with a towel and now she's having to wear these masks and it's just bringing back those flashbacks of her not being able to breathe in that situation again, and it's very traumatic*." Another described,

"*The seclusion that they had to experience because of quarantine, which they knew was, you know, to protect them, but it did definitely make them feel even more isolated. And again, because of victimizations that they've experienced, I think that has just made it harder for them.*"

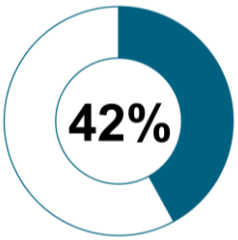
Other participants were optimistic that communities have been paying attention to these issues and looking for increased rates of SV. One stated, "*I do feel like people are talking more about domestic violence than maybe they were before, simply because I think people are aware that the stressors related to COVID and the isolation and all of those have really ramped up domestic-violence-type situations.*"

Secondary Data

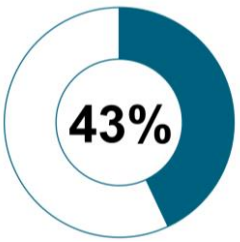
Social Isolation



Nationally, 48% of teenagers rated social isolation their top stressor during COVID-19.



Nationally, 42% of teenagers reported anxiety or depression caused by conducting school online.



Nationally, 43% of teenagers reported anxiety or depression caused by the inability to see friends and family in person.

Source: 2020 Teen Mental Health Report.

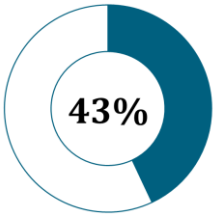
Public Health Priority (cont.)

Secondary Data

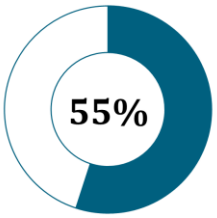
Teen Mental Health

40% 40% of teenagers, nationally, reported anxiety or depression caused by being stuck at home with family.

35% 35% of teenagers, nationally, graded their mental health as an "A" during COVID-19.



43% of teenagers, nationally, reported experiencing **depression** at least one time during COVID-19.



55% of teenagers, nationally, reported experiencing **anxiety** at least one time during COVID-19.

Of those who reported experiencing anxiety or depression,

35% reported experiencing anxiety or depression daily.

32% reported experiencing anxiety or depression weekly.

15% reported experiencing anxiety or depression monthly.

Source: 2020 Teen Mental Health Report.

SVP Expectations

When participants were asked about expectations for SV prevention during the COVID-19 pandemic, there were mixed results. Some reported expectations haven't changed and have **remained high**. One participant stated, "*I don't think they've lowered any*."

Others reported that expectations have been more **flexible** and that, during times of crisis, it is normal and expected for priorities to shift.

> *"And so people are going to have lots of different kind of basic need priorities, but that we can still be part of doing the work if we are willing to be flexible, to look at this work from different angles."*

Still others feel that **expectations have been lowered** during the pandemic and the bar has lowered for SV prevention efforts.

Technical Assistance

When asked about technical assistance (TA) and training needs during the COVID-19 pandemic, participants were able to identify what has been the most **helpful** to them. Some participants were **uncertain** about what their future needs are in this area while others were able to pinpoint both **short-term** and **long-term needs**.

Helpful Assistance

Overall, participants feel that there has been some very helpful training and TA during the COVID-19 pandemic. Participants highlighted assistance from **The Coalition**, **STEPs**, and **other agencies**. DVSA programs throughout the state have been able to participate in monthly check-ins with the Coalition. Programs that are RPE subrecipients have received additional assistance around evaluation through STEPs.

Overall, participants have been pleased with how webinars, trainings, and TA have been shifted over to virtual platforms. Some participants, on the other hand, have found it difficult to navigate and prioritize all of the information and training coming in virtually during the pandemic.

Uncertainty

Multiple participants expressed they were unsure about their agencies needs at this time because they had yet to take time and reflect on that. Many SV preventionists attribute this to being focused on COVID-19 and the crisis of being in a pandemic. One participant stated, "*I have to say that I haven't really stepped back myself to make that determination.*"

Short-Term Needs

Participants identified that **funding** for both prevention and intervention is a huge need for their agencies and programs in the short-term. Increased funding would allow them to address crisis issues associated with COVID-19 and additionally allow for staff to focus on SV prevention efforts. One participant stated, "*I would say more funding, in order to hire more staff who could focus just mainly on sexual violence prevention and education*."

Participants also expressed that in the short-term there is interest in learning how to better **evaluate digital content**. SV preventionists want to know if the information people are receiving online is effective at spreading their agency's message and educating their target audiences.

I think we need more support as far as how to deliver, how to get this information to people. Online seems to be the best way, but we're all so new with this switching to online education in every aspect, that we just don't know, you know, how fruitful it's going to be, how positive or, you know, we don't know the ramifications of what this is going to do.

Technical Assistance (cont.)

Long-Term Needs

When asked about long-term needs, **funding** was brought up again by most participants. Some participants noted anxiety about future funding opportunities and how they will be impacted by COVID-19.

And what is funding going to look like in the future?" So I think that's probably our concern of what is like the long-term funding gonna look like. Yeah, like we're like made in the shade for the next 2 years, but what about after that? And I think, you know, nobody has the answer to that right now, but I think that's kind of what's on the forefront of our minds with regard to the assistance that we'll need.

Agencies may be hesitant to hire new staff or making lasting changes to their programs with COVID-19 relief money when there is uncertainty about the sustainability of those funding streams.

