



National Sexual Violence Resource Center

# Prevention Assessment

## **Year 3 Report and Synthesis: National Strengths and Needs Assessment**

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**Prepared By:**

**Stephanie M. Townsend, PhD  
Townsend Consulting & Evaluation, Inc.  
8 Locke Drive, Pittsford, NY 14534  
stephanie.townsend@earthlink.net  
(585) 690-9315**

**Submitted To:**

**National Sexual Violence Resource Center  
123 N. Enola Drive  
Enola, PA 17025**

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## Executive Summary

In Fall 2009, the National Sexual Violence Resource Center embarked on a three-year process of assessing the primary prevention training and technical assistance needs of state/territory coalitions, Rape Prevention Education (RPE) coordinators and local rape crisis programs. This report provides a summary of the work completed during the third year of the assessment and a synthesis of major themes across the three year project.

The purpose of this project was to:

- Assess and prioritize primary prevention **training and technical assistance needs**, including identification of facilitators and barriers of high quality primary prevention
- Develop recommendations for **future strategic directions** to measure primary prevention capacity among individuals, organizations and systems
- Document and analyze **changes** that occur over the three year period, particularly in regard to organizational capacity to do primary prevention.

While the project is intended to identify training and technical assistance needs, it is equally important that strengths and accomplishments also be documented as they can provide important guidance for future work. Understanding what is working well is also critical for expanding the reach of promising innovations.

Major activities of the three year project included:

- **Year 1:** national survey and focus groups

- **Year 2:** interviews with innovators and survey on diffusion of innovations
- **Year 3:** national survey

As detailed in this report, the most recent national survey and comparison of its findings to the Year 1 survey found:

- The majority of respondents defined prevention in ways that were consistent with the models that have been promoted in the field over recent years. However, consistency was much stronger among coalition staff and RPE coordinators than among staff from local programs.
- At both the state/territory and local levels, there have been notable shifts toward greater reliance on primary prevention strategies. This has mostly been accomplished by major additions to programming.
- Coalitions and RPE coordinators are increasingly taking on the role of recommending and mandating specific prevention strategies. While this is an important form of leadership, it is problematic in light of the small body of evidence we currently have regarding evidence based practices.
- There has been a slight decrease in the coalition and RPE coordinators who reported training local programs on prevention.
- Coalitions and RPE coordinators are emphasizing primary prevention

principles to a greater degree than local programs are actually enacting them in the programming.

- The NSVRC is a valuable and often-used resource for coalitions and RPE coordinators. However, its reach at the local level is much less pronounced and represents untapped potential of the NSVRC.
- There is a substantial commitment to evaluation at both the local and state/territory levels. However, coalitions, RPE coordinators and local programs are struggling to evaluate prevention initiatives in ways that can document whether and how they are effective. Training and technical assistance to build evaluation capacity is needed at all levels.

Based on these findings, the report describes implications and possible strategies for national technical assistance (TA) providers. The recommendations are intended to build capacity for primary prevention, promote integration of prevention throughout organizations, and build evaluation capacity.

# Methodology

## Evaluation Questions

The NSVRC's three-year national strengths and needs assessment was designed to answer a variety of questions, with each part of the assessment playing a unique role.

As illustrated in the table below, some questions explored during Years 1 and 2 were sufficiently answered and not duplicated in Year 3. Other questions were examined across years.

Domain	Questions	Explored by
<b>Organizational Capacity for Prevention</b>	What is the capacity for engaging in prevention? What do programs need to strengthen their capacity? What can the NSVRC do to support growth and sustainability?	Year 1 survey and focus groups Year 2 interviews Year 3 survey
<b>Partnerships</b>	What are the facilitators of and barriers to effective collaborations between RPE coordinators and coalitions? What other partnerships are needed for community-wide responses? What are the facilitators and barriers of those partnerships?	Year 1 survey
<b>Primary Prevention</b>	How have definitions of prevention changed in recent years? What are the most common primary prevention strategies and/or activities being used? What challenges and successes are programs experiencing? How are programs working with diverse cultural and linguistic communities? What is their ability/likelihood of using multilingual resources?	Year 1 survey and focus groups Year 3 survey
<b>Diffusion of Innovations</b>	What are exemplars of innovative prevention at the local and state or territory levels? How did those innovations come about? How and to whom are innovative practices spreading? What are the facilitators of and barriers to diffusion?	Year 2 interviews Year 2 diffusion survey
<b>Evaluation and Research</b>	How are programs evaluating their primary prevention work? What skills and resources do they need to do more useful and/or rigorous evaluations? How much access does the field have to research related to sexual violence prevention? What skills do they need to critically analyze and use research? How can synthesis and translation of research be most useful to the field?	Year 1 survey Year 3 survey

### Evaluation Design and Methodology

Evaluation is best when it is based on **multiple sources of information** and **multiple methods** of measurement. From a technical perspective, this process reduces the amount of measurement error in the data and strengthens the validity of findings (Rossi, Freeman, & Lipsey, 1999). By using multiple methods and informants, we can be more confident in drawing conclusions about complex social systems (Singleton & Straits, 2009). To answer the evaluation questions, three methods were used over the three year period.

#### Survey

Surveys are useful when the focus is on a set of predetermined questions and the respondents will be asked to choose from a list of predetermined answers (Singleton & Straits, 2009). Self-reported information such as organizational characteristics, activities engaged in, and attitudes are well-suited to a survey format. However, it must always be remembered that there may be some differences between reported and actual behaviors.

During Years 1 and 3 of the assessment, a national survey of strengths and needs in the area of primary prevention was administered. While some questions were repeated on the Year 3 survey, questions where the majority of respondents reported at or near the highest levels of the scale on the Year 1 survey were not repeated. Additionally, new questions were added to the Year 3 survey to assist the NSVRC in its planning for future initiatives.

Additionally, during Years 2 and 3 a new satisfaction survey was developed and used to assess user satisfaction with training and technical assistance they receive from the NSVRC. Data from those surveys are being managed by the NSVRC.

#### Focus Groups

Focus groups involve people from similar backgrounds who participate in a facilitated discussion on a specific topic. The benefits of using focus groups are that they generate a rich understanding of the participants' experiences and beliefs, help in exploring new areas of evaluation, provide context and depth of understanding, and solicit interpretations from participants themselves. The group context has the additional benefit of mimicking the social context in which organizational decisions are made (Patton, 2002).

During Year 1, a series of three focus groups was held during the RPE Grantees Meeting and National Sexual Assault Conference. Separate groups were held for:

- RPE coordinators
- State/territory coalition staff
- Local program staff

#### Interviews

Similar to focus groups, one-on-one interviews can provide a rich understanding of participants' experiences and beliefs. However, because they are conducted on a one-on-one basis, it is possible to go in more depth and to explore experiences and issues that an individual might be reluctant to share in a group setting. Even more than in focus groups, interviews allow the evaluator to see the topic from the perspective of the person being interviewed (Patton, 2002). Because of their in-depth and interactive nature, interviews are also an effective way of checking the validity of conclusions that the evaluator may draw from other sources of data (Singleton & Straits, 2005).

Interviews were used in Year 2 for an in-depth exploration of innovations in primary prevention. Taking a case study approach, organizations at the local and state/territory levels that are especially innovative in prevention and/or that seem to have overcome many of the challenges faced in the field were studied to better understand what has supported their

innovations and how they solved any problems or challenges they encountered.

### Procedures: Year 3

Details about the Year 1 survey and focus groups and the Year 2 interviews can be found in the prior reports from this project. These reports can be accessed at [www.nsvrc.org/projects/rpe](http://www.nsvrc.org/projects/rpe).

### National Strengths and Needs Survey

The national survey was developed collaboratively between the NSVRC, the Centers for Disease Control and Prevention, PreventConnect, and the evaluator. Invitations to participate in the survey were distributed by the NSVRC.

All state/territory coalitions and RPE coordinators were invited to participate in an e-mail sent by the NSVRC. A subsequent reminder was sent. (See Appendix A.)

For rape crisis programs, 343 programs were randomly selected from the comprehensive list of programs in the states and territories that is maintained by the NSVRC. The sample constituted 21% of all known rape crisis programs in the country. This was determined to be a sufficient sample for representation and a feasible number in light of the available evaluation resources. The same sample was invited to take the Year 3 survey as was invited for the Year 1 survey.

The randomly selected rape crisis programs were also invited to participate via an e-mail sent by the NSVRC. For those programs for which there was no email contact information, the invitation and a hard copy of the survey were sent by mail (see Appendix A).

Rape crisis programs were offered a \$25 stipend as a thank-you for their time. Stipends were sent only to those programs that voluntarily identified themselves on the survey. All identifying information was separated from the surveys

so that the data were de-identified.

Most surveys were completed online: 98% of the coalition and RPE coordinator surveys and 65% of the rape crisis program surveys responded online.

These procedures were intended to achieve a nationally representative sample. As will be discussed in the findings, the samples did appear to fairly represent the field.

### Measures: Year 3

#### National Survey

Two written surveys were developed: one for coalitions and RPE coordinators and a second survey for rape crisis programs. The main areas assessed by each survey were:

- How organizations define **prevention**, what they are doing for prevention work, what issues they link their work to, and how their prevention strategies have changed over the past three years.
- Where organizations find **ideas and resources** for prevention
- **Awareness** of the NSVRC's work and resources
- Approaches to **evaluating** prevention (and in the case of RPE coordinators and coalitions, how they build evaluation capacity of local programs)
- **Organizational support** for evaluation

The two surveys were tailored to the state/territory or local contexts. For example, the prevention strategies that were asked about reflected the different roles of coalitions and RPE coordinators as trainers, technical assistance providers, and funders; the strategies for rape crisis programs reflected the delivery of prevention programs and initiatives.



