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PREVENTING INTERPERSONAL VIOLENCE AT THE UNIVERSITY OF KENTUCKY: A COMMUNITY-LEVEL EXPANSION OF THE GREEN DOT PROGRAM

Chelsey Reid
University of Kentucky, chelsey.reid@uky.edu

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Chelsey Reid, Student

Dr. Corrine Williams, Major Professor

Dr. Sarah Wackerbarth, Director of Graduate Studies
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CAPSTONE PROJECT PAPER

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By: Chelsey Reid
Louisville, Kentucky

Lexington, Kentucky
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Dr. Corrine Williams
Committee Chair

Dr. Richard Crosby
Committee Member

Dr. Mark Kiviniemi
Committee Member
ABSTRACT

College students in the United States are at risk for being impacted by interpersonal violence (IPV), a spectrum of violence that includes sexual assault, dating violence, domestic violence, and stalking, with 1 in 5 women and 1 in 16 men being impacted by victimization during their collegiate careers. Through enhanced approaches to primary prevention, including through active bystander training, research has identified evidence-based strategies for reducing IPV prevalence. In Kentucky, 10.1% of all women impacted by IPV are first victimized prior to 18-years-old and 12.4% of all completed rapes are either alcohol or drug-facilitated. In light of these cumulative data, we seek to intervene through expanding prevention efforts at the University of Kentucky, the largest land grant institution in Kentucky. This initiative will be pursued through expanding primary prevention at the intersecting point of IPV and high-risk drinking behavior by training bar staff in the Green Dot Active Bystander strategy at bars within a 2-mile radius of the institution. Green Dot is a primary prevention program currently disseminated across the university and has been in place since the Fall of 2007. By expanding the social-ecological reach of the program through training bar staff proximal to campus, we endeavor to increase the prevention efficacy of the existing program. This project will be led by the Violence Intervention & Prevention Center, an office in Student & Academic Life that is dedicated to serving the comprehensive campus community through IPV prevention and intervention.
TARGET POPULATION & NEED

An Introduction to Interpersonal Violence Prevention

Interpersonal violence (IPV), a broad spectrum of sexual and gender-based violence that includes sexual harassment, sexual assault, dating violence, domestic violence, and stalking, is a public health condition that requires evidence-based intervention and prevention strategies deployed at multiple levels of the socioeconomic model to achieve resolution. The response to reducing IPV has long held gaps in efficacious multi-level intervention and prevention strategies, leading to limited progress in reducing IPV incidence and prevalence. There are specific factors that increase the risk for perpetration of IPV at the individual, interpersonal, organizational, community, and policy levels. Predisposing individual and interpersonal risk factors range from substance misuse disorder, childhood maltreatment, prior victimization, and family violence. Community risk factors include support for sexist attitudes, lack of adequate resources, and insufficient resources for intervention and prevention. Another significant facet to consider about IPV prevention is IPV does not happen to one type of person, nor does it typically occur in a vacuum. Marginalized populations, which includes groups defined by gender, sexual orientation, race, and socioeconomic status, are particularly vulnerable to IPV victimization. IPV also has a disparate impact across race and sexual orientation. According to the National Intimate Partner and Sexual Violence Survey, 29.1% of black women will experience a form of IPV in their lifetime compared to 24.1% of white women. People who identify as LGBTQ as opposed to heterosexual also have a higher risk of experiencing sexual violence during their lifetime.

IPV has a significant negative impact on Kentucky. In 2010, the Centers for Disease Control and Prevention (CDC) released the first comprehensive baseline prevalence report for IPV, including state-by-state measurements delineated by violence type. This report indicates that 47.7% of women and 19.6% of men in Kentucky have experienced sexual violence. With a notable proportion of Kentuckians being impacted by this issue, our project seeks to create a more efficacious IPV prevention strategy for a specified population within Kentucky.
Defining the Target Population for the Community-Level Green Dot Expansion

One population that is notably impacted by IPV are college students aged 18-24 years old. It is projected that 1 in 5 women and 1 in 16 men within the college-age population will experience some form of IPV during their collegiate careers. This number is particularly concerning when accounting for the fact that 1 in 14 women in the United States have reported a completed rape prior to the age of 18. The most recent and comprehensive national survey establishing IPV prevalence for the United States projects that of the 20.8 million women who experience attempted or completed rape, 81.3% incur initial victimization prior to age 25. Of the nearly 2 million men at risk for the same victimization type, 70.8% experience victimization before maturing to age 25. Given that prior victimization is a risk factor for repeated IPV victimization, this population is at particular risk of continued harm yielding potentially irrevocable or life altering consequences. This is a particularly concerning measure for Kentucky as 172,000 women in Kentucky have incurred completed rape before the age of 18, the fourth highest rate for this demographic in the United States. Working with university populations would be one way to effectively structure prevention efforts for this at-risk demographic. The University of Kentucky, the
largest land-grant institution for higher education in the state, is an ideal location for an enhanced IPV prevention program. Creating a more effectual IPV prevention plan tailored specifically to the undergraduate student population at the University of Kentucky presents a unique opportunity to intervene at a critical age when IPV victimization risk is elevated.

Discerning the IPV prevalence of the university is complicated. Measuring IPV has long been marred by stigma and risk associated with reporting. Both legal and lay definitions of IPV types vary greatly across disciplines, research queries, and even state lines, making measurement all the more challenging. The most recent state-level data indicates that Kentucky has concerning IPV prevalence rates, making prevention measures at the largest university in the state all the more urgent. Universities also have a commitment to provide students with resources that equate success, an outcome that is often measured by student retention and graduation rates. While IPV prevalence rates related to this population are alarming, it is important to note that progress has been made through improved policy development and changing campus culture through modifying social norms. This forward progress has the potential to translate into even greater achievement in the effort to eradicate IPV from college campuses with commitment on the part of universities to addressing resource gaps and intentionally creating a culture intolerant to IPV.

Some data regarding IPV occurrence are available for Fayette County, however, it is difficult to truly ascertain a full report of county-level IPV risks. Looking closely at data available from the University of Kentucky, the 2016 Campus Attitudes Towards Safety report reveals that 837 of the 23,133 students surveyed reported experiencing sexual assault within the year prior to survey completion. While additional data could create a more comprehensive understanding of what portion of the community is most impacted by this issue, available evidence suggests that the present is a necessary moment in time for the University of Kentucky to build upon an established practice of generating uniquely effective IPV prevention strategies by considering a prevention strategy connected to the community.

In addition to the concerning prevalence of IPV in collegiate populations, college students are at risk for engaging in high-risk alcohol consumption behavior. Research suggests that 32% of female
college students and 43% of male college students report participating in binge drinking behavior within a 30-day timeframe. Excessive drinking behavior can also lead to aroused aggression, creating opportunistic environments for perpetration of violence. Examining IPV and high-risk alcohol drinking behaviors as comorbidities presents new opportunities for prevention. In Kentucky, 12.4% of completed rape incidents are alcohol or drug-facilitated. While not all IPV acts are influenced by alcohol, focusing on high-risk drinking behavior could elucidate preferable prevention environments.

**Defining the Environment for the Community-Level Green Dot Expansion**

University environments provide exceptional settings in which to implement intervention and prevention strategies. With the leverage of creating impactful on-campus policy, structural intervention possibilities, and the chance to cultivate social and behavioral norms within a defined population, universities are poised to generate strong prevention programs that complement the policies, resources, and cultural norms in the community in which they reside. While all universities operate with support and guidance of federal, state, and local law, it is vital that universities strive to create policy, programs, and training opportunities that reach beyond what is required that are complementary to the community in which they are housed. By bridging on-going campus IPV prevention efforts with community prevention measures, an environment free from sexual and gender-based violence that supports flourishing student achievement and holistic wellness can be established.

One campus where a campus-to-community IPV prevention partnership would be successful is at the University of Kentucky in Fayette County, Kentucky. Fayette County is centrally located within Kentucky and is home to multiple higher education institutions, including the University of Kentucky, Transylvania University, and Bluegrass Community and Technical College. With a population totaling 321,959, Fayette County is a dynamic region composed of both urban and rural areas with 21% of the population less than 18-years-old. The county is predominantly white, with 77.6% of community members identifying as white alone. The second and third largest communities respectively are Black or African American making-up 15.2% of the community and Hispanic or Latino individuals making-up 7.2% of the population. The local economy is steady with 67.7% of the population employed.
a fair local job market, Fayette County does have a minimally higher than average poverty rate at 17.9% compared to the national average of 17.2%. Considering the fuller structure of Fayette County is important in conceptualizing the strongest possible IPV prevention strategies for this community.

The University of Kentucky currently has 30,474 total undergraduate, graduate and professional students. The campus currently supports multiple resources designed to protect survivors and create a safe and inclusive campus, including the Community of Concern, Counseling Center, Dean of Students Office, Office of Institutional Equity and Equal Opportunity, and the Violence Intervention and Prevention Center. The University of Kentucky Police Department also provides law enforcement support and officers participate in regular inclusivity and trauma-informed practice trainings. While the University of Kentucky has multiple resources dedicated to IPV prevention and intervention, additional opportunities for a more comprehensive IPV prevention approach remain. The university is particularly well positioned to lead and implement prevention programs embedded within the community as there already exists a working relationship between the campus and a multitude of community resources dedicated to regional IPV prevention. These resources include the Lexington Domestic & Sexual Violence Prevention Coalition, Ampersand Sexual Violence Resource Center of the Bluegrass, Green House 17, the Well, the Amanda Center, and the Nest. Each of these community-based resources are dedicated to supporting the local survivor community and IPV prevention work in Fayette and surrounding counties.