Other participants indicated the desire and need for a **cohesive statewide plan** for SV prevention efforts. One participant described, "*I would like to see is a statewide prevention effort. Something that is cohesive, that goes across the entire state. I think that that would lend a lot of weight and credence to the whole message, if the whole entire state was delivering it*." Especially during the pandemic, programs have been feeling disconnected from other DVSA agencies across the state and feel there is a lack of shared vision for SV prevention efforts in Nebraska.

Participants are also looking for **training on remote prevention** as a long-term need. Many aspects of moving to virtual platforms have been successful for DVSA programs in Nebraska. Some programs are reaching rural communities they have previously been unable to service. Other programs have found success with their social media campaigns. Participants would like to know how to best continue doing this work online through the pandemic and beyond.

I love training. So I think you can never have too much training on, you know, especially right now, looking at how sexual violence prevention intersects with different issues. I also think training on maybe helping other people to understand that sexual violence is a public health issue as well and should be a priority. And I think, you know—the other thing I think is that we have had to try to be creative this year in how we can still deliver information and start conversations without necessarily being able to do that in person.

Community Strengths

Participants have seen significant community strengths while navigating important SV prevention work amidst the COVID-19 pandemic. SV preventionists repeatedly emphasized **teamwork**, **adaptability**, and **resiliency** across the state of Nebraska. SV preventionists feel they have been able to continue their work, even if that work looks different right now, because of these strengths.

Teamwork

Participants mentioned time and time again that they have seen teamwork in their agencies and throughout their communities during the COVID-19 pandemic. Because agencies have moved to more virtual efforts, this teamwork has also transcended geographic barriers.

> *We've worked together as a team. Like I said before, our offices are spread out throughout Nebraska. So, you know, we help each other, you know, if our advocate in Omaha had a client here in Lincoln and obviously they can't come because of COVID to maybe drop off a package or something to a client, then, you know, somebody from the Lincoln office is going to do that, so that that client is still going to get served.*

Participants largely felt that the spirit of teamwork has allowed agencies and communities to come together and problem-solve. A participant stated, "*I think the increased ability to pull together and identify current needs, and to step up and meet those needs*."

Adaptability

Participants overwhelmingly felt that their agencies and communities have adapted, as needed, to meet community needs during the COVID-19 pandemic. One participant stated, "*It's pushed a lot of my colleagues, myself included at times, out of our comfort zones of learning how to do this, but we have been really adaptable*." Participants expressed an understanding of shifting priorities and being able to adapt and meet the needs of their communities despite the rise and fall of COVID-19 cases as well as new and changing pandemic mandates.

Resiliency

Participants felt that their agencies and communities have been incredibly resilient during this time. One participant said, *"Resiliency has been super, super key for everyone."* Another emphasized their community has been, *"Resilient and ready to like roll with the punches."* The ability to be flexible and tackle competing public health priorities during this time has provided SV preventionists with hope and optimism about their ability to prevent and combat SV during times of crisis.

Limitations

1. Valid, real-time data is not available to show that DVSA and child abuse have increased during COVID-19. Many DVSA situations are not reported to law enforcement. With students in remote education and increasingly confined to their homes, many professionals are concerned that child abuse rates may also have increased.

2. This study does not incorporate the voices of survivors for multiple reasons. Many families are in crisis at this time, and it seemed unethical to ask them to share their experiences, especially when we did not have the capacity to alleviate their needs. In addition, we were concerned with asking survivors to speak about their safety through telehealth, phone, or Zoom with the high likelihood of the presence of their perpetrator.

3. The survey response rate was low so the generalizability to all NE schools is limited. The link was sent to 1,329 individuals, but only 106 started the survey and only 56 individuals completed the survey. There was a large amount of missing data in the demographic items as they were at the end of the survey, so responses cannot be associated to geographic areas. The low response rate is understandable as staff are pressed to meet current needs of their schools and students.

4. The perspectives of teachers were not invited to allow them to prioritize the needs of their students and teaching over the completion of a survey.

5. Qualitative interview responses from SV preventionists were focused on their programs' operations and efforts at collaborations. We could have asked more specific questions to hear their experiences in serving their clients.

6. Secondary data applicable to this project was limited, and most data was gathered prior to the pandemic.

7. We had hoped to identify promising strategies for providing SV prevention in the face of a global pandemic, but this type of data did not emerge from our data sources.

Recommendations

1. Seize the opportunity to draft disaster preparedness plans now based on current experiences. Plans can be worked on collaboratively at the local, regional, and statewide levels. They should incorporate plans for meeting the needs of clients (e.g., all ages, and especially marginalized populations and communities) and staff. Plans should also be made regarding meeting basic needs, multiple technology contingencies, and self-care/respite for staff.

2. Identify evidence-based curricula that can be implemented online, and make these available to programs and schools.

3. Raise awareness and provide resources to provide SV prevention education at elementary schools.

4. Partner with school staff to support compliance with local and state dating abuse policies, address bullying and harassment, and revise or develop school-based policies to address SV.

5. Increase collaboration with schools to consult on evidence-based SV prevention curricula and continue providing education and materials to school personnel to increase SV awareness and prevention.

6. Continue to be innovative and creative in discovering and utilizing communication strategies between programs, stakeholders, the Coalition, and STEPs.

7. Identify and collect multiple types of data and utilize it to prioritize SV prevention services in schools at all levels.