## Methodology

Most questions were closed-ended, but some questions were asked in an open-ended manner. The open-ended questions elicited long and in-depth responses and, consequently, yielded rich insights. Copies of the surveys are found in Appendix B.

## Data Analysis

Closed-ended survey responses were analyzed using appropriate descriptive, parametric and non-parametric statistics. Analyses were run using SPSS version 19.0. For ease of understanding, throughout the body of this report results will be presented using non-technical language.

Open-ended survey responses and focus group notes were analyzed qualitatively using conventional content analysis (Hsieh & Shannon, 2005). This technique describes a phenomenon, in this case participants' experiences with primary prevention. Open-ended responses were reviewed and codes were developed to describe and organize their content. Examples of the themes in the data were then identified.

The remainder of this report presents the findings from the national survey and focus groups. Findings are organized into five areas:

- Description of the sample
- What organizations are doing for prevention
- Where organizations look for ideas and resources
- Approaches to and support for evaluation

Throughout the report, comparisons to Year 1 findings are made. Finally, the report concludes with a synthesis of the three year project and suggestions for future directions.



## Who Responded

### Samples

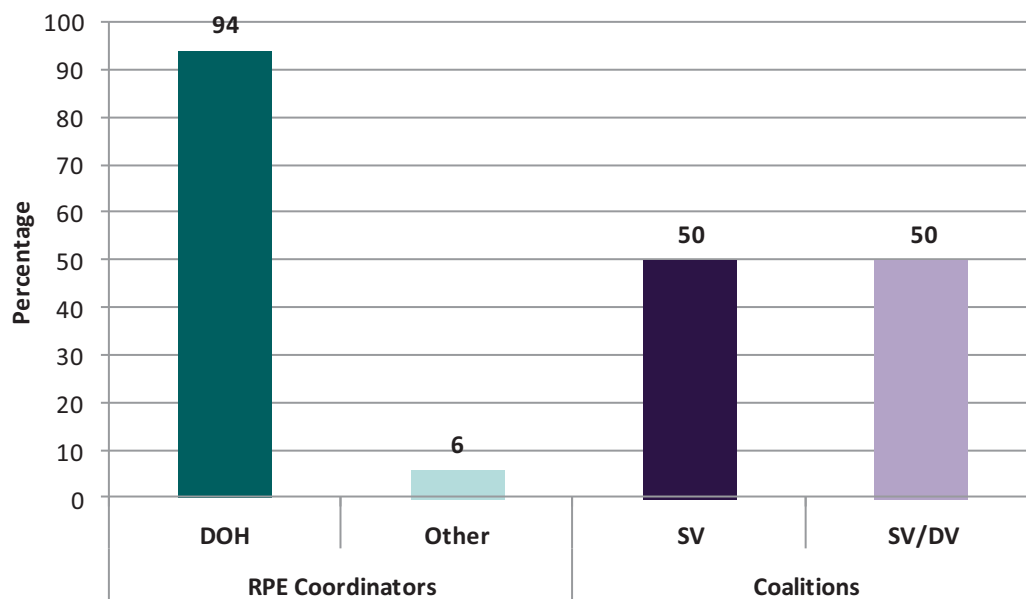
The findings presented in this report are based on national survey participants.

National survey respondents at the state/territory level included 31 RPE coordinators and 20 coalitions from a total of 30 states and two territories. Four states had responses from both the coalition and RPE coordinator.

As shown in Figure 1, among the RPE coordinators who responded, the **overwhelming majority were located in departments of health**. Among the coalitions that responded, **half were sexual violence only coalitions and half were dual sexual and domestic violence coalitions**.

At the local level, national survey respondents included 61 complete surveys from 32 states. **Geographically, the programs that completed the survey closely matched the programs that were invited to participate.** The only differences between who was invited to take the survey and who responded was in the Midwest where there was a slight underrepresentation of programs and the West where there was a slight overrepresentation of programs.

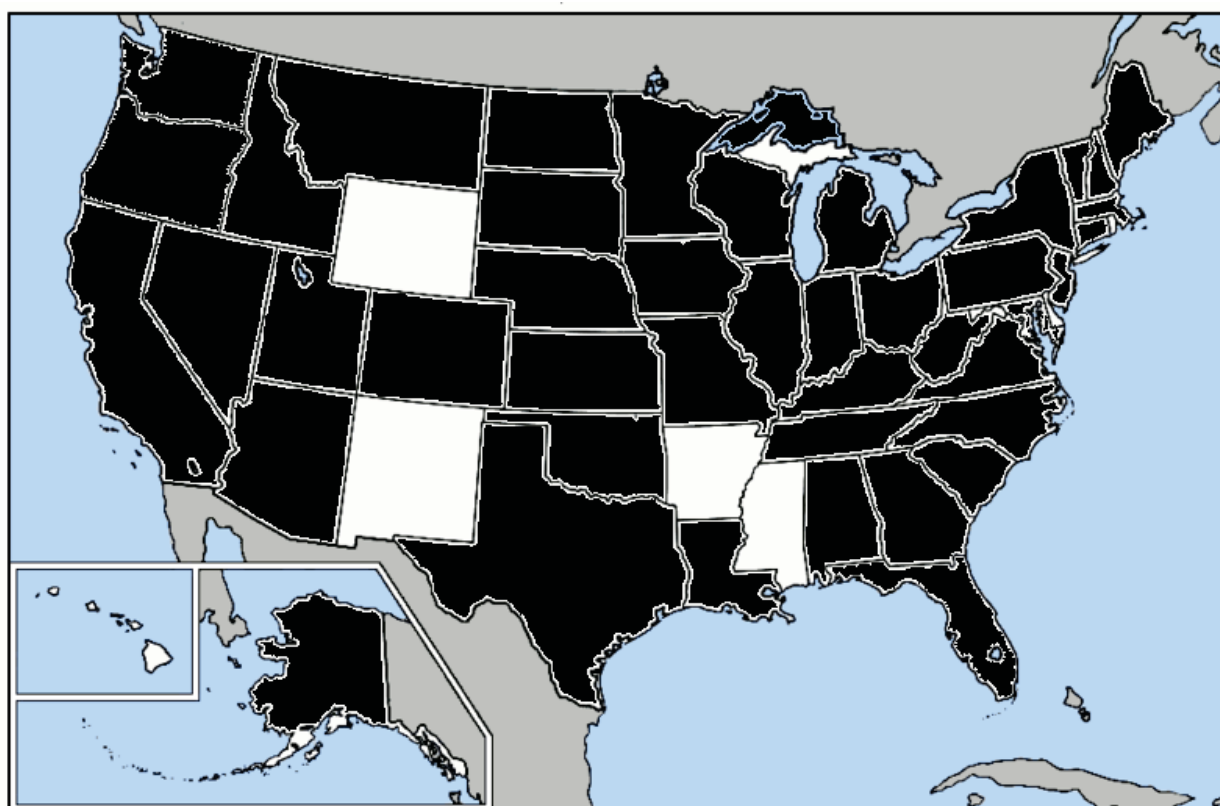
**Figure 1. RPE/Coalition Organization Types**



## Sample

Figure 2 shows the geographic representation of the entire sample. Shaded regions show where there was a survey received from a coalition, RPE coordinator or rape crisis program. As shown, all but six states and four territories were represented by at least one survey. **This national coverage of the assessment was excellent.**

**Figure 2. States and Territories Represented in the Sample**



Also represented:  
Federated States of Micronesia  
US Virgin Islands

As shown in Figure 3, **half of the rape crisis programs reported receiving RPE funds**. It was notable that 17% of respondents at the program level did not know if their agencies received RPE funds. It is important that executive directors and prevention coordinators have a solid understanding of their funding sources. **This finding indicates the need for RPE coordinators and executive directors to increase efforts to inform staff about funding sources.**

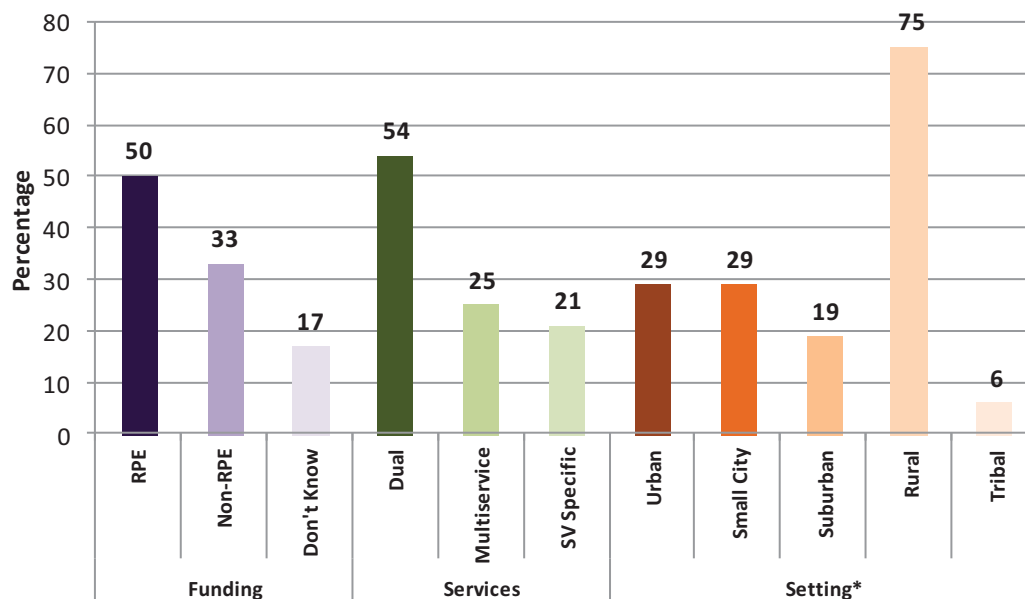
**Slightly more than half of programs were dual sexual and domestic violence agencies.** Only one-fifth (21%) of programs were stand-alone rape crisis agencies. This matches estimates provided by the NSVRC and reflects the current proportion of independent sexual assault programs in the United States.