Prior to considering a specific prevention program, we must understand the dynamics impacting IPV data collection and features elemental to reporting violence to access resources for help and accountability. Despite progress in the IPV prevention field, this issue remains highly stigmatized in society and is not always accepted as a public health concern. This can lead to situations where survivors experience barriers if reporting to law enforcement or engaging with other resources. Barriers to reporting can include aforementioned stigma, cultural constraints, retaliation, and even concern for negative professional consequences. Reporting sexual violence can carry inherent risks to the survivor, leaving them prone to possible harm derived from engaging with resources that could yield additional damage beyond initial victimization.
Combining an IPV prevention framework for a university population with a setting vulnerable to victimization and high-risk drinking behavior, we propose to build upon the existing primary prevention program at the University of Kentucky, an active bystander intervention training program known as Green Dot, to expand the training into the community. Under the guidance of the Violence Intervention & Prevention (VIP) Center at the University of Kentucky (UK), we endeavor to reduce IPV incidence within the undergraduate student population by training at least 500 staff members of local bars in the Green Dot Active Bystander Intervention strategy. Within 2-miles of the campus, there are at least 26 bars (see Appendix 4 for proximity map and bar list). Our program is designed to facilitate training for up to 20 bars, or 75% of possible participant sites. This approach will foster the opportunity for greater protective impact through community involvement while addressing the critical intersection between IPV and high-risk drinking behavior, resulting in a tailored primary prevention approach that is poised to provide a previously unparalleled level of support for university students.

PROGRAM APPROACH

Background and Evidence for Green Dot

An ideal IPV prevention program to support a campus-to-community prevention strategy expansion is the Green Dot Active Bystander Intervention training strategy. Green Dot is an active bystander intervention training program that trains people to safely and effectively intervene if they observe a situation where somebody may be experiencing harm or have the potential to incur harm. Through teaching participants to intervene in a manner that is appropriate for the observed situation and tailored to their personal strengths and skills, the Green Dot program fosters an enhanced sense of shared community where each member has the opportunity to actively contribute to a community culture that is intolerant to IPV. This is a particularly strong prevention program with which to build a community-based involvement partnership as it is currently the primary prevention program of choice at UK in addition to having a successful dissemination record across Kentucky.

The program teaches participants to intervene in potentially harmful situations by using words, actions, or behaviors to react to actively transpiring situations or actively contribute towards changing
cultural norms in their community through steps such as openly discussing why ending IPV matters to them personally. The training teaches participants that these measures are called Green Dots and concretely defines steps one can take to prevent Red Dots, or violent acts. Participants are trained in possible direct, distracting, and delegating Green Dot interventions depending on the situation they are facing and their personal strengths and skills. A Direct intervention action involves becoming directly involved in the concerning situation to facilitate de-escalation. Distract refers to taking action to generate a distraction that diverts the perpetrator’s attention, creating an opportunity for the victimized individual to depart or potentially find assistance. The final action Green Dot trained participants are coached on includes delegating, or finding another person, service, office, or resource to task with addressing the problematic situation. Green Dot is predicated on the diffusion of innovation theory and is considered an effective intervention when 15-20% of the target intervention population has received the training.

Efficacy of Green Dot is predicated on achieving sustained culture change and a protective effect through increasing active bystander behavior. Our team seeks to determine if an even greater level of success could be achieved by broadening the targeted training population by expanding UK’s Green Dot program from an organizational-level to community-level primary prevention strategy.

Green Dot is an evidence-based primary prevention program that has been proven to successfully reduce IPV rates in a collegiate setting, including specifically on the UK campus. Green Dot is not only effective, but it is also ranked as a “promising” violence prevention program by the National Institute of Justice and has been proven effective at reducing IPV incidence on multiple college campuses across the United States. In one multi-year comparative study, UK was used as an experimental group because of previously established Green Dot exposure and compared to other to two other campuses (University of Cincinnati, University of South Carolina) where Green Dot had not been disseminated. Results showed that IPV victimization was 21% lower on the Green Dot campus. This same study more specifically revealed that IPV victimization rates were 17% lower for intervention recipients (46.4%) than for those who were a part of the comparison group (55.7%) with an adjusted rate ratio = 0.83 (95% CI = 0.79, 0.88). There exists, too, a strong evidence body supporting program efficacy within Kentucky high
school students. With established program efficacy with adolescents and young adults in Kentucky, Green Dot is the best possible active bystander program for a community-level expansion.

**Program Setting: Community-Level Expansion**

Given that this program has been proven to reduce IPV incidence and even change community attitudes towards sexual violence, there is room to consider creative expansion of this successful program to take further action to reduce IPV at UK. Currently, this training is disseminated across campus on an as-requested basis and has been an active training option since 2007. By expanding the geographic region in which Green Dot training is offered, we endeavor to improve our response to ending IPV within the UK student population. This community-level expansion of the Green Dot Program seeks to deploy Green Dot training in a new community setting frequented by students through recruiting bars within a 2-mile radius of campus. Successfully recruited establishments will have their entire staff trained in the prevention active bystander strategy. Participating staff members would be trained by an interdisciplinary team of 25 certified Green Dot trainers from staff at UK. This expanded effort will be guided by the initiative’s Community Advisory Board (CAB). The CAB will include professional staff from the university’s Violence Intervention & Prevention Center with support from additional professional offices across the university. With input from the CAB, VIP Center staff will serve as the implementation team responsible for preliminary focus groups, bar recruitment, program fidelity through trainer evaluation generation of a training schedule, and program assessment.

Universities have the unique experience of being a contained community within a larger city or town. IPV prevention work must involve the proactive support of the surrounding community to improve eventual IPV outcomes for college students. By training bar staff in the Green Dot active bystander strategy, we have the opportunity to introduce a community-level intervention in a setting where there may have previously been no comprehensive, evidence-based IPV prevention strategy. Evidence-based community-level prevention strategies have been identified as a strong approach to IPV prevention in need of further evaluation.
Recruited bar staff will include bar tenders, wait staff, bouncers, management staff, and even possibly entertainers. Once bars have completed training for their staff, they will receive a certificate of training completion as well as display materials intended to notify patrons that their staff are Green Dot trained. Training bar staff in the Green Dot strategy has the opportunity to reduce IPV within the UK community and prevent future harm. The visible display of a commitment to collectively stand against sexual violence through Green Dot Bar designation materials also has the additional positive effect of letting current survivors within the community know that they are living, working, and learning in a place that is intolerant to IPV perpetration.

Our aspiration is to recruit participation from multiple sites in attempt to deploy the intervention within different patron populations. There are at minimum 26 bars within a 2-mile radius of campus, each with their own unique environment and clientele. While further details about intervention site recruitment are included in the following section, our plan is to secure participation from diverse establishments in order to reach a diverse cross-section of the UK undergraduate population. This will be critical in ensuring our program has the possibility of supporting marginalized populations.

**Initial Program Phase**

To begin, we will create the Community Advisory Board which will involve professionals from across the university and greater Lexington community. Created and led by the Principal Investigator (PI), the Director of the Violence Intervention & Prevention Center, the CAB will inform program adaptations and final list of possible sites recruited for participation. This team will include administrators and staff from the university (VIP Center Director, Prevention Education Specialist, Faculty & Staff Engagement Specialist, Assistant Provost for Health & Wellness, the Director of Wellness) representation from the Kentucky Guild of Brewers (Director), a Lexington-Fayette County Urban Government (LFCUG) representative (Program Coordinator of the Domestic & Sexual Violence Coalition), Ampersand Sexual Violence Resource Center of the Bluegrass (Executive Director) and representation from the Lexington Police Department (Victim Advocate from Special Victims Unit). In addition to these 9 professionals, 2 current students will be recruited from the center’s registered student organization. Additional university
staff support will be requested at informational meetings from the Office of the Dean of Students, Community of Concern, Collegiate Recovery Community, and Counseling Center. These individuals will be key in communicating project updates across campus. Connecting with local government through the Domestic & Sexual Violence Prevention Coalition will be helpful in navigating local policies that could impede implementation. LFCUG involvement will also support sustainability through a future potential city-level expansion of this approach if proven cost effective. Having student body representation will be invaluable in ensuring the student perspective is present from the beginning of the project. It is also possible these positions could be held by survivors. Welcoming guidance from survivors would ensure representation from the population impacted by the outcome we seek to prevent. Clear communication will support program success. With all community and campus partners identified, the PI will begin sending monthly e-mails to the CAB, staff, and trainers with timely project updates to ensure all partners remain informed about progress.