8. Increase SV prevention messaging, especially for individuals under stay-at-home orders and for marginalized populations and communities.

9. Partner with child abuse programs to coordinate prevention efforts.

10. Provide increased funding to programs to meet the needs of clients, for technology equipment and services, and for evaluation of their online work.

11. Make funding available for respite and self-care of SV preventionists as they are also experiencing the effects of this pandemic in addition to the increased demands and concerns for those they serve.

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Appendix A

Interview Methodology

Interview Purpose

The purpose of the RPE COVID-19 supplemental evaluation's qualitative component is to better understand the experiences of sexual violence prevention advocates in Nebraska during the COVID-19 pandemic.

Evaluation Questions

STEPs staff collected qualitative data from sexual violence prevention advocates working in domestic violence and sexual assault (DVSA) programs across Nebraska through semi-structured interviews. STEPs staff then analyzed the data to identify information and themes relevant to Nebraska RPE programs. The purpose of the analysis was to answer four key questions:

1. How has COVID-19 impacted sexual violence prevention and advocacy work at the local level during COVID-19?
2. What do local programs need to increase capacity for prevention work during COVID-19 and for future disaster response efforts?
3. Where are the sexual violence prevention and advocacy priorities at the local level during COVID-19?
4. What assets and gaps do local sexual violence preventionists see for addressing those priorities during and following COVID-19?

Sampling

In collaboration with DHHS and the Coalition, STEPs staff emailed sexual violence prevention advocates working in DVSA programs throughout Nebraska and invited them to participate in this qualitative study. Prevention advocates willing and able to participate in interviews formed the sample pool for the qualitative component.

See Appendix B for interview request template and Appendix C for the consent handout.

Data Collection

STEPs staff collected qualitative data through semi-structured interviews. Interviews took place over Zoom and were scheduled at a time that was convenient for participants. Zoom allows participants to engage via videoconferencing or phone. Zoom is user-friendly and convenient for both qualitative researchers and research participants (Archibald, Ambagtsheer, Casey, & Lawless, 2019). Interviews were estimated to last approximately 30–45 minutes. STEPs recorded audio and video from the interviews; audio recordings were professionally transcribed for analysis. Interviews were conducted by STEPs staff following the interview protocol which can be found in Appendix D.

Interview Methodology (cont.)

Analysis

All identifying information was removed from interview transcripts. Analyses were conducted using MAXQDA software and performed by two coders. Each coder was a STEPs staff member and each one coded the data independently using a grounded theory approach, including memoing, open coding, constant comparison, and theming. Coders consulted with each other and reached agreement on themes in preparation for reporting.

Appendix B

Interview Request Template

Hello _____.

STEPs is partnering with the Nebraska Department of Health and Human Services (DHHS) and the Nebraska Coalition to End Sexual and Domestic Violence to learn more about sexual violence prevention efforts during COVID-19. Thank you for your dedication to this work during these unprecedented times.

Nebraska DHHS has contracted with the University of Nebraska at Omaha's STEPs to conduct interviews with sexual violence prevention advocates across the state. The purpose of these interviews is to describe the impact of COVID-19 on sexual violence prevention efforts and identify promising practices, emerging prevention priorities, and remaining needs at the local level. Participating in this interview is an opportunity for you and your agency to confidentially share your perspective and needs with DHHS and other relevant stakeholders.

Interviews will be scheduled at a time that is convenient for you and will take place over Zoom. Zoom is user-friendly and you can connect via videoconferencing or phone. It requires no travel, software, or web camera. We anticipate this interview will take approximately 30-45 minutes. More information can be found in the consent document attached to this email.

If you are willing and able to participate in the interview portion of our project, please confirm by responding to this email by October 10, 2020. Please include in your response 2-3 dates/times that would work best for you within the date range of October 12, 2020 to October 23, 2020. We look forward to hearing from you.

If you have any questions, please contact Lizeth Fraire at lfraire-sw@unomaha.edu

Thank you,

Lizeth Fraire, MPA/MSW Student
402.554.3663
lfraire-sw@unomaha.edu

Claire Rynearson, MPA, LICSW
STEPs Program Evaluator
crynearson@unomaha.edu

Appendix C

Consent Handout

Sexual Violence Prevention Advocate Interviews

Thank you for your interest in participating in a sexual violence prevention advocate interview. Interviews are being conducted through the Support and Training of the Evaluation of Programs (STEPs) at the University of Nebraska at Omaha (UNO). The Nebraska Department of Health and Human Services (DHHS) has contracted with STEPs to evaluate sexual violence prevention amidst the COVID-19 pandemic. The purpose of the COVID-19 supplement evaluation is to describe the impact of COVID-19 on sexual violence prevention efforts, identify promising practices and emerging prevention priorities, and assess needs in local communities related to sexual violence prevention during COVID-19. Hearing directly from sexual violence prevention advocates is crucial to the development of those plans.

What will happen during the interview?

The interview will last approximately 30-45 minutes. The interview will be scheduled at a time that is convenient for you and will take place over Zoom, which allows participants to connect over the internet or by phone and offers the option of videoconferencing. No software or web camera are required for participation. A link and phone number to connect with Zoom will be emailed to you prior to your interview. The interview will consist of several open-ended questions regarding your professional experiences and perspectives on sexual violence prevention efforts in your community. You can opt out of any question or opt out of the interview at any time without penalty. STEPs will record the interview in order to best capture your perspectives and produce a transcript. All identifying information will be removed from the transcript to ensure confidentiality.