**Most programs serve a combination of settings.** Programs were allowed to identify all setting types, so multiple responses are reflected in Figure 3. Three-fourths of programs reported serving, at least in part, rural settings. More than half (58%) reported serving urban or small city

settings. This reflects what is known about the distribution of sexual assault programs. There are a smaller number of programs that serve the large urban populations and a greater number of programs that serve the sparsely populated but geographically large rural areas. These findings indicate the **need to continue a dual focus on both urban programs** (that serve a larger percentage of people) **and rural programs** (that serve a larger percentage of communities).

Although it would have been advantageous to have more states where both the RPE coordinator and coalition responded and more respondents at the local level, for a national survey this was a **good response rate** (48% state/territory level, 14% local level). The state/territory level response rate was the same as in Year 1, whereas the local level response rate was slightly lower. It is known that a number of states were also conducting surveys in 2012, which may have led programs that were being asked to do multiple surveys to be less likely to respond. As already noted, there was **excellent geographic representation**.

**Figure 3. RCC Organization Types**



\* Many programs serve more than one setting, so this category totals to greater than 100%.



## How Prevention is Defined

As in Year 1, there was interest in assessing how people in the field are defining the prevention of sexual violence. While the term “primary prevention” has gained widespread use, the term is not always used in a way that is consistent with social change.

Therefore, on both the coalition/RPE coordinator survey and the rape crisis program survey, respondents were asked how they define prevention. The question was framed in terms of how they would explain prevention to others:

- **Coalition/RPE Coordinators:** *“When you are talking with rape crisis centers about prevention, how do you explain it to them?”*
- **Rape Crisis Programs:** *“If you were asked by someone in your community what it means to prevent sexual violence, how would you explain it to them?”*

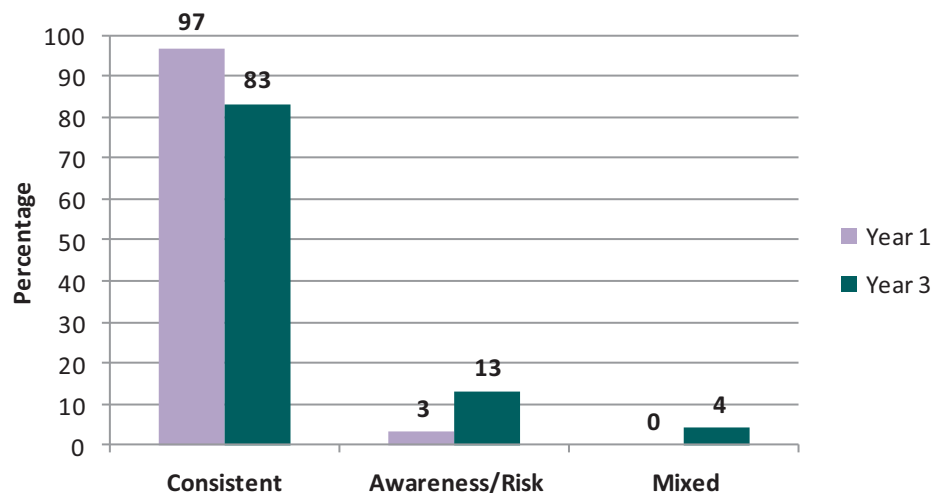
### Coalitions and RPE Coordinators

As shown in Figure 4, when describing how they would explain prevention to local rape crisis programs, **the majority of coalition and RPE coordinator respondents gave answers that were consistent with the definitions being advanced by the CDC and other leaders in the field.**

There were many **direct and indirect references to models and analogies that have been widely promoted in the field**, including:

- Primary, secondary and tertiary prevention
- Social-ecological model of the prevention of sexual violence
- Spectrum of Prevention
- Nine principles of effective prevention
- “Moving upstream” analogy of prevention
- “Cliff” analogy of prevention
- *Sexual Violence Prevention: Beginning the Dialogue*

**Figure 4. Coalition/RPE Coordinator Definitions of Prevention**



## How Prevention is Defined

While it may be disconcerting to see that the percentage of coalitions and RPE coordinators that gave definitions consistent with primary prevention decreased from Year 1 to Year 3, it is important to remember that this may not reflect actual change. When almost everyone gives the preferred answer on an initial survey, statistically the only way to move is down (i.e., “regression to the mean”). Therefore, this decrease in consistent answers may reflect differences in the samples between Year 1 and Year 3, but not actual changes in the field.

However, this finding does reinforce the need to remain vigilant about not presuming that everyone is familiar with the language and framework being used. **Especially in light of the high turnover rates in the field, it is necessary to ensure that newcomers to coalitions and new RPE coordinators have a firm grounding in the fundamental concepts of prevention as they are used in relation to sexual violence.** This speaks to the need for effective initial training/orientation.

**At the same time, the training and dialogue in the field more broadly does need to move beyond the basics** for those who already have a firm grounding and are now grappling with the complexities of how to enact primary prevention.

During Year 1, three themes were frequently seen in the state/territory level responses: prevention of perpetration, social change/norms change, and health promotion.

Two of these themes, prevention of perpetration and social change/norms change, were again seen in the Year 3 surveys. However, general health promotion was replaced with an emphasis specifically on promoting skills for healthy sexuality. For example:

- **Prevention of Perpetration**

*“Our work involves the primary prevention of sexual violence. With primary*

*prevention, we are working towards preventing the first time perpetration of sexual violence.”*

*“We emphasize primary prevention and try to keep the definition simple - working to prevent violence before it occurs. We then explain secondary and tertiary prevention to provide context. We use the CDC’s social ecological model and explain the theory behind each factor and then go over examples of what primary prevention might look like within each of these realms. We’ve recently created a matrix that provides examples of sexual/domestic violence prevention activities at each level of prevention (primary, secondary, etc.), by audience (universal, targeted, etc.), and within each bubble of the social ecological model (individual, relationship, etc.). We also talk about the nine principles of primary prevention.”*

In some cases the prevention of both perpetration and victimization were discussed. For example: *“It is employing strategies that aim to reduce the first-time perpetration and victimization of sexual violence. To this end, it is important to know what populations are at greater risk so efforts can be targeted to those groups. It is also important to understand what risk factors contribute to someone being a perpetrator or a victim and what factors protect someone from becoming a perpetrator or a victim, so they can be “modified” (where possible) to reduce risk or increase protection from sexual violence. Compared to the work that most rape crisis centers do responding to victims immediately after an assault (or later), doing prevention is like “moving upstream” before the assault occurs so a person is less likely to be assaulted or to begin assaulting others.”*

- **Social Change and/or Norms Change**

*"We define primary prevention as any activity, event or education, skills and trainings that challenges the social norms that supports rape in our community."*

*"We focus on primary prevention, stopping violence before it occurs. This strategy involves changing culture and working with youth and adults to change social norms. Initial conversations include the public health approach and defining primary, secondary, and tertiary prevention. We believe the most successful strategies are community based and that rape crisis centers are local leaders and are positioned to do primary prevention as well as secondary and tertiary prevention."*

*"Primary prevention efforts address the root causes of sexual violence so we can stop sexual violence before it occurs. This approach shifts the responsibility of preventing sexual violence off of potential victims. Our stated goal is to change norms, values, beliefs and attitudes that cause sexual violence and shift ownership of the solutions to the community. We also strongly believe that communities are their own experts and approaches should be guided by what will resonate with your community."*

- **Healthy Sexuality:**

*"When talking about healthy sexuality, it is important to understand key terms and concepts. Words and language around sexuality can have different meanings for different people, these definitions and understandings are influenced by individual, relationship, community, and societal forces. The cultural messages shape individual*

*understandings and experiences of sexuality and can make it difficult to come up with an all-encompassing definition for healthy sexuality. Making connections between issues of healthy sexuality and sexual violence can help strengthen prevention efforts... Consent by definition means permission for something to happen or agreement to do something. It is more than yes or no. It is a dialogue about desires, needs, and level of comfort with different sexual interactions. Healthy sexual interactions are rooted in consent and respect."*



### Local Programs

At the **local level** the responses were notably different. As shown in Figure 5, when describing how they would explain prevention to people in their communities, **less than half of rape crisis programs gave answers that were consistent** with the definitions being advanced by the CDC and other leaders in the field. **Another quarter gave answers that were mixed**, insofar as they included elements of both primary prevention and awareness/risk reduction.

In comparing Year 1 and Year 3 responses, a positive finding is that **fewer programs gave responses that reflected an emphasis on awareness / risk reduction**. This indicates an increased integration of primary prevention principles and approaches.