Once the CAB is established, three informational meetings will be held to establish rapport with bars, our program partners, and other field professionals to inform them of program details. Bar owners and staff will be invited specifically so as to begin a dialogue between establishments and the university. All bar staff who attend these meetings will complete pre-test survey (see **Performance Measures & Evaluation** for details) for later comparative use. These meetings will create an opportunity for discussion around the co-morbidities of alcohol substance use and IPV. In these meetings, intentional care will be taken to establish a sense of rapport and team building to avoid any potential of perceived onus of IPV causation being placed on bar establishments or their staff. Our goal will be to successfully invite bars to the prevention table where they will be respected as an invaluable partner in this new approach to prevention.

The meetings will also provide attendees with an overview of the Green Dot strategy along with information about the anticipated training schedule. An overview of invested financial resources will also be provided so as to empower all potential participants with an understanding of how funding has been
secured and distributed for this 3-year initiative. Connecting with bar owners and staff will be a critical step in assessing potential barriers to implementation during early project stages.

Another population that will be included in early informational meetings are student representatives from the UK student body. A cohort of 10 student representatives will be selected to support the project during the development and implementation phase. Two representatives will be recruited from the Student Government Association, two from the Student Activities Board, two from Fraternity & Sorority Life, and two from Athletics. The final two students who will serve as a guiding voice from the population we are intending to serve will be students who have not yet completed mandatory alcohol and sexual violence prevention trainings facilitated by the institution. Our hope in recruiting these students will be to connect with representation that may not have a readily established concern with this particular issue. Our goal in selecting students from various groups across campus will be to garner the widest input possible from the population we endeavor to serve through this prevention program.

Focus groups will be conducted at these three informational meetings in order to fully understand current attitudes towards IPV from the perspective of students, bar staff, university professionals, and local government representatives. Attendees will be asked to respond to a 10-question qualitative survey regarding general project impressions to identify potential early concerns. If any concerns are identified, they will be addressed prior to beginning the bar recruitment phase of the program. After these meetings are completed, we will next begin working towards recruiting participating bars. Qualitative data gathered at this point in the project will support formative evaluation.

**Training and Program Implementation**

All bars located within a 2-mile radius of the university’s campus will be eligible to participate in the program. Staff from participating bars will receive active bystander training scheduled in accordance with an interrupted time series schedule. In order to fully gauge training efficacy, participations will complete a pre-test post-test survey (see Performance Measures & Evaluation for further details). A
detailed timeline outlining the recruitment phase, anticipated training schedule, and final project evaluation plan is provided in subsequent sections. To secure program fidelity, the Faculty & Staff Engagement Specialist with the Center will check-off all Green Dot trainers with the Alteristic fidelity metric prior to training and 6-months after completion of the full bystander training.

Bars are expected to have an ardent interest in committed participation with the community-level Green Dot program. Being known as a bar that is making intentional efforts to cultivate a safe environment and seeking to prevent IPV has the potential to increase revenue through increasing overall number of visitors by offering and promoting a safe environment. The visible status of being a Green Dot trained establishment could also actively prevent perpetration. Once bars have gained their Green Dot status, the project team will provide a supply of paper resources highlighting community services for bar patrons. While preventing IPV matters an immeasurable amount beyond public relations, this is a training that could be viewed by bar owners as a key component of their visible commitment to creating a safer community. With the university providing credentialed trainers along with informational resources and designation materials for bars upon training completion, the only financial investment for participating bars is the number of hours employees commit to this 6-hour training and subsequent 1-hour booster trainings. While we recognize that dedicating staff time to this cause is an economic investment on the part of bars. Our intention is to make project engagement as accessible and accommodating as possible, which is one reason we seek to welcome their valuable input beginning with program development.

Additional measures that will be taken to ensure bar staff are shown appreciation for their dedication, involvement, and expertise includes compensation for training completion. Bar staff will be compensated at a $15 hourly rate for the two mandatory Green Dot trainings they will complete. In practicing intentional trauma-informed strategies while implementing this project, bar staff who feel as though they may experience re-traumatization during training due to past trauma will be permitted to decline participation. Program success will be reliant upon establishing a strong partnership with bar staff.

There are at least twenty-six bars within a 2-mile radius of the UK campus. While an offer to participate will be extended to each business, we do not expect to recruit every bar. We expect to yield
study enrollment from 75% of recruited bars, or roughly twenty total participating establishments. Given that each participating bar will strive to offer complementary atmospheres for expected customers, each site will be respected as individualistic, reaching what we infer to potentially be different facets of the student population. Each participating bar will be required to submit their total maximum occupancy number in order to inform the number of potential individuals supported by this program. In recruiting these sites, an effort led by the VIP Center Director and Prevention Education Coordinator, individual needs, concerns, and attitudes of each site will be considered. While pre-testing plans will be outlined in further detail in the following section, it should be noted here that we plan to assess whether or not any of the participating bar staff have previously received active bystander training of any variety.

Once bars have been successfully recruited, a pre-test survey will be completed for all sites. The initial phase of the study, which will include the informational meetings, recruitment, and pre-testing to deduce general training population attitudes related to gender roles and IPV will all be completed in the first 6 months of the 36 active months of the program. The next phase of the program will last 24 months and will be the time frame during which Green Dot training transpires. The final 6 months of the study will be utilized for data analysis and project summation.

This program has the potential to disseminate 40 total trainings in the community. In Year 1, bars will complete a full Green Dot active bystander training, a commitment that will take 6 total hours. If we successfully recruit 20 total bars, this will mean 20 total trainings will be completed in Year 1. Because of the length of this module, 2 Green Dot trainers will be necessary for each site. One calendar year after the full active bystander training, bars will be complete a 1-hour booster Green Dot overview training. This will result in the additional 20 trainings. The overview trainings can be completed by a single Green Dot trainer.

The training curriculum will be the Green Dot College Curriculum. A portion of this curriculum includes 3 interactive scenarios where participants can practice applying active bystander responses to hypothetical situations. All scenarios will be adapted to be relative to the bar environment. Scenarios will also intentionally feature non-binary representation and LQBTQ* identities to ensure curriculum is
inclusive of diverse identities. Scenario adaptations, informed in part by focus group data, will feature appropriate language, age, and medical adaptations.

While site retention is expected to be successful, lines of communication will remain open to address concerns that may lead to unintended attrition. Green Dot trainers will be assigned to work with specific sites for the duration of the program. Each participating bar will report to their assigned trainer their preferred training time to accommodate reaching staff who work in various shifts. Trainers will regularly check-in with management to ensure on-going training is not negatively impacting regular operations. Trainers will also be held accountable for disseminating training with an approach mindful of diversity and inclusivity. All UK staff members are required to complete Unconscious Bias Training, a training which will support an inclusive approach in this program.

Final Program Phase and Project Conclusion

As the project progresses and trainings and evaluation periods draw to a close, we plan to maintain communication with the bars that participated and the entire CAB. In working with a biostatistician during the final phase of the project, we will evaluate the program impact on the ability and desire of bar staff to be an active bystander. Our expectation is that this training will increase active bystander activity, yielding to long-term outcomes of reduced IPV occurrence within the UK student body. All final outcomes will be reported to individual bars as well as the comprehensive CAB. The final report, written by the PI and Project Director, will also be published on an publicly accessible website.

Sustainability

Care has been taken to ensure this program is sustainable and inclusive. With sustainability being considered from the earliest planning stages, the previously noted informational meetings will include led discussion about and response to program sustainability. Program sustainability will also be contingent on effective communication, barrier identification, and buy-in from community partners. Facilitating monthly e-mail updates for all partners in addition to monthly meetings for the project staff (see Project Management for details) will support sustainability through continued communication. One of the great strengths of this program approach is that it efficiently leverages existing resources. This sustainable
program also has the unique potential to set the stage for continued community-level Green Dot training. With recent growing interest in community-level Green Dot involvement as evidenced by the entire city of Maysville, KY becoming Green Dot certified and with the Kentucky Attorney General’s Office set to become Green Dot certified, this program could produce data that may foster county-level involvement. Once initial training is completed and buy-in solidified through this program, it is also reasonable for annual overviews to be continued with existing university staff beyond the funding for this program.

**Responding to Limitations**

While we have thoroughly developed the program approach, preemptive responses to potential complications have been responsibly developed. An immediate program design concern is the nature of staff turnover within the service industry. While some professionals in this industry will remain at a particular place of employment for an extended period of time, others either work at multiple locations or move regularly between establishments. Bars will be asked to communicate with their assigned trainers as new staff are on-boarded so that they may complete the full Green Dot training as soon as possible. In the event that the assigned trainer is unavailable upon request, an alternate trainer will be scheduled with an appropriate notation of the trainer deployed being made in the training log for that site.

Participant attrition could be a concern if the program unintentionally decreases patron attendance and sales. While we expect visible denotation of Green Dot bars to potentially increase attendance, we recognize that there is the possibility of this being viewed unfavorably by student customers. In the event that a participating bar reports an attendance concern, the VIP Center Director and Prevention Education Specialist will meet with the owner along with the assigned trainer. Concerned bars will be encouraged to simply remove the visible Green Dot poster while maintaining study enrollment. Given the current national interest in finding a more effective response to IPV, our expectation is that bars will readily view training as a valuable part of employee training and patron service.

Our final potential limitation is related to a desire for program continuation beyond funding. Program continuation could be sustained in the future with minimal effort by maintaining annual booster
trainings with participating bars. To achieve this, the university must maintain a sizeable pool of certified Green Dot trainers.