What will happen after the interview?

STEPs will analyze the transcript, along with the transcripts from other interviews, in order to develop a report on sexual violence prevention efforts during COVID-19 in Nebraska. Your participation in the interview will be kept confidential and no personal identifying information will be included in the report. The report will be given to Nebraska DHHS, who may distribute it to relevant stakeholders. At your request and with permission from Nebraska DHHS, a copy of the report may also be made available to you as a participant.

Consent Handout (cont.)

Why should I participate?

There are no direct, material benefits or incentives for you to participate in an interview. By sharing your professional experience and perspective, you are able to ensure your professional perspective and your community's needs are heard by Nebraska DHHS and other stakeholders as they develop resources and support across Nebraska in response to COVID-19. By including the voices of sexual violence prevention advocates in this report, we hope to improve sexual violence prevention efforts in Nebraska and bolster future emergency response efforts.

If I have questions about the interview, who can I ask?

If you have any questions prior to or after the interview, you can contact STEPs:

Claire Rynearson, MPA, LICSW
STEPs Program Evaluator
6001 Dodge Street, CPACS 206
Omaha, NE 68182
Phone: 402.554.3663
Email: crynearson@unomaha.edu

Appendix D

Interview Protocol

1. **What is your professional role involving sexual violence prevention?**
   - How long have you been doing this work?
   - In general, how has COVID-19 impacted your community?
   - In general, how have your sexual violence prevention efforts and strategies changed over the past 6 months?
2. **Does your agency provide sexual violence prevention education and/or curriculum?**
   - How has your agency's prevention education and/or curriculum changed during COVID-19?
   - How have delivery methods changed?
   - How has frequency and/or length of the curriculum changed?
   - In what ways have these changes been successful and/or effective?
   - What changes have been positive and/or effective?
   - What changes have presented barriers and/or made your work more challenging?
3. **How have your relationship with stakeholders changed? (e.g. schools, coalitions, other community agencies, survivors, law enforcement, healthcare).**
   - How have you and your agency continued to engage with stakeholders?
   - How have stakeholders been engaging with you and your agency?
   - What aspects of these relationship changes have been successful?
   - What aspects of these relationship changes have been challenging?
4. **How have your agency's coalition building and community mobilization efforts changed during COVID-19?**
   - What strategies are you and your agency using?
   - What strategies have been successful?
   - What strategies have been challenging and/or haven't worked as expected?
5. **Where does your sexual violence prevention work fit with larger public health priorities during this time?**
   - What are the public health priorities in your community right now?
   - How has sexual violence prevention changed as a result of current priorities?
   - How does your work align with shifting priorities at the state and local levels?
   - How have your expectations about sexual violence prevention efforts and outcomes changed during COVID-19?
6. **What information, training, and technical assistance support do you and your agency need right now in order to deliver effective sexual violence prevention programming?**
   - What assistance are you in most need of?
   - What have been the barriers in receiving or accessing assistance?
   - What assistance have you received that was most helpful?
   - What other support do you anticipate your agency will need as your community recovers from COVID-19?
7. **What strengths have you seen in your agency and community during COVID-19?**

Appendix E

School-Based Survey Methodology

Survey Purpose

The purpose of the quantitative survey of school counselors, social workers, psychologists, and other mental health practitioners was to describe the impact of COVID-19 on SV/IPV prevention efforts in schools, identify any changes in students' experiences with or exposure to SV/IPV risk and protective factors, and determine opportunities for current and future SV/IPV prevention programming.

Evaluation Questions

Since much of the SV/IPV prevention work completed by RPE program subrecipients occurs within schools or includes youth as the target population, STEPs, in partnership with DHHS, administered a survey to school staff to learn more about SV/IPV prevention efforts and needs in schools. The survey aimed to answer the following evaluation questions:

1. What are the current SV/IPV prevention efforts in Nebraska schools?
2. What is the impact of COVID-19 on the implementation of SV/IPV prevention programs?
3. What challenges do urban and rural schools face, and how are they similar and different from each other?
4. Which risk and protective factors have become more and less important during the COVID-19 pandemic?
5. What do schools need to prevent SV/IPV?

Population Description

STEPs utilized the Nebraska Department of Education School Directory Staff Search on September 21, 2020 to identify school counselors, social workers, psychologists, and other mental health practitioners in Nebraska schools. The resulting list, which was based on 2019–2020 system data, included 1,329 unduplicated staff members (with duplications, the list included 1,958 entries).

The School Social Work Association of Nebraska (SSWAN) and the Nebraska School Psychologists Association (NSPA) agreed to promote the survey among their members.

Data Collection

STEPs emailed a Qualtrics link to the survey on October 6, 2020 to all school staff identified via the Nebraska Department of Education School Directory. STEPs emailed participants with a reminder on October 14, 2020 before closing the survey on October 27, 2020. The recruitment and follow-up emails can be found in Appendix F and the full text of the survey, including informed consent, can be found in Appendix G.

School-Based Survey Methodology (cont.)

Data Analysis Plan

STEPs closed the survey on October 27, 2020. STEPs exported survey responses to Microsoft Excel from Qualtrics. STEPs cleaned the data and conducted univariate and bivariate analyses of the data. STEPs has used these results to make recommendations for current and future prevention efforts in schools across the state of Nebraska.