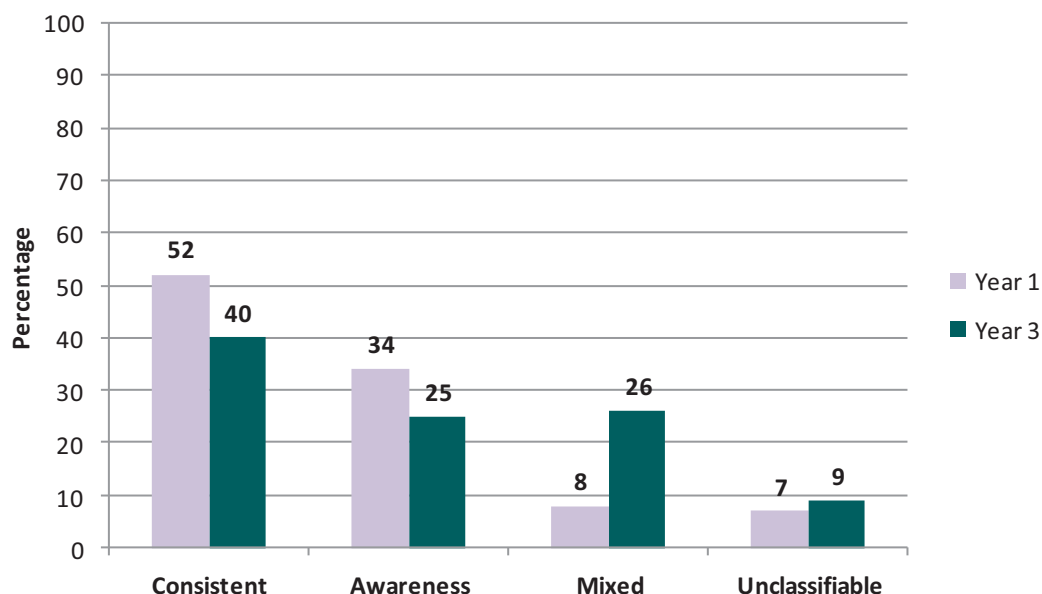
**However, that increase in mixed responses is also accompanied by a decrease in responses that are consistent with primary prevention.**

When interpreting this undesirable decrease, it is important to keep in mind that the responses on the **Year 3 survey also reflect greater specificity in what programs are actually doing**. In contrast, many of the “consistent” answers in Year 1 merely repeated definitions of primary Prevention and were devoid of examples of what that might look like. **It is quite easy to repeat a definition that was learned in a training, but another matter to enact those ideas in a practical way**. Therefore, it is possible that the Year 1 “consistent” findings were an overestimate of understanding of primary prevention.

However, this interpretation is tentative. The findings do indicate that **ongoing work is needed to help all programs (a) understand the nature of primary prevention and (b) enact the concept in practical ways in their work**.

There were no significant differences between the definitions given by RPE-funded versus non-RPE-funded programs. This may indicate that, while RPE funding served as a catalyst, the shift toward primary prevention has diffused throughout the field.

**Figure 5. RCC Definitions of Prevention**





The following are examples of typical responses.

- **Consistent**

*“Preventing sexual violence involves changing community norms regarding healthy relationships including healthy sexuality. In order to prevent sexual violence, the community needs to create a culture of respect, consent, and mutual empowerment in intimate relationships. Our children are being educated or conditioned to use violence to obtain power by media (television, internet, movies, games). Sexual violence will end when we end our cultural addiction to violence as a means to an end.”*

*“Working to change the attitudes and behaviors that support and enable violence in our communities and culture. This needs to address many levels of cultural acceptance--or 'rape culture'--from sexualized violence in media and advertising to permissive language and normalization in day-to-day experiences. We work on bystander empowerment and personal responsibility: i.e. how can your words and actions make others feel safe around you? What words and actions make others feel unsafe and how can you change them?”*

*“While most people think of sexual assault prevention from the stand point of giving people information that would help prevent them from becoming a victim, as a sexual assault crisis intervention and prevention agency we see this as victim blaming. In turn, we look at sexual assault prevention from the stand point of preventing a person from making the choice to engage in an act of sexual violence before it occurs or giving bystanders the tools they need to safely and effectively intervene if they believe a situation of any form of sexual violence is about to take place. We look at this*

*from the Public Health Model of Prevention - defining the problem, looking at risk and protective factors, developing and testing prevention strategies, and ensuring wide spread use of the strategies. Along with this model, we also recognize that it takes an entire community coming together to effectively do prevention work. To engage the entire community, we look to the Spectrum of Prevention as a tool to get the community involved in all stages, by addressing individual need, promoting community education, educating providers, fostering coalitions, changing organizational practices, and influencing policy and legislation.”*

*“We follow the Public Health model of three levels of sexual violence prevention. Normally we would only address primary prevention, but we also provide secondary (crisis services) & tertiary (therapy and advocacy) prevention services. Primary Prevention of sexual violence means interrupting behaviors that could lead to sexual assault before they occur. These behaviors can be identified by these characteristics: violation of personal boundaries (physical and emotional), power imbalance (the victim cannot make the other person's behavior stop or avoid it), patterns of behavior, and intent to harm. We believe sexual violence is learned behavior, that it can be unlearned, and that sexual assault is a crime committed after a great deal of practice in other related behaviors, which may include bullying, sexual harassment, and relationship abuse.”*

- **Awareness**

*“Providing education to community members about warning signs, safe dating, services provided, etc.”*

## How Prevention is Defined

*“Preventing sexual violence means many things: 1) risk reduction for victimization 2) raise awareness and public perception as to the prevalence of the issue 3) education the community on laws, definitions etc. to prevent perpetration of sexual violence. If people are not aware that the problem exists, then the problem continues to grow.”*

*“In our prevention education to the public whether it be a presentation, article in the newspaper or public service announcements we state that preventing sexual assault starts with education and knowledge of what sexual assault is, where to go to get help if you have been assaulted and just getting the public to talk about sexual assault because we still don’t want to talk about it as a society.”*

It is important to note that sometimes programs have incorporated the idea of multi-level, multidisciplinary, or community-wide interventions. However, the content of those interventions is still focused on raising awareness. For example:

*“I would explain that sexual violence prevention requires a multi disciplinary approach that first begins with discussing the subject matter with community members. This allows community members to feel better informed about what sexual violence is, how to recognize it, and how to help. Overall community members are included and specifically community members who are involved in systems that serve survivors of sexual violence. Prevention also includes discussing the subject matter with young adults so that they are informed of their rights at an early age.”*

This example highlights **the need to check in during trainings and technical assistance on**

## **what terms actually mean to the program staff and how they enact the concepts of prevention.**

It is easy to hear phrases such as “multidisciplinary” or “community members are included” and think that what is being talked about is primary prevention. Taking the conversation a bit deeper, however, sometimes reveals that the interventions remain predominantly at the secondary or tertiary level.

- **Mixed**

Most of the mixed responses were coded this way because they talked extensively about education and awareness raising, but then would mention a specific intervention that is about primary prevention (e.g., Green Dot, bystander empowerment, etc.).

This raised questions about whether the program staff were seeing the difference between primary prevention and education. It also raised doubts as to the extent of skill building occurring. In the case of bystander empowerment, are staff merely talking about bystander actions? Or are they actually building the community’s skills and capacity to act as bystanders?

For example:

*“Prevention hinges on being proactive in our community regarding sexual abuse, sexual violence, rape and violence of any kind. Educating our entire community, from toddlers to senior citizens on ways to buffer our community against sexual violence including school presentations, informational booths at health fairs, talking informally to peers and promoting our chosen prevention program ‘Green Dot’.”*

*“Use facts to replace myths about sexual violence. Educate the community about how survivors are affected--personally, socially, and economically--by sexual violence. Explain how bystanders can*

## How Prevention is Defined

*safely interrupt behaviors that can lead to sexual and relationship violence. Help participants understand and enact attitudes and responses that are helpful for survivors. Encourage participants to hold perpetrators accountable for their actions.”*

These mixed responses are, again, a reminder of how important it is to **ground training, technical assistance and funding decisions in a concrete understanding of what the programs are actually doing and not merely in the vocabulary they are using to describe their work.**

- **Unclassifiable**

Unclassifiable responses were too vague to determine their content or the role of primary prevention.

For example:

*“We Provide Education as Prevention.”*

*“A lot of teaching is being done at our agency. There is a two woman team. They go out to community events and teach ideas that have worked in the past. I believe just having women hear about these ideas promotes cautiousness and safety. Also teaching self defense methods helps.”*

*“That it requires men and women working together as allies and that it requires a willingness on the part of both men and women to speak up, speak out, and take a stand.”*

## Summary

The majority of respondents defined prevention in ways that are consistent with the models that have been promoted in the field over recent years. However, consistency was much stronger among coalition staff and RPE coordinators than among staff from local programs.

Coalition staff and RPE coordinators emphasized:

- Prevention of perpetration
- Social change and/or norms change
- Skill building for healthy sexuality

These same themes also showed up among the staff of local programs who explained prevention in ways that were consistent with the public health model.

However, a considerable proportion of staff from rape crisis programs continued to reflect an emphasis on awareness and/or risk reduction. For some programs, awareness was mixed with at least some element of primary prevention. This may indicate challenges with translating the definitions of primary, secondary and tertiary prevention into practical strategies. The continual pull back to awareness programs is understandable in light of the:

- Long history of awareness education
- Continued pressure from some funders to reach large audiences
- Smaller time commitment required from community partners

## Implications for National Technical Assistance Providers

These findings support the need for ongoing training and technical assistance to help programs conceptualize and enact the principles of primary prevention. In order to advance the field of prevention, training and technical assistance must be:

- Responsive to the high turnover rate among prevention staff

- Move staff from conceptual to concrete understandings of prevention
- Be tailored to the different levels of implementation prevention programs have achieved.