**PERFORMANCE MEASURES & EVALUATION**

This primary prevention program will be implemented in multiple stages to support optimal success and greatest likelihood of sustainable, long-term impact. Because the success of this intervention will be reliant upon relationships with community partners, ample time will be dedicated to compilation of the project team, participant recruitment, implementation, and evaluation (reference Program Approach for further information). While the long-term outcome we endeavor to achieve through this project is reduced incidence of IPV within the UK student population, the measurable outcomes we will explore with this specific project are changes in attitudes towards IPV, self-efficacy held by bar staff around being an active bystander, and actual active bystander behavior.

**Study Design**

Using a quasi-experimental interrupted time series study design, we will measure four key components to determine program success. We will evaluate bar staff attitudes towards IPV, barriers to being an active bystander, bystander self-efficacy, and actual bystander behavior. Self-report surveys featuring scales tailored to the previously mentioned outcomes will be disseminated every four months following initial full bystander training in conjunction with bi-monthly field observation for active bystander behavior. One feature of this program that may deviate from traditional measurement approaches is that there exists an initial and secondary population relative to overall project reach. Our initial reach will include at least 500 total participating bar staff (40 staff x 20 sites = 80 individuals) per year relative to their skill in being an active bystander. This program will have a secondary long-term impact in the form of reduced IPV incidence within UK student population. Given that the number of bars located within 2 miles of the university’s campus totals a minimum 26 establishments, the potential secondary, longer-term reach could impact thousands of student patrons.

Pre-test post-test evaluation will be completed before, during, and after the active 24-month long bar staff training period. Reliable and valid scales will be used for this survey. The Rape Myth
Acceptance Scale will be included to determine changes in attitude towards IPV. Bar staff active bystander self-efficacy will be measured using a 14-item scale modified version of Banyard’s Bystander Behavior Scale. This version of Banyard’s scale was utilized in a similar program evaluating bar staff active bystander behavior by a research team in Florida. Barriers to bystander intervention will also be measured through a self-report survey employing items used from a similar survey the aforementioned research team in Florida. A scale evaluating bystander barriers from this same study will also be included. Finally, our approach will include field observation completed on a bi-monthly basis by graduate research assistants. Bar staff on-shift during observation will be required to complete a short self-report survey at the end of the shift to indicate whether or not they were an active bystander. This will ensure that active bystander behavior that transpires but was not able to be observed is recorded.

Green Dot training will begin six months into the project’s duration whereupon participating bar staff will complete the full bystander training. This one-time training will take 6 hours total to complete. Each participating bar staff member will receive $90 ($15/hour compensation) for this full active bystander training. Staff will also complete a 1-hour Green Dot Overview training one calendar year following the full bystander training and will receive the same $15 hourly compensation rate. Booster trainings following an initial active bystander training have been shown in multiple studies to improve and sustain behavior modification.

**Performance Measures**

We will evaluate bar staff on their self-efficacy around being an active bystander as well as observe their active bystander behavior. To successfully evaluate this behavior, we will utilize three scales, each evaluating various facets of active bystander behavior (Rape Myth Acceptance Scale, Barriers to Intervention, and Banyard’s Bystander Behavior Scale). We expect these measures to change throughout program duration to support long-term outcome goal of reducing IPV incidence at UK. Because Green Dot has been proven to reduce IPV prevalence, we can reasonably project that a successful community-level expansion will lead to an IPV reduction. We will also collect non-
identifiable demographic information on bar staff including gender, race, ethnicity, and age to ensure our training is equitable and inclusive of marginalized populations.

Evaluation will begin just before bar staff complete the full Green Dot training by having participants complete a pre-test Rape Myth Acceptance scale. By having bar staff complete a 15-item version of the Rape Myth Acceptance scale ($\alpha = .91$) that was previously adapted by another study that evaluated a different bystander program with bar staff prior to training, we will establish general attitudes about IPV and gender roles prior to the start of the program. While the Rape Myth Acceptance scale cannot effectively project behavior, utilizing this scale is in keeping with the standard approach taken by similar studies and will establish an attitude baseline. Understanding the baseline perception of IPV as both a preventable and public health issue held by bar staff will be critical in understanding their willingness to be an active bystander. The scale will be completed by bar staff prior to the full Green Dot training and at the project’s conclusion.

After baseline IPV attitudes have been established for all participating sites, all bars will have one month to complete the initial full Green Dot active bystander training, a training that will take 6 hours to complete. Once bar staff have completed the initial full Green Dot training, they will complete the adaptation of Banyard’s Bystander Behavior Scale and the Barrier’s to Intervention 15-item scale ($\alpha = .91$) every four months over the active 24-month training period. Four months following the initial training, bar staff will again be asked to complete the Banyard Bystander Behavior Scale. The scale will be administered every four months until study completion. A one-hour Green Dot booster training will be disseminated one year following the initial full training. Each survey will include one item asking whether not a respondent has been an active bystander in that window. Active bystander behavior with be observed through scheduled field observation complete by two research assistants who will complete training in approaches to successful field observation. The research assistants will be supervised by the center’s Prevention Education Specialist. Having participants complete these self-report surveys a total of 6 times during the project will allow the team to make effective adaptations as necessary and include
newly hired staff as the program progresses. Potential adaptations that may be required include the need for an early or repeated booster Green Dot overview training. At the end of the 24-month active training period all participating bar staff will again complete a post-test Rape Myth Acceptance scale.

The demographics of the bar staff population, the primary population impacted by this program, who complete training is expected to be reflective of the general population of the greater Lexington community. This population of professionals has a relatively even split in gender representation and is 75% white non-Hispanic. Roughly half of the participants have worked in the bar service industry for 10 years if more.

**Formative Evaluation**

The first six months of the program will be dedicated to planning and recruitment (see Program Approach for additional details). A part of this effort will include three informational meetings that will be hosted on-campus where involved project populations will be openly invited to attend. Recruitment will be achieved through purposive sampling and snowball sampling. Utilizing these techniques will help ensure a diverse sample. Attendees at these meetings will include bar staff as well as students where a project overview will be presented. Students and bar staff or owners will be divided into smaller groups where focus groups will be conducted to learn more about target population impressions and concerns. Information gathered at these meetings will support any adaptations that may need to be made to the Green Dot curriculum.

**Process Evaluation**

The VIP Center staff and university Green Dot trainers, along with support from a biostatistician contracted to support the research team, will be the primary staff responsible for collecting, recording, and analyzing all data.
<table>
<thead>
<tr>
<th>Process Measure</th>
<th>Measurement Utilized</th>
<th>Responsible Program Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus group attendance by students/bar staff</td>
<td>Number of invited participants who attend 1 of 3 meetings</td>
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<tr>
<td>Green Dot Trainer Fidelity Check (before training, 6-month re-check)</td>
<td>All trainers successfully meeting approval on Alteristic fidelity measure</td>
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<td>Bi-Monthly Meeting for Green Dot Trainers</td>
<td>Number of trainers who regularly attend meetings</td>
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<td>Number of staff at each establishment compared to number of survey responses collected each time</td>
<td>Graduate Assistants</td>
</tr>
<tr>
<td>Curriculum adaptations</td>
<td>Number of sessions that eventually have to be adapted</td>
<td>Project Director = Prevention Education Specialist, VIP Center</td>
</tr>
</tbody>
</table>

Evaluation concerns include response bias and social desirability bias, two common types of bias that can infiltrate self-reported data. Given that IPV is a highly stigmatized issue within our society, social desirability may skew survey responses. Our hope is that the rhythm of regular evaluation and dedicated care to welcoming bar staff to the project as partners in making a meaningful difference will prevent this potentially negative impact. By fully understanding the project and feeling like a part of the solution, we expect bar staff to fully support this initiative. It is also possible that the respondents may themselves have an impactful experience centered around IPV that could influence the way they respond to the survey. There will be an option for any staff who feel they may be triggered by the program to voluntarily opt out of participation through connecting with their manager who will connect them with VIP Center staff.

IPV is a public health issue currently garnering much public attention in both the national and local media. For this reason, it is foreseeable that incidents impacting IPV response occurring not only on the national stage, but even within the university, could impact the findings derived from this project. For
this reason, the VIP Center staff along with the support of the CAB will closely monitor any current events that could prove relevant. The entire project team will meet monthly for the duration of the program, a schedule that will allow for immediate response to any potentially significant events. Given that the university currently has an on-going campaign to respond to high-risk drinking behavior, project guidance from both the Collegiate Recovery Community Program Coordinator and the Assistant Provost for Student Health & Wellness will prove critical in understanding other on-going programs and campaigns at the university that may further impact this project.

In addition to evaluating training efficacy, Green Dot trainers will be evaluated in accordance with the fidelity metric provided by Alteristic, the company responsible for certifying Green Dot trainers. Should a need arise for curriculum adaptations, the VIP Center team will work closely with Alteristic, the team that manages Green Dot training certification, to make appropriate and responsive changes. While substantive changes are not expected, didactic training scenarios will be updated to reflect hypothetical situations bar staff may encounter within this bar setting. This will be an important modification as the currently included scenarios are calibrated for the undergraduate environment.