Appendix F

Survey Recruitment Email

Hello,

We are seeking input from school social workers, school counselors, and school psychologists throughout Nebraska on the effects of COVID-19 on sexual and intimate partner violence (SV/IPV) prevention efforts. **We recognize school social workers, school counselors, and school psychologists are important partners in SV/IPV prevention work and want to make sure your voices are heard.**

Support and Training for the Evaluation of Programs (STEPs) in the Grace Abbott School of Social Work at the University of Nebraska at Omaha has partnered with the Nebraska Department of Health and Human Services and the Nebraska Coalition to End Sexual and Domestic Violence and received CDC funding to evaluate the impact of COVID-19 on SV/IPV prevention efforts across the state.

- Results will be used to understand the effects of COVID-19 on sexual and intimate partner violence (SV/IPV) prevention efforts within schools and inform current and future prevention work.
- Survey responses will be anonymous and confidential.
- Identifying information will not be collected.
- We expect this survey to take 10 to 15 minutes to complete.

Please complete the survey by October 23, 2020. Click the link below to access the survey.

[inserted link]

Thank you for taking the time to complete this survey. Your knowledge and feedback are invaluable and will be used to inform current and future prevention work. If you have any questions, please contact STEPs at steps@unomaha.edu.

Survey Follow-Up Email

Hello,

You were recently invited to participate in a 10-to-15-minute survey on SV/IPV prevention efforts in schools across Nebraska. Please make sure your voice is heard.

Results will be used to understand the effects of COVID-19 on sexual and intimate partner violence (SV/IPV) prevention efforts within schools and inform current and future prevention work.

Survey Follow-Up Email (cont.)

- Survey responses are anonymous and confidential.
- No identifying information will be collected.
- If you have already completed the survey, please disregard this email.

Please complete the survey by October 23, 2020. Click the link below to access the survey.

[inserted link]

Thank you for help with this project. If you have any questions, please contact STEPs at steps@unomaha.edu.

Appendix G

Survey Text

Thank you for taking part in this important survey to identify the impact of COVID-19 on sexual and intimate partner violence (SV/IPV) risk and protective factors to inform current and future needs of prevention efforts in Nebraska.

This survey is part of a statewide evaluation by the Nebraska Department of Health and Human Services (DHHS) Division of Public Health and the Nebraska Coalition to End Sexual and Domestic Violence (the Coalition). The purpose of this work plan is to equip Nebraska practitioners and the SV/IPV prevention community with accessible, timely, and relevant evaluation to enhance evidence-informed decision-making for COVID-19 response and recovery efforts.

This survey is administered by STEPs (Support and Training for the Evaluation of Programs) in the Grace Abbott School of Social Work at the University of Nebraska at Omaha. Aggregate responses to this survey will be used by Nebraska DHHS and the Coalition to inform current and future prevention work.

We expect this survey to take 10–15 minutes to complete. STEPs will receive and analyze responses and will keep your responses both anonymous and confidential. Participation in this survey is voluntary and you may stop at any time without penalty. The STEPs team will provide a final report with recommendations to DHHS using your invaluable feedback. STEPs values the time and energy you will invest in providing your responses. With permission from NE DHHS, we would gladly share the final report with you.

Q1 Do you wish to participate in this survey?

- Yes, I wish to participate in this survey.
- No, I do not wish to participate in this survey.

Please use these definitions of sexual violence and intimate partner violence when responding to the following questions, please use the following definitions of sexual violence and intimate partner violence:

Sexual violence refers to a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes:

- Completed or attempted forced penetration of a victim or forced acts in which a victim is made to penetrate a perpetrator or someone else
- Completed or attempted alcohol/drug-facilitated penetration of a victim or alcohol/drug-facilitated acts in which a victim is made to penetrate a perpetrator or someone else
- Non-physically forced penetration which occurs after a person is pressured verbally or through intimidation or misuse of authority to consent or acquiesce
- Unwanted sexual contact

- Non-contact unwanted sexual experiences (such as verbal or behavioral sexual harassment)

Other terms related to sexual violence include child sexual abuse, date rape, rape, sex trafficking, sexual assault, sexual harassment, and sexual misconduct.

Intimate partner violence refers to "physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)."

Other terms related to intimate partner violence include dating violence, domestic violence, relationship violence, and spousal violence.

Because there is significant overlap between the characteristics, risk and protective factors, and prevention activities for sexual violence and intimate partner violence, **we refer in this survey to sexual violence and intimate partner violence, as well as their related terms, as SV/IPV**.

We know many school counselors, mental health practitioners, psychologists, and social workers in Nebraska provide services in more than one school. For the purposes of this survey, **please answer the questions with the school in mind where you spend the most amount of time**.

Q2 Before COVID-19, did your school provide instructional lessons to students to promote either awareness or prevention of SV/IPV?

- Yes
- No

Q3 Please indicate which curricula, if any, your school used to provide instructional lessons to students to promote either awareness or prevention of SV/IPV before COVID-19 (select all that apply):

- Bringing in the Bystander
- Coaching Boys into Men
- Ending Violence
- Expect Respect
- Green Dot
- Mentors in Violence Prevention
- Safe Dates
- Safer Choices
- Second Step
- Shifting Boundaries
- Strong African American Families
- The Fourth R
- I don't know
- Other (please specify)

Q4 Before COVID-19, who was **primarily** responsible for providing instructional lessons to students to promote either awareness or prevention of SV/IPV?

- School social workers
- School counselors
- School psychologists
- School nurses
- Classroom teachers
- Local domestic violence and sexual assault programs
- Local health departments
- Other (please specify)

Q5 Now during COVID-19, is your school providing instructional lessons to students to promote either awareness or prevention of SV/IPV?