It may be useful for technical assistance providers to support:

- Basic prevention training for newer staff that:
  - Introduces fundamental concepts of prevention
  - Is delivered through multiple modes and can be incorporated into orientations for new prevention staff (e.g., online webinars, quarterly regional trainings, new staff resource packets, etc.)
- Intermediate training to help staff translate the basic concepts into concrete strategies; this may include:
  - Showcasing examples of promising initiatives in publications, newsletters, websites, social networking venues, etc.
  - In-depth, extended workshops led by developers or implementers of specific initiatives to train other programs on how to implement the initiative
  - Facilitation of networking opportunities for program staff who are using similar strategies or initiatives to exchange ideas, share lessons learned, and engage in mutual problem solving
  - Training on how to develop initiatives that are relevant to the community's culture and history and that are grounded in a clearly identified theory
- Advanced training for staff who have established relatively stable prevention interventions; this may include:
  - Training on identifying and evaluating relevant outcomes
  - Development of outcome measures that are applicable to popular prevention strategies
  - Training on how to sustain promising and effective initiatives
  - Coaching/mentoring to develop skills and systems and to address situations as they arise



# What Prevention Strategies are Used

The first set of findings focused on how programs think about prevention. The next major area to consider is what they are actually doing.

On the surveys, respondents were asked about what their own agency is doing to prevent sexual violence. The lists of activities were different for the state/territory level and the local level surveys. The differences were intended to capture the unique roles that are played at each level.

## Coalitions and RPE Coordinators Activities Currently Engaged In

Coalitions and RPE coordinators were presented with a list of 17 activities. As shown in Figure 6, **almost all activities had substantial engagement reported.** The activities reported by the most agencies were:

- Providing information about promising practices
- Providing networking opportunities for prevention educators
- Providing one-on-one technical assistance to prevention programs
- Training rape crisis programs on primary prevention
- Recommending specific curricula/activities
- Disseminating research to rape crisis programs
- Training allied organizations and professionals on primary prevention
- Bringing together rape prevention and health organizations and other allied organizations

## Changes in Activities

Compared to the Year 1 survey, there have been a number of notable changes over the past three years.

**Notable increases** were seen in:

- Mandating specific curricula/activities (21% difference)
- Recommending specific curricula/activities (19% difference)
- Working with culturally specific programs (16% difference)
- Providing information about promising practices (13% difference)

**Notable decreases** were seen in:

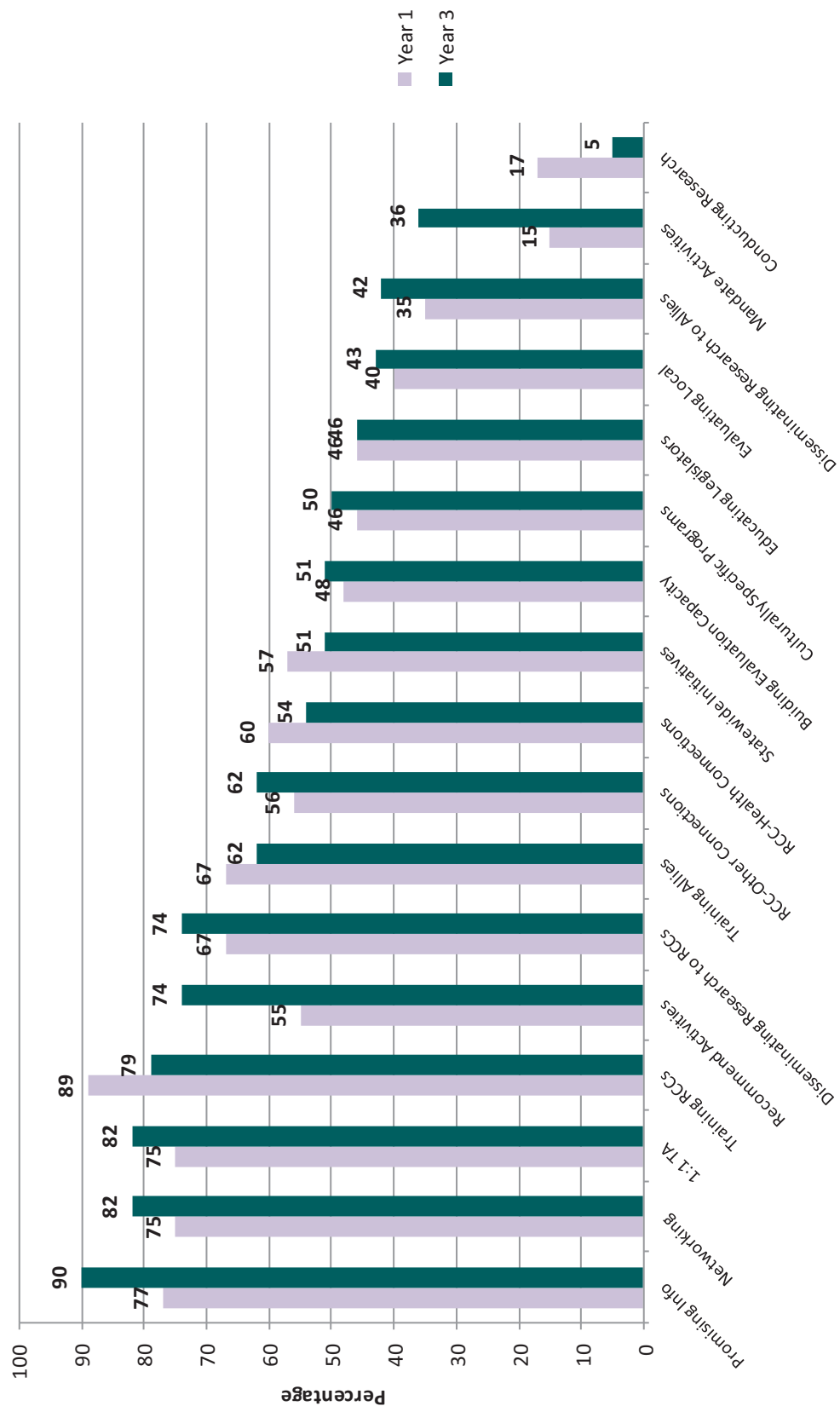
- Conducting research on rape prevention (12% difference)
- Training rape crisis centers on primary prevention (10% decrease)

**These changes reveal a trend toward the promotion of specific prevention strategies and activities.** There are advantages and disadvantages to this trend. On the positive side, promoting specific strategies and activities can help local programs translate the concepts of primary prevention into concrete action and minimize the drift back toward awareness and risk reduction.

**However, of concern is the fact that evidence for the effectiveness of any curriculum or activity is only beginning to be established.**

Therefore, the field runs the risk of promoting approaches that may not be optimally effective. This is especially a concern in light of the decreased reports of coalitions or RPE coordinators conducting research on rape prevention. (Note: research may be conducted by a coalition in collaboration with research experts.)

Figure 6. State/Territory Level Activities "Engaged In Doing"





## What Prevention Strategies Are Used

National TA providers can play a critical role in facilitating the **development of practice-based evidence that will fill the gap in our knowledge of outcomes**. In the mean time, they can engage in **critical dialogues with coalitions and RPE coordinators** about how to make decisions about what to promote and how to talk with local programs about approaches to prevention in light of unknown outcomes.

**The decrease in training of rape crisis programs on primary prevention is an area of concern.** It is understandable that there may have been more intensive training efforts when primary prevention was first introduced as a requirement for receiving RPE funds. However, due to the high turnover and challenges retaining prevention staff, ongoing training must be provided. Additionally, as noted earlier, translating primary prevention concepts into concrete strategies poses challenges for programs. Therefore, more in-depth and advanced training must be available in order for the field to continue advancing. If coalitions and RPE

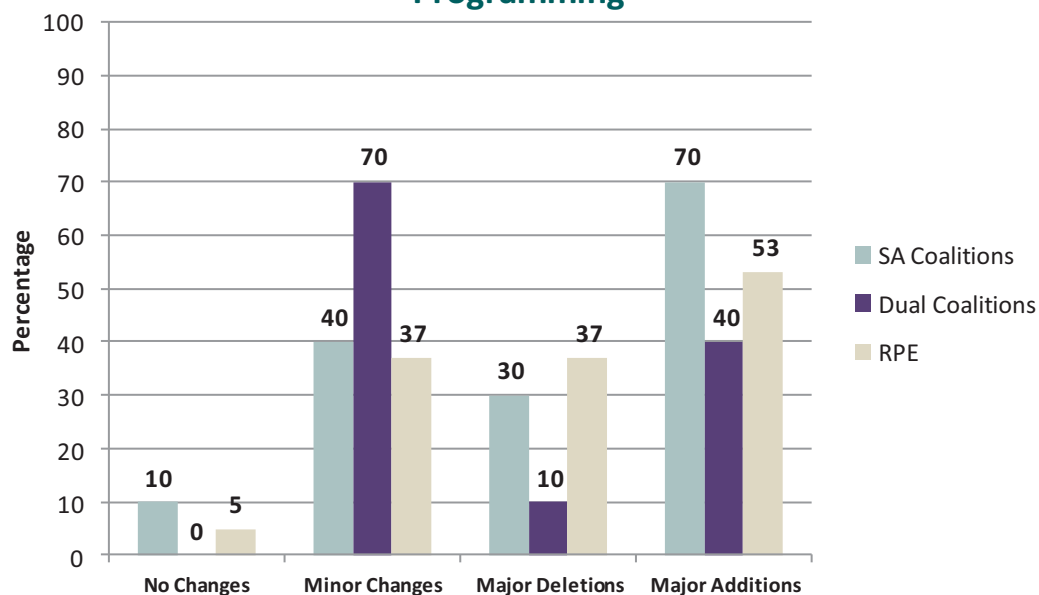
coordinators are decreasing their training offerings, we run the risk of losing momentum as a movement.