Using the previously described fidelity metric from Alteristic, all participating Green Dot trainers will be required to complete a week-long collaborative training prior to project launch. This will provide an opportunity for all trainers to be observed in teaching approach while ensuring all teachers have a deep understanding of the intersection between IPV and alcohol consumption. During this window of time, trainers will also be assigned training sites and will have the opportunity to visit the bar and staff for which they will be responsible for the project duration.

**Outcome Evaluation**

Project variable outcomes include active bystander self-efficacy, measurable active bystander behavior by bar staff, and decreased Rape Myth Acceptance scores. Each of these outcomes will be measured in bar staff who complete Green Dot training. We will also observe this population for active bystander behavior as well as changes in actual or perceived barriers to intervention. While the Green Dot trainers will be responsible for distributing the surveys to each participating bar, the 2 graduate students
supporting the project will check-in with the bars every 4 months to collect surveys and begin inputting retrieved data into a password protected Excel workbook.

The pre-test post-test survey (Rape Myth Acceptance scale) will be graded using a Likert scale. We will calculate mean averages from responses to gauge potential attitude change that may make being an active bystander more accessible. We expect responses to each item to decrease between the pre-test and post-test with a desired goal of decreasing at least 0.5 point per item.

We will also assess bystander self-efficacy and barriers to intervention. Means will be calculated from responses to each scale to determine the effect of Green Dot training. We expect to see an increase in bystander self-efficacy outcomes and a decrease in barriers to intervention outcomes. With Banyard’s Bystander scale we expect to capture a 0.5-0.75% increase in mean response and with the Barriers to Intervention scale a 0.25-0.5% decrease is expected in mean response. Each of these will create behavior change that effectively modifies expected social norms to lead to a reduction in IPV incidence. The Banyard scale adaptation has been successfully used in similar research studies, including one completed in 2018 at the University of South Central Florida where it was demonstrated as reliable ($\alpha = .90$).\textsuperscript{xxxviii} The specific adaptation the be used examines closely an understanding of internal and external barriers to active bystander action as well as an internalizing willingness or obligation to act in the event of observing a potentially harmful situation on the part of the bar staff.\textsuperscript{xxxv} All bar staff will also complete this particular assessment during and at the end of the program where we will be evaluating responses to see if there has been an increase in aptitude for active bystander intervention. This assessment will be provided to bar staff on paper by Green Dot trainers working with specific sites. Once the self-report assessments are completed, they will be returned to the VIP Center where the Project Director will oversee reconciliation of input data. Each survey will also ask if bar staff have recently been active bystanders.

The desired long-term impact of this program will be to decrease IPV within the UK undergraduate population. Specific indicators will be monitored for potential changes in IPV occurrence while the project is active. As mandated by the Campus SaVE Act, the university generates an annual
crime statistics report that is readily available to the public. This report includes incidents of reported IPV. The annual report will be reviewed by the CAB while the project is active. There may also be value in monitoring cases that are reported to the Lexington Police Department, although these cases may or may not be specific to the campus community. Resources for future measurement include monitoring of the UKPD Crime Log and future campus climate surveys. In the event that the project is extended in the future, considering ways to measure reported incidents could be a key component of project expansion.

CAPACITY AND EXPERIENCE OF THE APPLICANT ORGANIZATION

The VIP Center was established at UK in 2005 and has a lineage of developing and disseminating large-scale, innovative IPV prevention programs. The university was founded in 1865 and is a land-grant institution dedicated to student development while serving the Commonwealth of Kentucky through rigorous academics, research, and health care services. The VIP Center is an extension of this dedication to students and the promise to advocate for the health of Kentuckians. While federal laws such as Title IX, the Clery Act, the Campus SaVE Act, and the Violence Against Women Act make mandatory facets of university prevention, response, and accountability processes, the VIP Center is a unique resource across higher education in the United States. The center is an autonomous confidential campus resource that provides both direct service to survivors and prevention education to campus. This makes the VIP Center a stand-out prevention and response model as these on-campus services are often private, not confidential, and are often aligned with other wellness or accountability services. When the center was initially created, it was known as the Women’s Place and was quickly regarded as a leader within the violence prevention field under the guidance of former center Director, Dr. Dorothy Edwards. Dr. Edwards oversaw an interdisciplinary team of researchers and students to create the Green Dot Active Bystander Intervention program during her tenure. This esteemed beginning positioned the center to continue to support survivors while serving the center’s mission to shape a violence-free campus.

Presently, the center’s professional staff includes a Director that oversees a prevention education staff, including a Prevention Education Specialist, Faculty & Staff Engagement Specialist, and Program Specialist, as well as a direct support team comprised of two Advocates. The Director also manages a
multiple line item budget of $480,000, an endeavor that has been successfully managed for nearly 14 academic years, while partnering on multiple grant proposal and research studies across campus. Center staff are required to complete a 40-hour advocacy training course and complete annual performance evaluations. During the past two years, the center has experienced professional attrition resulting in a new team of programming and direct service professionals. While a time of transition, the center is to date fully staffed and has added a permanent position, a measure symbolic of the university’s dedication to supporting this invaluable service. This team of six professionals continues to disseminate Green Dot and evaluate the program for both fidelity and satisfaction. The center is also responsible for disseminating a campus-wide prevention program called Sexual Assault Prevention for Undergraduate Students and Sexual Assault Prevention for Graduate & Professional Students, a task which includes monitoring training completion for each incoming class, a population that included over 5,000 individuals during Fall 2018 semester. The number of individuals who have benefitted from direct service is not available due to binding confidentiality laws that protect survivors. While programming assessment strategies have changed over the years, prevention programming in Fall 2018 reached 8,230 students, staff, and faculty. Within the scope of monitoring program reach, the center also carefully oversees program connection with marginalized populations, including but not limited to people of color, first-generation students, and non-traditional students. The center is committed to serving survivors of all identities. This sentiment is conveyed through an anti-discrimination policy protecting service to all, regardless of an individual’s sexual orientation, gender, disability, race, color, religion, national origin, immigration status, education level, language proficiency skills, political affiliation, socioeconomic status, age, or type of sexual violence victimization incurred. This policy is a part of the center’s commitment to addressing the disparate IPV outcomes, a facet further discussed in Target Population & Need. Tracking prevention program dissemination is achieved with support of the Information Technology Services office through an in-house app known as Tagger and Tableau, a data management software. The center has both the experience, knowledge of current best practice, and resources to expand implementation and efficacious data collection for the community-level implementation of the Green Dot program.
In addition to expertise in program dissemination and management, the center also has also supported the community through generating impactful partnerships. The center has long served as a chair member on the Lexington Domestic and Sexual Violence Prevention Coalition and has coordinated with Ampersand Sexual Violence Resource Center of the Bluegrass to create multiple Take Back the Night programs. While the center is a resource dedicated solely to members of the UK campus community, the center actively coordinates with state-level coalitions dedicated to IPV prevention (KASAP, KCADV) to share significant legislative updates. These connections well position the center to build and lead the CAB, a multi-disciplinary team of representatives from the university and the community that will be integral to the program’s success.

PARTNERSHIPS & COLLABORATION

IPV is a public health concern that will require dedication from different types of professionals to create an effective prevention response. For this reason, working closely with campus and community partners will be foundational for our project’s success.

University Partnerships

The primary group implementing and assessing the program will include the VIP Center staff and additional administrative personnel from the university. The Associate Vice Provost for Student Health & Wellness, Wellness Director, Collegiate Recovery Community Coordinator, and the Dean of Students will all serve as consultants for the duration of the program. These four professionals represent offices that have an operational commitment to either IPV and high-risk drinking behavior prevention, response, or student code of conduct violations. They will be integral in early planning stages to support on-campus messaging about the program. Their input will be incorporated into adaptations to ensure that the community has a full understanding of offices dedicated to IPV prevention and response at the university. This group will provide critical project guidance.

The professionals from the university who will be instrumental in training bar staff in Green Dot is a cohort of Green Dot trainers. During the summer of 2018, the VIP Center hosted a Green Dot trainer training to expand the training network across campus. This group of 25 trainers will be committed to
training during this project while maintaining their regular duties for the university. While these professionals volunteered to become Green Dot trainers, in recognition of their dedication to this program beyond regular duties as assigned, they will only be asked to complete a maximum of 2 trainings per training year and will be compensated for training. The Faculty & Staff Engagement Specialist with the VIP Center will be responsible for monitoring all trainers and trainings for fidelity.

Community Partnerships

Led by the VIP Center, training local bar staff in Green Dot will be made successful through support from an involved CAB. Because our project proposes a community-level expansion of an existing organizational primary prevention strategy, involvement from the community, along with appropriate compensation for time and expertise, will be critical. Key community partners include Ampersand, the Lexington Fayette-County Urban Government Domestic and Sexual Violence Prevention Coalition, Lexington Police, and the Kentucky Guild of Brewers. These partners will be highly involved in early project development during focus groups (see Program Approach for additional details). IPV etiology is multi-factorial and successful prevention will demand support from a diverse team. Each of the previously mentioned organizations will aid in creating a comprehensive approach to this project while benefitting from information gained. Each invited partner already plays an active role in IPV prevention for the Lexington community, making their involvement pivotal. All organizations will be recognized for their contributions in any resulting publications.