- Yes
- No

Q6 Please indicate which curricula, if any, your school is currently using during COVID-19 to provide instructional lessons to students to promote either awareness or prevention of SV/IPV (select all that apply):

- Bringing in the Bystander
- Coaching Boys into Men
- Ending Violence
- Expect Respect
- Green Dot
- Mentors in Violence Prevention
- Safe Dates
- Safer Choices
- Second Step
- Shifting Boundaries
- Strong African American Families
- The Fourth R
- I don't know
- Other (please specify)

Q7 Now during COVID-19, who is **primarily** responsible for providing instructional lessons to students to promote either awareness or prevention of SV/IPV?

- School counselors
- School psychologists
- School nurses
- Classroom teachers
- Local domestic violence and sexual assault programs
- Local health departments
- Other (please specify)

Q8 We are interested in knowing more about other activities your school implements as part of SV/IPV prevention. Please indicate which of the following SV/IPV prevention approaches, if any, your school was implementing before the COVID-19 pandemic. Select all that apply.

- Safely and effectively intervening as a bystander
- Encouraging boys and men to prevent SV/IPV as allies
- Social-emotional learning approaches
- Teaching healthy, safe dating and intimate relationship skills
- Promoting healthy sexuality with sex education that addresses sexual communication, sexual respect, and consent
- Empowerment-based training for girls and women to reduce risk for victimization
- Providing leadership opportunities and other programming for girls to build confidence, knowledge, or leadership skills
- Improving safety and monitoring in schools
- Establishing and consistently applying school policies related to bullying, SV/IPV, and other forms of youth violence
- Victim-centered services such as support groups, crisis intervention, medical or legal advocacy
- Therapeutic or psychosocial treatment for victims of SV/IPV
- Treatment for at-risk children and families
- None of these

Q9 Please indicate which of the following SV/IPV prevention approaches, if any, your school is currently implementing during the COVID-19 pandemic. Select all that apply.

- Safely and effectively intervening as a bystander
- Encouraging boys and men to prevent SV/IPV as allies
- Social-emotional learning approaches
- Teaching healthy, safe dating and intimate relationship skills
- Promoting healthy sexuality with sex education that addresses sexual communication, sexual respect, and consent
- Empowerment-based training for girls and women to reduce risk for victimization
- Providing leadership opportunities and other programming for girls to build confidence, knowledge, or leadership skills
- Improving safety and monitoring in schools
- Establishing and consistently applying school policies related to bullying, SV/IPV, and other forms of youth violence
- Victim-centered services such as support groups, crisis intervention, medical or legal advocacy
- Therapeutic or psychosocial treatment for victims of SV/IPV
- Treatment for at-risk children and families
- None of these

Q10 What else you would like to share about the impact of COVID-19 on your school's SV/IPV prevention efforts?

We are also interested in learning more about the needs of your students as they relate to SV/IPV risk and protective factors and how they have been impacted by COVID-19.

Q11 Compared to before COVID-19, at what frequency do you believe students are now experiencing or being exposed to the following risk factors?

- Alcohol or substance use
- Involvement in delinquent behavior
- Sexual risk-taking
- Poor behavioral control
- Lack of empathy
- Social isolation or lack of social support
- General aggressiveness or acceptance of violence
- Poor parent-child relationships
- Involvement in a violent or abusive intimate relationship
- Family conflict
- Economic stress
- Community violence
- Societal norms that support sexual violence

Q12 Compared to before COVID-19, at what frequency do you believe students are now experiencing or being exposed to the following protective factors?

- Empathy
- Parental support or connectedness
- Parental use of reasoning to resolve family conflict
- Emotional health or wellbeing
- Community support or connectedness
- School support or connectedness
- Skills in solving problems non-violently
- Caring, open, and encouraging environments
- Exposure to others who effectively identify and respond to unhealthy behaviors

Q13 Of all the risk and protective factors for SV/IPV, please select the three that are in **most need** of being addressed in your school. Hold down Ctrl (on a PC) or Cmd (on a Mac) to select multiple options.

Q14 In addition to providing emergency services, information, and assistance to survivors, many community-based domestic violence and sexual assault programs across the state work closely with local schools to provide and support SV/IPV prevention activities. To what extent would your school be interested in partnering with local domestic violence and sexual assault programs on the following SV/IPV prevention activities? [Response options include: "Not at all interested," "Somewhat interested," "Very interested," and "We are currently partnering with a DV/SV agency for this activity."]

- Ongoing educational seminars for students on topics related to SV/IPV awareness and prevention
- Ongoing educational seminars for school personnel on topics related to SV/IPV awareness and prevention
- Preparation of informational material on SV/IPV prevention
- Education about the use of drugs to facilitate sexual violence
- Developing or implementing social norming or social message campaigns around SV/IPV prevention
- Strategic planning to develop a plan of action regarding SV/IPV prevention
- Connecting with local coalitions to prevent SV/IPV by coming together with other community members and organizations
- Consulting on evidence-based curricula for SV/IVP prevention
- Support compliance with local and state dating abuse policies, as well as bullying and harassment
- Support developing or revising school-based policies to prevent SV/IVP

Q15 What other SV/IPV prevention efforts would your school be interested in partnering with local programs on?

Q16 Is there any additional information you would like to share regarding the successes or challenges of SV/IPV efforts in your school during COVID-19?

Q17 What is your current role in your school?