In addition to looking at changes in specific activities, respondents were asked to give an overall assessment of how their work has changed over the past three years. Some interesting differences emerged as to which types of agencies reported the greatest changes.

As shown in Figure 7:

- **The greatest changes in prevention strategies were reported by sexual assault coalitions.** Far fewer dual coalitions reported major changes.
- **Almost three-fourths of sexual assault coalitions reported major additions.** Additionally, slightly more than half of RPE coordinators reported major additions.
- **Approximately one-third of sexual assault coalitions and RPE coordinators also reported major deletions.**

**Figure 7. State/Territory Level Changes in Prevention Programming**





## What Prevention Strategies Are Used

The reasons for these changes seem to have been driven by three factors (see Figure 8):

- **Funding requirements** and focus
- Realization of the **limits of awareness raising**
- Recognition that alternative strategies may be **more effective**

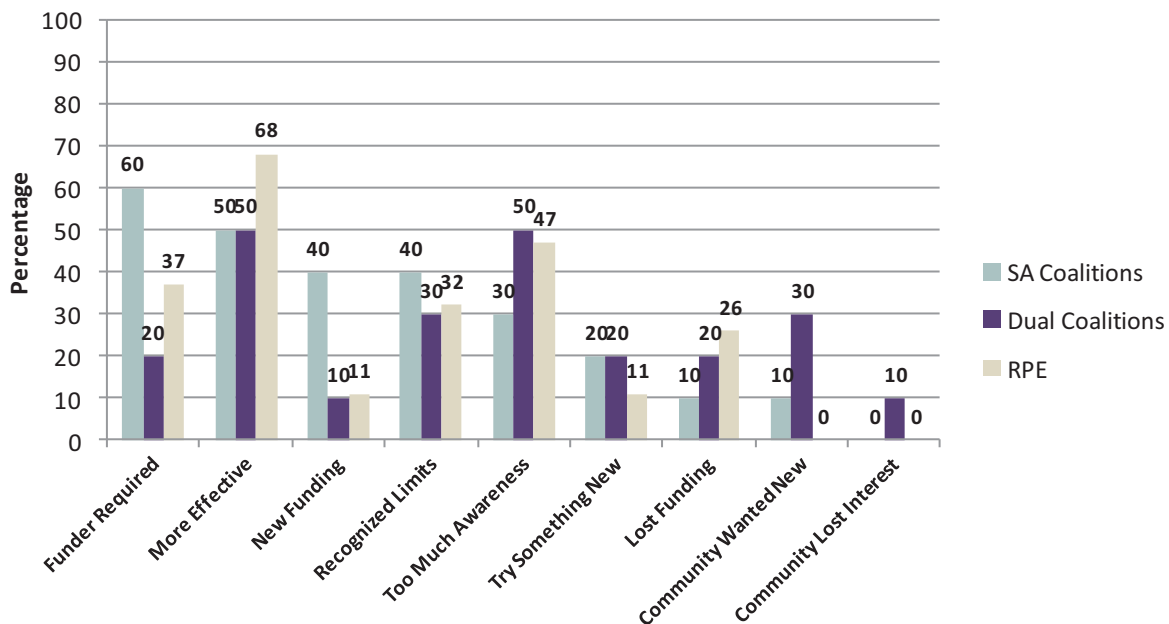
The fact that funding requirements were not the only driving force in the changes is a positive finding. Clearly, funders have substantial influence. However, internal recognition of the limits of awareness raising and a desire to pursue directions that might be more effective represent a commitment to primary prevention. This is a necessary condition for sustainable prevention programming.

## Role Differentiation

The questions about activities were also intended to determine what, if any, role differentiation there is between RPE coordinators and coalitions.

The Year 1 survey found only one significant difference between what coalitions and RPE coordinators were engaged in, with more coalitions than RPE coordinators saying they educated legislators. This same finding occurred on the Year 3 survey where 70% of sexual assault coalitions, 60% of dual coalitions, but only 26% of RPE coordinators said they were educating legislators.

**Figure 8. State/Territory Level Reasons for Changes in Prevention Programming**



### Local Programs

#### Prevention Activities Currently Engaged In

The survey for local programs also asked about the prevention activities they are engaged in, focusing on local initiatives. (See Figure 9 on the following page.)

**The activities reported by the most** were:

- General social skills training
- General rape awareness education
- Coalition building for prevention
- Gender issues training
- Bystander empowerment

**The high percentage of programs reporting using these strategies (71% - 96%) indicates widespread use of these primary prevention strategies.** However, the fact that general rape awareness education continues to be widely endorsed raises some concerns.

**The activities reported by the fewest agencies** were:

- Anti-oppression training
- Public or organizational policy advocacy
- Systems and organizational change
- Changing norms campaigns

### Changes in Activities

As at the state/territory level, there were notable changes in the engagement of local programs with specific prevention strategies.

**Notable increases** were seen for:

- Coalition building for prevention (29% difference)
- Training professionals to do primary prevention (16% difference)
- Mobilizing men (14% difference)

**The increases in these activities reflect greater engagement with primary prevention strategies.** Furthermore, it is notable that on the Year 1 survey these three strategies were strongly endorsed as ones programs were “Planning to

Do”. The fact that at Year 3 we see that more programs are, in fact, engaged in these strategies indicates that the field is moving in some of the directions it wants to move in. (However, we must remember that the respondents in Year 1 and Year 3 were not identical.)

There were **notable decreases** in:

- Changing norms campaigns for prevention (15% difference)
- Public or organizational policy advocacy (11% difference)
- Systems and organizational change (12% difference)

Interestingly, each of these strategies was also strongly endorsed on the Year 1 survey as ones programs were “Planning to Do”. Despite this interest, we see that currently programs are engaged less in these activities than they were in Year 1.

**In order to provide effective training and technical assistance for these strategies, it may be worth engaging in further dialogue with the field** about:

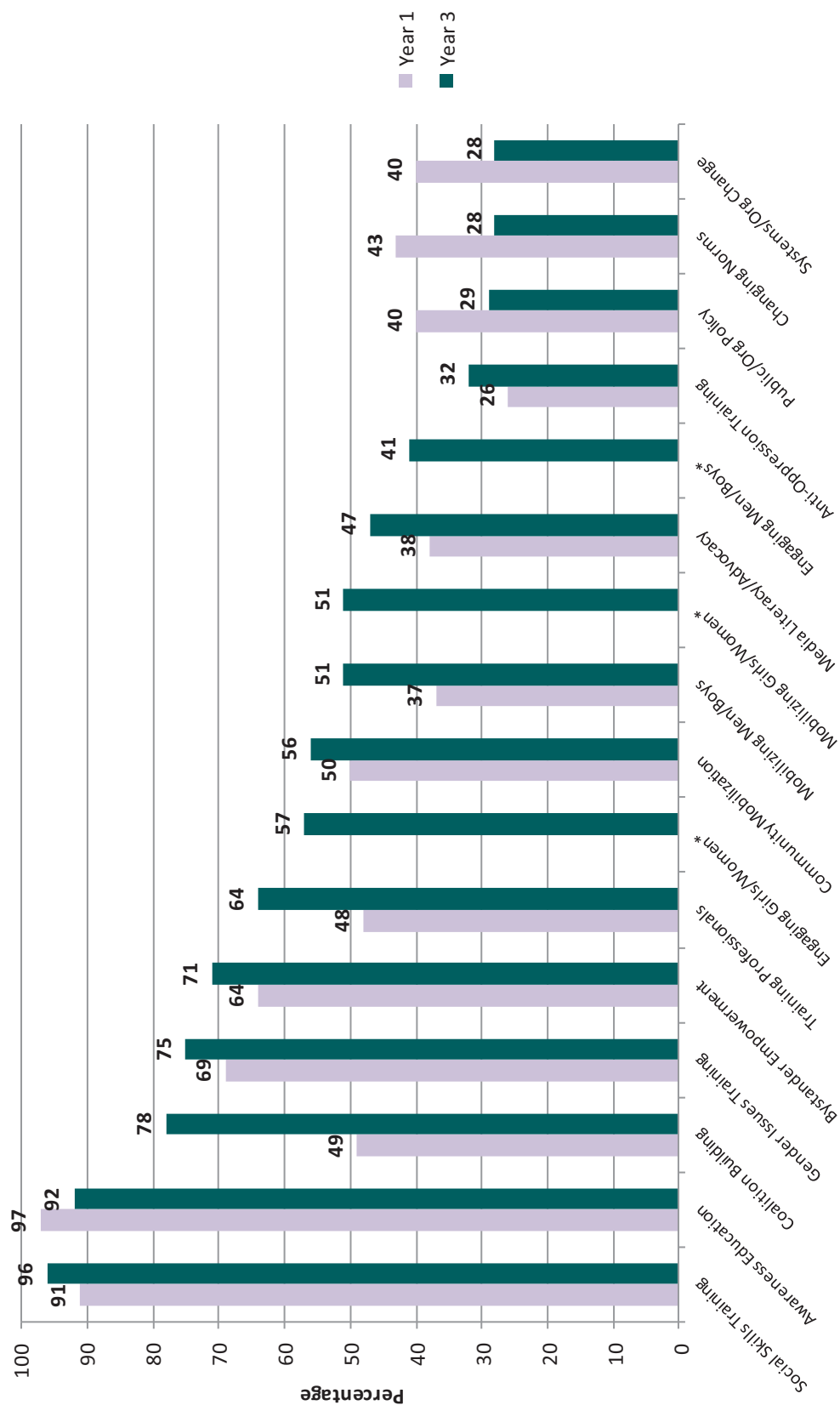
- How they conceptualize these strategies
- Challenges in implementing them
- Lessons learned by those programs that have attempted to or have successfully implemented them
- Training and technical assistance needs specific to these strategies

**The role of general rape awareness education did show some shifts from Year 1 to Year 3.**

Although the percentage of programs reporting that they engage in this strategy remains high (97% in Year 1, 92% in Year 3), there has been a shift in the degree to which programs emphasize this type of general education.