Community partners will be valuable while training. Since training and possible active bystander dissemination will be off-campus, support from Lexington Police could prove impactful in the event of conflict. While we have a sustainable plan to leverage the interdisciplinary cohort of the university’s Green Dot trainers, Ampersand, the regional rape crisis center, may serve as trainer relief in the event that university trainers are unavailable. Both of these organizations regularly collaborate to serve survivors in the community in concert with the VIP Center. Involvement with this project will be an effective use of existing city-level relationships between these organizations. The VIP Center Director is the PI for this project and will manage communication between on-campus and community partners. Minutes will be
taken at all meetings with fully transcribed notes provided to all partners to support thorough
communication.

<table>
<thead>
<tr>
<th>GROUP</th>
<th>NAME/POSITION: RESPONSIBILITIES</th>
</tr>
</thead>
</table>
| VIP Center Staff             | • *Director (PI)*: coordinate partners, oversee communication, support focus groups/bar recruitment, conflict resolution, write/disseminate final report  
• *Prevention Ed. Spec. (Project Coordinator)*: Run focus groups, bar recruitment, back up Green Dot training, manage partner financial compensation, collect survey responses and enter data, write/disseminate final report  
• *Faculty & Staff Engagement Spec.*: coordinate trainers, ensure program fidelity using Alteristic fidelity metric  
• *Program Specialist*: create training materials, create posters for GD bars                                                                                                                                                                                                                                                                                                     |
| University Partners          | • *Associate Vice President of Student Health & Wellness*: liaison between center & administration  
• *Dean of Students*: educate program staff on Student Code of Conduct to ensure compliance and understanding of existing accountability measures  
• *Wellness Director*: support program across campus wellness initiatives, communicate results  
• *Collegiate Recovery Community Coordinator*: educate program team on high-risk drinking behavior prevention  
• *Green Dot trainers (n= 25)*: lead full bystander trainings and overview booster trainings, collect survey responses from bar staff, deliver results to VIP Center  
• *Graduate Research Assistants (n =2)*: complete monthly observation hours at participating bars to record active bystanding behavior  
• *Biostatistician*: data assessment                                                                                                                                                                                                                                                                               |
| Community Partners           | • *Ampersand*: provide project support within Lexington community, back-up Green Dot trainers, provide advocacy to community members connected to service through project ineligible to receive service at VIP Center  
• *LFCUG Domestic & Sexual Violence Prevention Coalition*: program liaison to local government, project support within community  
• *Kentucky Guild of Brewers*: project support within local bar owners/staff  
• *Lexington Police Department*: project support with bars/ community                                                                                                                                                                                                                                              |

**PROJECT MANAGEMENT**

The primary recruitment, training, implementation, and evaluation team will be housed in the VIP Center at the UK. Through leveraging existing staff and the current cohort of Green Dot certified instructors, this program will seek to restructure and more effectively package existing community resources. The Center’s Director and programming staff, which includes a Program Specialist, Prevention
Education Specialist, and Faculty and Staff Engagement Specialist, will be key stakeholders in program management. The Director will oversee program implementation led by the Prevention Education Specialist, Faculty & Staff Engagement Specialist, and Program Specialist. The Prevention Education Specialist will be responsible for focus groups, recruiting bars, and collecting data. The Faculty & Engagement Specialist will oversee management and scheduling of the interdisciplinary trainers for bars, including approving trainers to train in accordance with program fidelity measures. The Program Specialist will support these efforts by designing training materials and Green Dot designation materials for bars. Trainers will be comprised of a multi-disciplinary cohort of 25 certified instructors from across the university. Having an ample number of trainers will help in avoiding trainer burn-out and will allow for accessible substitute trainers when need arises.

The Prevention Education Specialist with guidance from the Center’s Director will conduct in the first 6 months 3 informational meetings and focus groups to inform approach. This same team will recruit bars within a 2-mile radius to campus. Recruitment will include an in-person delivery of an information and overview packet to each bar. To confirm participation, bars will submit an RSVP response to the Project Director by e-mail. Once participating bars have been confirmed, all bar staff trainings will be scheduled. This effort will be led the Prevention Education Specialist, the Center’s Director, Program Specialist, and Faculty & Staff Engagement Specialist.

The Green Dot trainers will be evaluated by the Alteristic fidelity metric prior to training. Trainers will be evaluated every 6 months for the duration of training in order to ensure curriculum consistency. Pre-planned trainer evaluations will enable trainers to trouble-shoot regularly recurring issues or review frequently asked questions with VIP Center staff. Ensuring trainers are consistent and confident in what they are teaching will be key prior to implementation.

Bar staff will complete an initial full Green Dot bystander training. Following this initial training, staff will complete booster trainings provided in conjunction with a pre-determined survey dissemination schedule. Monthly trainings will also be offered to allow newly hired staff to complete training as soon as possible. Bar staff will also be given a pre-test survey prior to training to determine attitudes towards IPV.
Surveys will be distributed on paper during training sessions and will be returned to the trainer prior to the end of the session for submission to the VIP Center. While self-report measures carry the potential for respondent bias, this is an immediate and effective way to measure knowledge gained by bar staff throughout the course of the program (see *Program Approach and Performance Measures & Evaluation* for details). Research assistants will check-in quarterly to retrieve surveys completed outside of training.

**Responding to Adjustments**

This program model provides multiple ways to respond to necessary adjustments. Focusing first on support and retention of the CAB and implementation team, regular collective meetings will serve as an opportunity to identify and address early any complications or conflicts. At the conclusion of meetings minutes will be shared by e-mail. A detailed training schedule can be found in the *Program Approach and Performance Measures & Evaluation* sections. All community partners and campus partners will have an opportunity to regularly communicate concerns with the primary VIP Center team throughout project duration. As a part of annual staff performance evaluation, the Center Director will check-in with center staff dedicated to the project to respond to any necessary work load adjustments to support staff retention and avoid burnout. This will also be a key time to identify desirable professional development opportunities to support the project.

Bars will have multiple channels to report concerns. Concerns developing between the prevention education team, trainers, and bar staff can be reported to the Director of the VIP Center, who, through being one layer removed from the project, will be able to respond in a neutral manner. During the initial full bystander training, this will be communicated to bar staff by the training team. Bar staff will also be informed at this time that if this training or project is retraumatizing to them they will have the opportunity to decline participation. Regular bar staff turn-over is expected to occur, an issue that will be addressed through regularly scheduled monthly trainings for newly hired staff.
BUDGET NARRATIVE
3 Year Project Total: $936,332 (Year 1 = $366,022  Year 2 = $300,265  Year 3 = $270,045)

Personnel

PI – VIP Center Director, 30%/30%/15%

The director of the VIP Center will be responsible for maintaining overall program oversight to support the research team as they work towards completing their respective project components. The director will be particularly active during the first year of the program with building the CAB and with bar recruitment. By not directly overseeing Green Dot trainers or participating bar staff, the director will be a neutral point for both project staff and participants to report and resolve any project concerns. During final year of the project, the director will assist in disseminating the final report to all project partners. Historically, the director of the center has had notable experience in implementing and assessing health programs and is regarded as an authority in advising on and providing direct advocacy service for survivors.

Project Director – VIP Center Prevention Education Specialist, 35%/20%/40%

The Project Director will be responsible for completing formative evaluation, bar recruitment, management of the graduate students and data entry, distribution of financial compensation for partners, collect data, and support in writing the final report. This professional will be the ideal person to manage the entirety of this project as they will have expert fluency in the university’s larger IPV prevention framework.

Staff – VIP Center Faculty & Staff Engagement Specialist, 35%/25%/15%

The Faculty & Staff Engagement Specialist will be a primary support figure for the interdisciplinary team of Green Dot trainers. In addition to organizing trainers to specific bars for both the initial full bystander training and 1-year booster training, this individual will clear each trainer using the Alteristic fidelity metric. This person will be the preferred expert for this task in that they have fluency in educating university faculty and staff in IPV prevention.
**Staff – VIP Center Program Specialist, 15%**

The program specialist will provide support with developing promotional material for the duration of the project. The key piece they will develop includes the poster each bar will display once bystander training has been completed.

**External Evaluator, Biostatistician, 15%/35%/35%**

While final data assessment will not take place until the final project phase, the external evaluator (preferably a biostatistician from the College of Public Health) will be involved from the beginning of the project. Given that three different self-report surveys as well as observational field data will be collected, having support from the evaluator from the start of the project will be key in supporting correct and accurate data management.

**Graduate Research Assistants (n=2), 100%**

These two processionals will be responsible for completing bi-monthly field observations in bars during the 24-month active training phase. These team members will also enter data from surveys completed by bar staff (surveys will be retried by Green Dot trainers, see *Program Approach* for details).
Appendix 1:

i. **Budget Justification:**

See *Budget Narrative* for additional details.