- Elementary or Secondary Counselor
- Psychologist
- Social Worker
- Other Mental Health Practitioner
- Other (please specify)

Q18 In what level of school are you employed?

- Pre-K only
- Elementary school
- Middle school
- High school
- Other (please specify)

Q19 What is the county in which your school is located?

Q20 Which of the following best describes the area in which your school is located?

- Rural
- Suburban
- Urban

Q21 Is your school private or public?

- Private
- Public

Q22 In which mode are students participating in school today?

- Full in-person
- Hybrid/partial (limited in-person classes such as alternating students attending in-person or virtual)
- Remote learning only (no in-person instruction)
- Other (please specify)

Q23 In which format are you currently interacting with or delivering services to students?

- Entirely in person
- Entirely online (such as videoconferencing, email, etc.)
- More in person than online
- More online than in person
- Other (please specify)

Appendix H

Secondary Data Methodology

Secondary Data Purpose

The purpose of the secondary data analysis and reporting is to discover what can be learned about the impact of COVID-19 on SV/IPV prevention efforts, and identify promising practices, emerging prevention priorities, and needs and assets of the SV/IPV prevention community in Nebraska from existing data found in community datasets. The following pages provide an overview of the selected secondary data evaluation questions, and datasets.

Based on initial findings from the COVID-19 school-based survey and interviews with preventionists across the state, STEPs developed evaluation questions. With much of the data being collected during COVID-19 still unpublished, some of the evaluation questions are designed to establish pre-COVID-19 baselines so that data specific to the COVID-19 period may be compared once it is publicly available.

School counselors, social workers, and psychologists indicated students are experiencing risk factors related to SV/IPV more frequently now than before COVID-19. The risk factors most frequently identified by school staff as increasing during this time include economic stress, social isolation or lack of social support, family conflict, alcohol or substance abuse, poor behavioral control, and poor parent-child relationships. Evaluation questions to explore these findings further include:

1. How has COVID-19 impacted economic stress for families?
2. How has COVID-19 impacted sources of social support for youth?
3. How has COVID-19 impacted family interactions?
4. How has COVID-19 impacted alcohol or substance abuse for youth?

In addition to findings related to risk factors, school staff reported students are experiencing protective factors related to SV/IPV differently now than before COVID-19. Many staff members reported students are experiencing school support and connectedness more frequently now than before COVID-19. However, school staff also reported students are experiencing emotional health or wellbeing less frequently now than before COVID-19.

Related to feelings of connectedness, preliminary interview findings suggest technology as an important consideration during COVID-19. With a majority of SV prevention programming moving to online platforms during the COVID-19 pandemic, participants identified access to technology as a significant challenge within their communities. One participant stated, "for those that don't have internet access, or a smartphone, or a laptop, iPad; the technology, if they don't have it, then they're missing out." Based on these findings, the additional evaluation questions are proposed:

1. How has the COVID-19 pandemic impacted school connectedness for youth?
2. How many youth have access to internet and technology during the COVID-19 pandemic to participate in school?
3. How has COVID-19 impacted the mental health needs of Nebraskans?

Secondary Data Methodology (cont.)

Selected Databases

STEPs utilized the CDC's Sexual Violence Indicator Guide and Database to identify relevant secondary data sources related to risk and protective factors. To provide baseline prevalence data on risk and protective factors, STEPs used data from the 2019 Nebraska High School Youth Risk Behavior Survey and the 2017–2018 and 2018–2019 National Survey of Children's Health. STEPs also used findings from the Nebraska Community Foundation's 2020 Nebraska Youth Survey to provide additional insight to pre-COVID-19 levels of community connectedness.

For data related to the impact of COVID-19, STEPs chose to use the Week 17 Household Pulse Survey: October 14–October 26. The Household Pulse Surveys are conducted by U.S. Census Bureau in collaboration with other federal agencies to produce nearly real time data on the social and economic effects of COVID-19. This week was chosen to use for secondary data because it is most concurrent with primary data collection.

Lastly, STEPs incorporated findings from the 2020 Teen Mental Health report published by The Harris Poll and 4-H. While the data is not reported for individual states, the report provides important insight on the experiences of teens during COVID-19 including its impact on social isolation, mental health, and coping strategies.

Appendix I

Complete Response Counts for Risk Factor Experience and Exposure Compared to Before COVID-19

Risk Factor	Less frequently now than before COVID-19	About the same now as before COVID-19	More frequently now than before COVID-19
Economic stress (n=66)	0% (n=0)	14% (n=9)	86% (n=57)
Social isolation or lack of social support (n=66)	0% (n=0)	18% (n=12)	82% (n=54)
Family conflict (n=66)	2% (n=1)	33% (n=22)	65% (n=43)
Alcohol or substance abuse (n=65)	2% (n=1)	37% (n=24)	62% (n=40)
Poor behavioral control (n=66)	5% (n=3)	41% (n=27)	55% (n=36)
Poor parent-child relationships (n=64)	2% (n=1)	47% (n=30)	52% (n=33)
Involvement in delinquent behavior (n=66)	8% (n=5)	45% (n=30)	47% (n=31)
Community violence (n=64)	6% (n=4)	58% (n=37)	36% (n=23)
General aggressiveness or acceptance of violence (n=64)	6% (n=4)	64% (n=41)	30% (n=19)
Sexual risk-taking (n=62)	6% (n=4)	69% (n=43)	24% (n=15)
Lack of empathy (n=65)	9% (n=6)	68% (n=44)	23% (n=15)
Involvement in a violent or abusive intimate relationship (n=64)	8% (n=5)	72% (n=46)	20% (n=13)
Societal norms that support sexual violence (n=64)	5% (n=3)	81% (n=52)	14% (n=9)