To gain insight into the degree to which general rape awareness education vs. primary prevention strategies were being used, respondents were asked to report which of the

Figure 9. Local Level Activities "Engaged In Doing"



## What Prevention Strategies Are Used

strategies their prevention staff “*spend most of their time working on.*”

As shown in Figure 10, **notably fewer programs reported general awareness education as among their top three strategies**. The fact that slightly more than half of programs do continue to spend most of their time on awareness raising reflects an ongoing allocation of resources to awareness education that may be ineffective from the perspective of prevention. However, the trend appears to be moving in the desired direction.

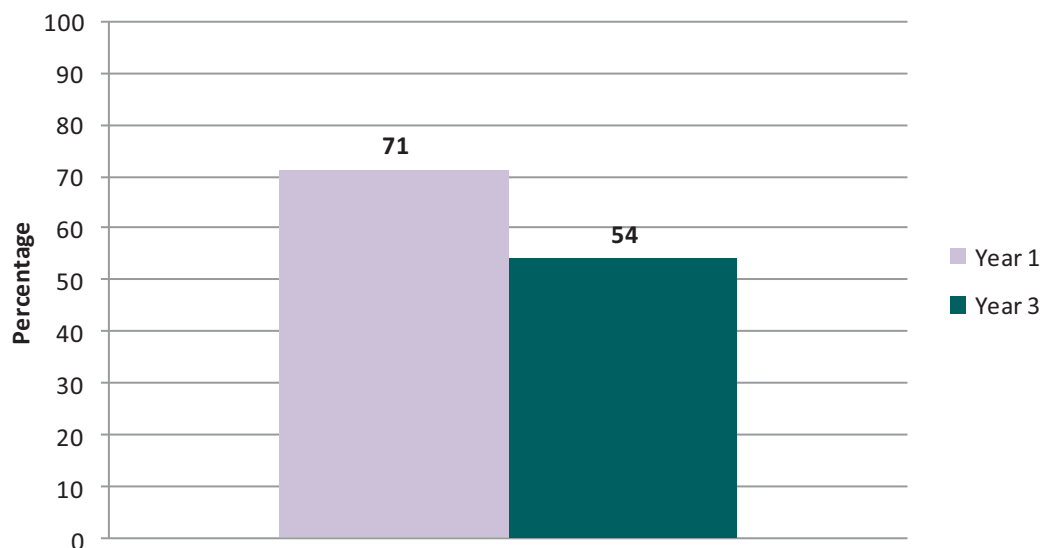
In addition to looking at changes in specific activities, respondents were asked to give an overall assessment of how their work has changed over the past three years.

**The majority of programs (62%) reported making major additions to their programming and only one-fifth (19%) reported major deletions.**

The reasons for these changes were driven by both internal and external factors (see Figure 9), including:

- Recognition that alternative strategies may be **more effective**
- Realization of the **limits of awareness raising and classroom presentations**
- Wanting to try **something new**
- Gaining **new funding**

**Figure 10. Programs Reporting "General Awareness" in Top Three Strategies**

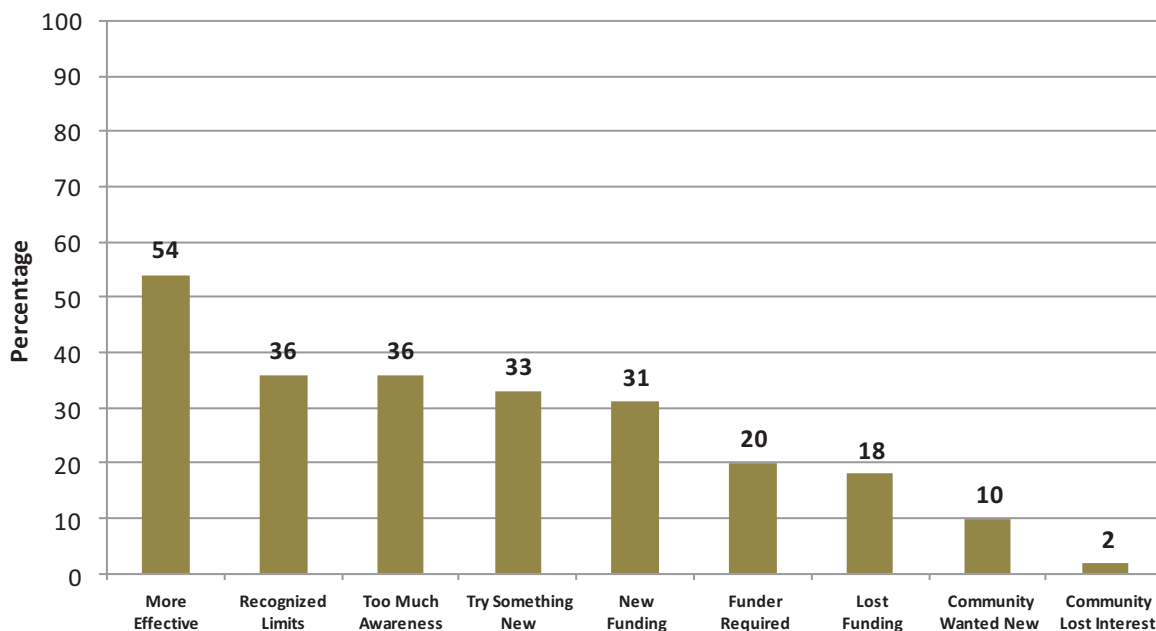


## What Prevention Strategies Are Used

While funding played a role, **the loss of funding was cited as the reason for change far less frequently than had been anticipated** (see Figure 11). Clearly, funders influence what is being done in the field of sexual violence prevention. However, the fact that the most frequently cited reason for changing prevention programming was that programs wanted to do something they thought would be more effective, indicates that there is also internal motivation on the part of local programs to strengthen their primary prevention efforts.

While this internal motivation is a positive finding, it is important to keep in mind that **prevention programs are taking on increasing amounts of work, although we know that there has not been a surge in available funding**. While increased activity may indicate more efficient use of existing funds, it is also important to attend to the potential in rising stress among program staff.

**Figure 11. Local Level Reasons for Changes in Prevention Programming**



### Agency and Setting Differences

The reports of what strategies rape crisis programs are engaged in were examined for any differences based on the type of agency, RPE funding, and setting.

The only difference between types of agencies was for social norms campaigns **where significantly more multi-service agencies (50%) than sexual-violence specific centers (36%) and dual agencies (14%) reported using this strategy.**

The only difference between RPE-funded and non-RPE-funded programs was that **significantly more RPE funded programs (37%) than non-RPE-funded programs (13%) reported being engaged in social norms campaigns.**

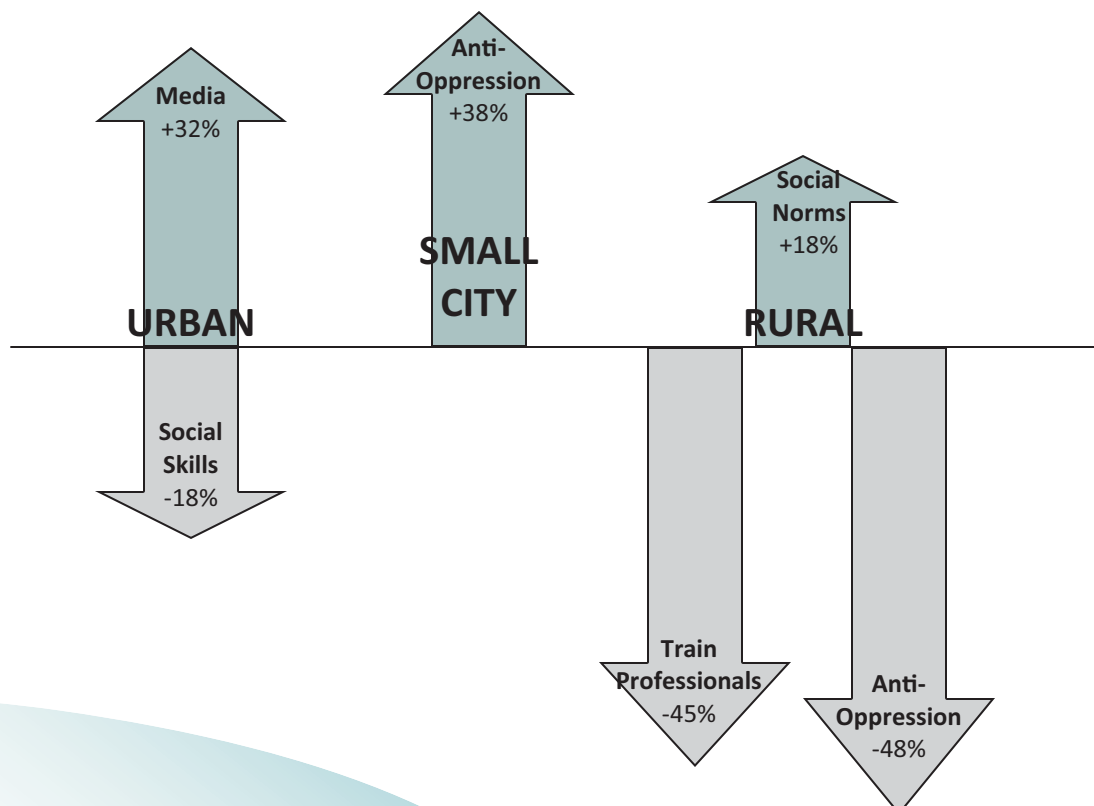
Engagement in specific strategies was also examined for differences by the type of community served. Keeping in mind that many

programs serve more than one type of community, there were some significant differences observed.