### Projected Salaries & Wages

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<thead>
<tr>
<th>Personnel</th>
<th>Effort</th>
<th>Salary</th>
<th>Fringe</th>
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</thead>
<tbody>
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<td>Staff - Program Specialist</td>
<td>15.00%</td>
<td>$42,436</td>
<td>$2,253</td>
<td>$8,618</td>
</tr>
<tr>
<td>Staff - Faculty &amp; Staff Engagement Specialist</td>
<td>15.00%</td>
<td>$43,497</td>
<td>$6,525</td>
<td>$2,286</td>
</tr>
<tr>
<td>External evaluator - Biostatistician</td>
<td>35.00%</td>
<td>$106,090</td>
<td>$9,990</td>
<td>$47,122</td>
</tr>
</tbody>
</table>

### YEAR 3

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Effort</th>
<th>Salary</th>
<th>Fringe</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Investigator - Director</td>
<td>15.00%</td>
<td>$81,689</td>
<td>$3,504</td>
<td>$15,757</td>
</tr>
<tr>
<td>Project Director - Prevention Education Specialist</td>
<td>40.00%</td>
<td>$43,497</td>
<td>$6,097</td>
<td>$23,496</td>
</tr>
<tr>
<td>Staff - Program Specialist</td>
<td>15.00%</td>
<td>$42,436</td>
<td>$2,253</td>
<td>$8,618</td>
</tr>
<tr>
<td>Staff - Faculty &amp; Staff Engagement Specialist</td>
<td>15.00%</td>
<td>$43,497</td>
<td>$6,525</td>
<td>$2,286</td>
</tr>
<tr>
<td>External evaluator - Biostatistician</td>
<td>35.00%</td>
<td>$106,090</td>
<td>$9,990</td>
<td>$47,122</td>
</tr>
</tbody>
</table>

34
ii. Travel

<table>
<thead>
<tr>
<th>ITEM</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-state travel</td>
<td>$500</td>
<td>$500</td>
<td>$500</td>
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<tr>
<td>Out-of-state travel</td>
<td>$2,500</td>
<td>$6,250</td>
<td>$6,250</td>
</tr>
<tr>
<td>Hotels</td>
<td>$1,750</td>
<td>$4,090</td>
<td>$4,090</td>
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<tr>
<td>Conferences</td>
<td>$250</td>
<td>$1,660</td>
<td>$1,660</td>
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<tr>
<td>TOTAL</td>
<td>$5,000</td>
<td>$13,000</td>
<td>$13,000</td>
</tr>
</tbody>
</table>

Travel costs for the duration of the project will not exceed $31,000. In-state travel costs will include mileage and parking compensation around Lexington as program staff are meeting with partners and training bar staff. Driving completed by all project staff will be compensated at the federal mileage rate of 0.58 cents per mile (effective January 2019). Each year the Project Director will travel to an annual Project Director’s Meeting in Washington, D.C. facilitated by Alteristic. During years 2-3 the PI, Project Director, and additional two VIP staff members supporting the project will attend regional training through participating in the annual Ending Sexual Assault & Domestic Violence regional conference hosted by the Kentucky Association of Sexual Assault Programs and the Kentucky Coalition Against Domestic Violence. Any remaining travel resources will support participating in additional regional conferences either as presenters or attendees if appropriate during project duration.

**In-state travel (Yrs. 1, 2, 3):** 867 miles at 0.58 cents per mile

**Annual Project Director meeting, Washington, D.C. (Yrs. 1, 2, 3):** Flight est. $469 X 3 + food per diem at $69 daily + hotels at $250/night

**Ending Sexual Assault & Domestic Violence Conference (Yrs. 2, 3):**

$415 X 4 = $1660 X 2 = $3,320
iii. Research Incentives

<table>
<thead>
<tr>
<th>Item</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial compensation for bar staff</td>
<td>$72,000</td>
<td>$24,000</td>
<td>$20,000</td>
</tr>
<tr>
<td>Financial compensation for Green Dot trainers</td>
<td>$1,200</td>
<td>$780</td>
<td>$780</td>
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</tbody>
</table>

Total: $118,340

Research incentives will be a critical component of program success. Because the prevention program is reliant upon working professionals for successful implementation their time and dedication must be appropriately compensated.

**Financial Incentives for Bar Staff:**

During Year 1, bar staff will be compensated at an hourly rate of $15 for completing a full 6-hour bystander training totaling $90 per bar staff member for this component. Participants will have to forfeit working hours and tips in order to complete this training, which is one reason it is necessary they be fairly compensated for this time. In Year 2 bar staff will be compensated at the same $15 hourly rate upon completion of the 1-hour bystander overview booster. In the final year, bar staff who successfully complete all self-report surveys (see Performance Measures & Evaluation for more details) will receive an additional $25. The above totals are calculated on an estimated 75% participation rate from recruited bars and will accommodate up to 800 total bar staff (estimated 40 total employees per establishment).

**Financial Incentives for Green Dot Trainers:**

Green Dot trainers from the university each have primary assignments as staff or faculty members. Their time training can be supplemented by compensation from the university, lessening the need to incentive their contribution at an hourly rate. Training for this project is calibrated to limit each trainer to no more than two annual training sessions with bars (unless trainers otherwise volunteer), minimizing the economic and time investment made by each trainer. Two trainers will be required for each full bystander
trainings in Year 1. Each trainer will receive $30 total for this session, totaling $1,200. Trainers will receive $15 for bystander overview booster training in Year 2 and Year 3. Note that the additional amount included is to accommodate the potential for two trainers are each booster session. While this could be beneficial when training larger bar staff, it will not be necessary at each site. This will also allow for trainer compensation if bars need additional sessions to train new employees.
iv. Training

One of the great strengths of this proposal is that it fairly and efficiently leverages existing resources to achieve a greater prevention impact. While we have a cohort of 25 certified trainers as well as potential back-up trainers available from community partners, for the project to be successful we must be prepared to certify additional trainers if necessary. We do not anticipate the need to cover additional training costs, however, potential training expenses must be calculated in the total project cost given that Green Dot is a trademarked curriculum. This budget will also empower the program to respond to potential trainer turnover or attrition that transpires during the project. Alteristic requires campuses with populations of 10,000 or more to send at minimum 5 professionals for certification. At $1,750 per registration, a minimum cohort of 5 trainers will cost $8,750. The greatest need to secure trainers will affect Year 1, with the need decreasing as the frequency of scheduled trainings lessens.

<table>
<thead>
<tr>
<th>Item</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green Dot Institute Registration</td>
<td>$15,000  *allows for additional trainers beyond 5 required</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

v. Supplies/Resources

Total: $50,560

<table>
<thead>
<tr>
<th>Item</th>
<th>YEAR 1</th>
<th>YEAR 2</th>
<th>YEAR 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUPPLIES FOR BARS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green Dot Posters</td>
<td>$2,000</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Training notebooks</td>
<td>$12,000</td>
<td>$12,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Water bottles</td>
<td>$8,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>TOTAL:</td>
<td>$22,000</td>
<td>$13,500</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

SUPPLIES FOR TRAINERS
**Portable Projectors**  
<table>
<thead>
<tr>
<th></th>
<th>$900</th>
<th>$90</th>
<th>$90</th>
</tr>
</thead>
</table>
**Laptops**  
<table>
<thead>
<tr>
<th></th>
<th>$5,000</th>
<th>$500</th>
<th>$500</th>
</tr>
</thead>
</table>
**USB**  
<table>
<thead>
<tr>
<th></th>
<th>$300</th>
<th>$90</th>
<th>$90</th>
</tr>
</thead>
</table>
**TOTAL:**  
|     | $6,200| $680  | $680  |

**ADDITIONAL SUPPLIES**

<table>
<thead>
<tr>
<th>Office supplies &amp; resource printing</th>
<th>$1,500</th>
<th>$1,500</th>
<th>$1,500</th>
</tr>
</thead>
</table>
**PROJECT TOTAL**

<table>
<thead>
<tr>
<th>YEAR 1</th>
<th>$29,700</th>
<th>YEAR 2</th>
<th>$15,680</th>
<th>YEAR 3</th>
<th>$5,180</th>
</tr>
</thead>
</table>

**SUPPLIES FOR BARS**

**Green Dot Posters:**

Once staff have been completely trained, bars will be bestowed with limited edition Green Dot posters intended to provide public designation for that site as a Green Dot location.

**Year 1** - $25 per poster x 80 = $2,000 → this amount will provide enough for 20 sites and replacement signage as necessary

**Year 2** - $25 x 20 = $500 → replacement posters

**Year 3** - $25 x 20 = $500 → replacement posters

**Training Notebooks:**

Notebooks will be provided to bar staff who complete the full bystander training and bystander overview to allow them to take notes during both training sessions.

**Year 1** - $15 x 800 = $12,000

**Year 2** - $15 x 800 = $12,000

**Year 3** - $15 x 100 = supply for any new hires, replacement
**Water Bottles:**

Bar staff who complete the full bystander training will be given a water bottle. This promotional item is intended to provide trainees with a way of publicly displaying their support of Green Dot and commitment to being an active bystander.

**Year 1** - $10 x 800 = $8,000

**Year 2** - $10 x 10 = $1,000 → for new staff, replacement supply

**Year 3** - $10 x 10 = $1,000 → for new staff, replacement supply

**SUPPLIES FOR TRAINERS**

**Portable Projectors:**

The VIP Center will house equipment that trainers can check-out to facilitate training in the bars. 10 total projectors will be secured to allow for multiple simultaneous trainings and to ensure equipment is available in the event of broken, lost, or stolen projectors.