Appendix J

Average Change for Risk Factor Experience and Exposure Compared to Before COVID-19 by School Location

Risk Factor	Rural (n=25)	Suburban (n=17)	Urban (n=14)
Economic stress	0.76	1.00	0.93
Social isolation or lack of social support	0.64	0.94	1.00
Family conflict	0.40	0.76	0.93
Alcohol or substance abuse	0.48	0.69	0.64
Poor behavioral control	0.48	0.53	0.71
Poor parent-child relationships	0.28	0.63	0.85
Involvement in delinquent behavior	0.44	0.29	0.57
Community violence	0.00	0.44	0.62
General aggressiveness or acceptance of violence	0.16	0.44	0.23
Sexual risk-taking	0.21	0.07	0.31
Lack of empathy	0.12	0.19	0.14
Involvement in a violent or abusive intimate relationship	0.04	0.31	0.15
Societal norms that support sexual violence	0.00	0.25	0.08

Appendix K

Complete Response Counts for Protective Factor Experience and Exposure Compared to Before COVID-19

Protective Factor	Less frequently now than before COVID-19	About the same now as before COVID-19	More frequently now than before COVID-19
School support or connectedness (n=66)	20% (n=13)	29% (n=19)	41% (n=27)
Empathy (n=63)	6% (n=4)	67% (n=42)	27% (n=17)
Caring, open, and encouraging environments (n=66)	35% (n=23)	41% (n=27)	24% (n=16)
Parental support or connectedness (n=65)	23% (n=15)	54% (n=35)	23% (n=15)
Exposure to others who effectively identify and respond to unhealthy behaviors (n=64)	30% (n=19)	47% (n=30)	23% (n=15)
Emotional health or wellbeing (n=66)	48% (n=32)	32% (n=21)	20% (n=13)
Community support or connectedness (n=65)	35% (n=23)	45% (n=29)	20% (n=13)
Skills in solving problems non-violently (n=65)	22% (n=14)	63% (n=41)	15% (n=10)
Parental use of reasoning to resolve family conflict (n=65)	22% (n=14)	65% (n=42)	14% (n=9)

Appendix L

Average Change for Protective Factor Experience and Exposure Compared to Before COVID-19 School Location

Protective Factor	Rural (n=25)	Suburban (n=17)	Urban (n=14)
School support or connectedness	0.28	0.24	-0.29
Empathy	0.33	0.19	0.23
Caring, open, and encouraging environments	0.08	0.06	-0.50
Parental support or connectedness	0.20	0.19	-0.29
Exposure to others who effectively identify and respond to unhealthy behaviors	0.08	0.00	-0.31
Emotional health or wellbeing	-0.16	-0.18	-0.57
Community support or connectedness	0.00	-0.13	-0.43
Skills in solving problems non-violently	0.08	0.06	-0.36
Parental use of reasoning to resolve family conflict	0.12	-0.19	-0.21

Appendix M

Complete Response Counts for Top 3 Risk and/or Protective Factors in Most Need of Being Addressed

Risk and Protective Factors	Count
Social isolation or lack of social support	34
Emotional health and wellbeing	23
Economic stress	20
Alcohol or substance abuse	18
Poor behavioral control	18
Family conflict	15
Poor parent-child relationships	13
Involvement in delinquent behavior	12
Parental support or connectedness	8
Sexual risk-taking	6
School support or connectedness	6
Caring, open, and encouraging environments	6
Exposure to others who effectively identify and respond to unhealthy behaviors	6
General aggressiveness or acceptance of violence	5
Community support or connectedness	5
Skills in solving problems non-violently	5
Empathy	4
Lack of empathy	3
Parental use of reasoning to resolve family conflict	3
Involvement in a violent or abusive intimate relationship	1
Community violence	1
Societal norms that support sexual violence	1

Appendix N

Complete Ranking of Selected Prevention Approaches Before and During COVID-19

Approach	Pre-COVID-19 Rank	During COVID-19 Rank
Social-emotional learning approaches	1 (n=53)	1 (n=47)
Establishing and consistently applying school policies related to bullying, SV/IPV, and other forms of youth violence	2 (n=41)	3 (n=33)
Improving safety and monitoring in schools	3 (n=39)	2 (n=38)
Teaching healthy, safe dating and intimate relationship skills	4 (n=30)	4 (n=27)
Providing leadership opportunities and other programming for girls to build confidence, knowledge, or leadership skills	5 (n=25)	7/8 tie (n=18)
Safely and effectively intervening as a bystander	6 (n=23)	6 (n=19)
Treatment for at risk children and families	7 (n=22)	7/8 tie (n=18)
Promoting healthy sexuality with sex education that addresses sexual communication, sexual respect, and consent	8 (n=21)	5 (n=20)
Therapeutic or psychosocial treatment for victims of SV/IPV	9 (n=14)	9 (n=11)
Empowerment-based training for girls and women to reduce risk for victimization	10 (n=10)	11 (n=7)
Victim-centered services such as support groups, crisis intervention, medical or legal advocacy	11 (n=9)	12 (n=6)
None of these	12 (n=7)	10 (n=10)
Encouraging boys and men to prevent SV/IPV as allies	13 (n=7)	13 (n=5)