**Year 1** - $90 x 10 = $900

**Year 2** - $90 x 1 = $90 → potential replacement

**Year 3** - $90 x 1 = $90 → potential replacement

**Laptops:**

Laptops will be provided to trainers for training needs. Having a laptop will not only allow trainers to present the PowerPoint based training curriculum but will also allow them to have readily available access to the internet and additional software programs to accommodate any field needs that may arise. 10 total machines will be purchased to allow for simultaneous trainings.

**Year 1** - $500 x 10 = $5,000

**Year 2** - $500 x 1 = $500 → potential replacement

**Year 3** - $500 x 1 = $500 → potential replacement

**USB Drives**

**Year 1** – $10 x 30 = $300 → all 25 trainers to have their own copy plus spare/replacement

**Year 2** - $10 x 3 = $90 → replacement in the event of lost or stolen copies or need to supply new trainers
Year 3 - $10 \times 3 = $90 \rightarrow \text{replacement in the event of lost or stolen copies or need to supply new trainers}

ADDITIONAL SUPPLIES

A remaining amount of $1,500 annually will be budgeted to cover the cost of printing resource materials for bars and additionally necessary office supplies including but not limited to paper and pens. The resource cards will need to be made readily available at all bars as they will outline on-campus and community resource contact information for survivors, creating an important point of connectivity to additional healing and support.

Custom printed resource cards – 0.30 cents per card \times 1500 = $450 (Year 1, Year 2, Year 3)

Cases of paper - $60 \times 10 = $600

Pens – 0.20 cents \times 1000 = $200 \rightarrow \text{this will ensure adequate pens for staff and training participants}

Miscellaneous supplies - $250
Appendix 2: Logic Model

LOGIC MODEL FOR COMMUNITY-LEVEL EXPANSION OF GREEN DOT

<table>
<thead>
<tr>
<th>INPUTS</th>
<th>ACTIVITIES</th>
<th>OUTPUTS</th>
<th>Short-Term Outcomes</th>
<th>Intermediate-Term Outcomes</th>
<th>Long-Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research team</td>
<td>Form CAB</td>
<td>Full Green Dot 6-hour training for up to 20 sites</td>
<td>Increased active bystander activity at bars</td>
<td>Decrease OR increase in reports to OIEEO/UK</td>
<td>Reduced IPV prevalence in UK population</td>
</tr>
<tr>
<td>CAB</td>
<td>3 informational meetings and focus groups</td>
<td>Green Dot Booster 1-hour training for up to 20 sites</td>
<td>Increased number of Green Dot trainings</td>
<td>Sustained community-level expansion</td>
<td></td>
</tr>
<tr>
<td>Green Dot trainers</td>
<td>Recruit participants</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training materials</td>
<td>Fidelity check of Green Dot trainers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Projectors, computers, USBs</td>
<td>Full Green Dot 6-hour training</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Self-report survey</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Second fidelity check of green dot trainers</td>
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<tr>
<td></td>
<td>Green Dot Booster 1-hour training</td>
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<tr>
<td></td>
<td>Data collection</td>
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<tr>
<td></td>
<td>Report dissemination</td>
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</table>
## Appendix 3: GANTT CHART

### Appendix 3. Timeline for program activities/objectives GANTT CHART

<table>
<thead>
<tr>
<th>Description</th>
<th>Y1 Q1</th>
<th>Y1 Q2</th>
<th>Y1 Q3</th>
<th>Y1 Q4</th>
<th>Y2 Q1</th>
<th>Y2 Q2</th>
<th>Y2 Q3</th>
<th>Y2 Q4</th>
<th>Y3 Q1</th>
<th>Y3 Q2</th>
<th>Y3 Q3</th>
<th>Y3 Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish Community Advisory Board</td>
<td></td>
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</tr>
<tr>
<td>Monthly project updates to CAB</td>
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<td></td>
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<tr>
<td>Monthly meetings for project team (VIP staff)</td>
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<tr>
<td>Annual staff evaluation to address any concerns/support retention</td>
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<td></td>
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<tr>
<td>Informational meetings for university/community partners</td>
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</tr>
<tr>
<td>Formative focus group for bar owners/staff</td>
<td></td>
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<tr>
<td>Formative focus group for UK students</td>
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</tr>
<tr>
<td>Recruit bars within 2-miles of campus</td>
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<tr>
<td>Confirm participants</td>
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<tr>
<td>Check-off Green Dot trainers for curriculum fidelity</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Pre-test survey for bar staff</td>
<td></td>
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<td></td>
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<tr>
<td>Full 6-hour bystander training for staff</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Posters and resources to bars</td>
<td></td>
<td></td>
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<tr>
<td>Observe trained bars for active bystander behavior</td>
<td></td>
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<tr>
<td>Bar staff to survey every 4 months (6 times total)</td>
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<tr>
<td>Mid-project fidelity check for Green Dot trainers</td>
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<tr>
<td>Hold monthly full bystander trainings for new staff</td>
<td></td>
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<tr>
<td>1-hour booster training</td>
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<td></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Post-test survey for bar staff</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Record data collected from surveys</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Analyze data</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Write final report</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Disseminate findings to all project partners &amp; create public website</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Appendix 4: Map of UK Campus and Implementation Sites

Bars Proximal to the University of Kentucky Campus

<table>
<thead>
<tr>
<th>Bars Proximal to UK Campus</th>
<th>MI.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bear &amp; The Butcher</td>
<td>1.5</td>
</tr>
<tr>
<td>Belles Cocktail House</td>
<td>1.1</td>
</tr>
<tr>
<td>Best Friend Bar</td>
<td>1.1</td>
</tr>
<tr>
<td>Bluegrass Tavern</td>
<td>1.0</td>
</tr>
<tr>
<td>Campus Pub</td>
<td>1.6</td>
</tr>
<tr>
<td>Centro</td>
<td>1.0</td>
</tr>
<tr>
<td>Chevy Chase Inn</td>
<td>1.6</td>
</tr>
<tr>
<td>Crossings</td>
<td>1.1</td>
</tr>
<tr>
<td>Harvey’s Bar</td>
<td>1.0</td>
</tr>
<tr>
<td>Hugo’s Ultra Lounge</td>
<td>1.0</td>
</tr>
<tr>
<td>BARS PROXIMAL TO UK CAMPUS CONT.</td>
<td>MI.</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Kentucky Native Café</td>
<td>1.7</td>
</tr>
<tr>
<td>McCarthy’s Irish Bar</td>
<td>0.8</td>
</tr>
<tr>
<td>Mellow Mushroom</td>
<td>0.5</td>
</tr>
<tr>
<td>Molly Brooke’s Irish Bar</td>
<td>1.2</td>
</tr>
<tr>
<td>Parlay Social</td>
<td>1.0</td>
</tr>
<tr>
<td>Pazzo’s Pizza Pub</td>
<td>0.7</td>
</tr>
<tr>
<td>Pies &amp; Pints</td>
<td>1.1</td>
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<tr>
<td>Qdoba Mexican</td>
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<tr>
<td>Skybar</td>
<td>1.0</td>
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<tr>
<td>Soundbar</td>
<td>0.9</td>
</tr>
<tr>
<td>The Bar Complex</td>
<td>1.2</td>
</tr>
<tr>
<td>The Local Taco</td>
<td>1.1</td>
</tr>
<tr>
<td>Tin Roof</td>
<td>1.0</td>
</tr>
<tr>
<td>Two Keys Tavern</td>
<td>1.1</td>
</tr>
<tr>
<td>West Sixth Greenroom</td>
<td>0.9</td>
</tr>
<tr>
<td>Wild Cat Saloon</td>
<td>1.0</td>
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Appendix 5: Organizational Chart

- Principal Investigator
- Project Director
- Research Assistants n = 2
- Program Specialist
- Certified Green Dot Trainers n = 25
- Faculty & Staff Engagement Specialist
- VIP Center Director
- VIP Center Prevention Education
Appendix 6: Letters of Support for the Violence Intervention & Prevention Center’s Community-Level Expansion of the Green Dot Program

1. Andrew Smith, Associate Vice President of Student Health & Wellness, University of Kentucky
2. Nick Kehrwald, Dean of Students, University of Kentucky
3. Ashley Hinton-Moncer, Wellness Director, University of Kentucky
4. Ivy Bruce, Collegiate Recovery Community Coordinator, University of Kentucky
5. Chief Joe Monroe, Chief of Police, University of Kentucky
6. Cohort of 25 staff certified Green Dot trainers, University of Kentucky
7. Taryn Henning, Executive Director, Ampersand Sexual Violence Resource Center of the Bluegrass
8. Stephanie Theakston, Program Coordinator, Lexington-Fayette County Urban Government Domestic & Sexual Violence Prevention Coalition
9. Daniel Harrison, Director, Kentucky Guild of Brewers
10. Leticia Hagerman, Victim Advocate, Lexington Police Department
11. Eileen Recktenwald, Executive Director, Kentucky Association of Sexual Assault Programs
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xxi ("Quick Facts, Fayette County, Kentucky; Kentucky," 2017)
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(A. L. Coker et al., 2016)

(A.L. Coker et al., 2016)

(A. L. Coker et al., 2016)

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(Powers et al., 2018)