As shown in Figure 12:

- **Urban** programs were **more likely** to be engaged in **media literacy and advocacy** than non-urban programs
- **Urban** programs were **less likely** to be engaged in **social skills training** than non-urban programs
- **Small city** programs were **more likely** to be engaged in **anti-oppression** work than programs not serving small cities
- **Rural** programs were **more likely** to be engaged in **social norms** than non-rural programs
- **Rural** programs were **less likely** to be engaged in **anti-oppression** work and **training professionals** than non-rural programs

**Figure 12. Differences in Prevention Strategies Based on Setting**



## Summary

In summary, at both the state/territory and the local levels, there have been notable shifts toward greater reliance on primary prevention strategies. Most notably, at the local level there were increases in the proportion of programs that reported:

- Coalition building for prevention
- Training professionals to do primary prevention
- Mobilizing men

Coalitions, RPE coordinators and local programs all reported major additions to their prevention programs. A minority of programs reported major deletions, and it is possible that some deletions included the omission of awareness-raising and risk reduction programs. Changes were motivated largely by internal reasons, such as recognizing that alternative strategies may be more effective and realizing the limits of awareness raising and classroom presentations.

An interesting finding was that coalitions and RPE coordinators are increasingly taking on the role of recommending and mandating specific prevention strategies. While this is an important demonstration of leadership, it is somewhat problematic in light of the small body of evidence we have that any particular strategy, much less a specific curriculum or campaign, has desired behavioral impacts. While the recommendations may be theoretically sound, it is imperative that more resources be dedicated to closing the gap between practice and evaluation outcomes.

Additionally, there was a decrease in the coalition and RPE coordinators who reported training local programs on prevention. While training levels were still high, this decrease is one to watch closely. High staff turnover requires that high quality, ongoing training be provided.

## Implications for National Technical Assistance Providers

These findings point to a number of areas where national TA providers can bring needed leadership to the movement to end sexual violence. Historically, coalitions and RPE coordinators have been the ones to provide most of the training and technical assistance to local programs. However, it is important to keep in mind that the extent of prevention training varies from one state/territory to another.

National TA providers can support training efforts by:

- Developing resources that can be used by coalitions and RPE coordinators; these might include practical summaries of the theories underpinning specific strategies, guidance on choosing and implementing prevention strategies, and materials that showcase high quality implementation of primary prevention
- Highlighting those exemplary implementations at the national level and facilitating connections between programs that want to use a strategy and programs that have successfully implemented that strategy
- Developing and implementing training that can be accessed by programs whose coalitions and RPE coordinators are not providing training in specific areas of interest

To inform training and technical assistance efforts at all levels, it is imperative that practice-based evidence be developed to fill the gap in our knowledge of outcomes. This will provide the necessary foundation for recommending and choosing specific strategies. The type of evaluation and research that will develop that knowledge is best met at the national and state levels.

National TA providers and RPE coordinators can:

- Foster greater connections and networking with researchers who will be critical partners in developing the research base for the prevention of sexual violence



- Provide training and technical assistance to coalitions on how to carry out evaluation and research using their local programs as test sites.



# Enactment of Prevention Principles

In the Year 1 survey, coalitions, RPE coordinators and local programs were asked how important they thought various prevention principles were. That assessment found high endorsement of core principles of effective prevention practice. However, it left unanswered the question of how extensively programs actually incorporate the principles into their prevention work.

In the Year 3 survey, a different approach was taken.

- Coalitions and RPE coordinators that distribute funds were asked to think of their current funding priorities
- Coalitions and RPE coordinators that do not distribute RPE funds were asked to think of the kinds of strategies they are promoting
- Local rape crisis programs were asked to think of the best or most effective prevention strategy they are currently using

With that reference point, respondents were then asked to describe certain aspects of that funding priority, promoted strategy or best strategy. These ratings included:

- **Goals** of the priority/strategy
- How the priority/strategy is **implemented**
- **Frequency or intensity** of the priority/strategy
- How the **community contributed** to the development of the strategy (rape crisis programs only)

The ratings ranged from approaches that do not reflect the principles of effective prevention practice to approaches that do reflect use of the principles. **The higher the rating, the more reflective the approach was of the potential for bringing about systemic social change in a community.**

While most respondents chose a single rating on each spectrum of principle use, it was possible for them to choose more than one answer. Because the interest was in how high on the spectrum programs were implementing the principles, the findings presented here reflect the highest answer given by each program.

## Interpreting the Figures

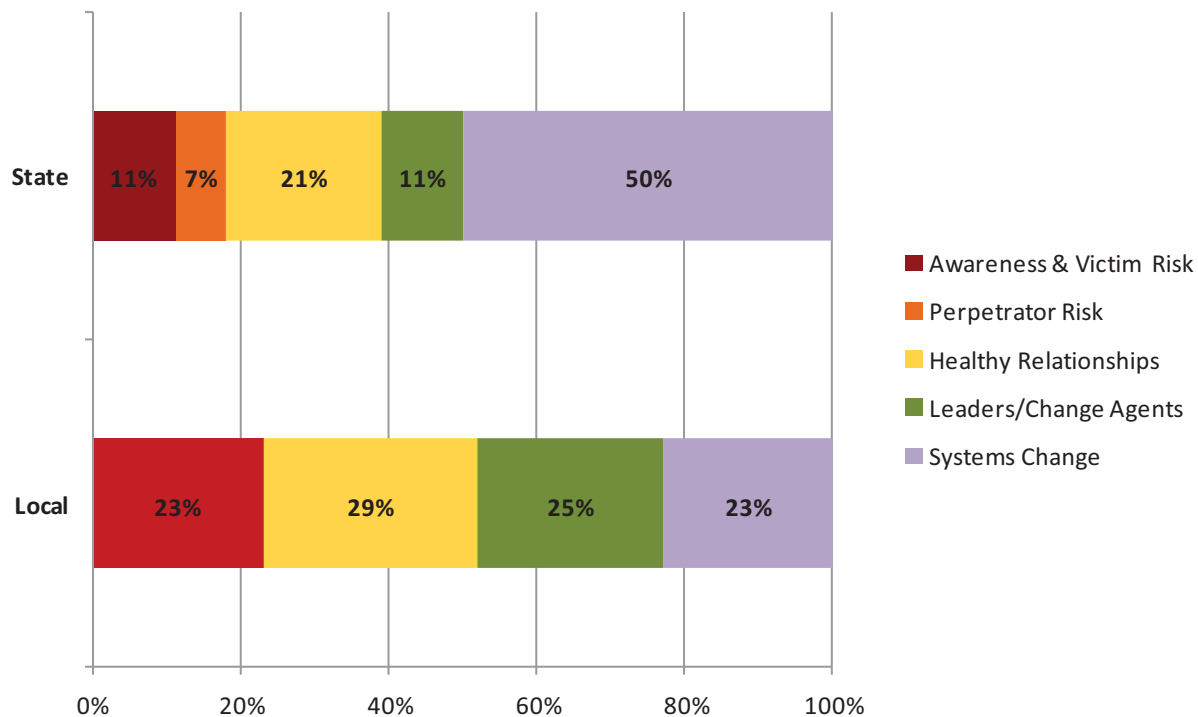
On the following pages, each set of ratings will be shown. The goal is for the greatest proportion of programs to be at the highest levels of enacting each prevention principle. Those highest levels are represented by the green and purple sections in the figures.

Conversely, it is hoped that the smallest proportion of programs will be at the lowest levels of enactment, as represented by the red and orange sections in the figures.

## Intervention Goals

To be effective, prevention programs should decrease risk factors for perpetration and increase protective factors for healthy relationships. This requires moving away from a focus on basic knowledge and awareness and from victim-focused risk reduction. Furthermore, to achieve saturation of the community and to sustain prevention over time, individuals and systems must be activated as contributors to the prevention of sexual violence. Therefore, the five response options for integration of this principle were that the strategy:

1. Increased knowledge, changed attitudes, told what to do after an assault, and/or reduced risk of victimization (lowest level of principle use)
2. Reduced risk factors for perpetration
3. Built understanding of and skills for healthy sexuality and/or healthy relationships
4. Built skills for leadership and being agents of social change
5. Changed systems (highest level of principle use)



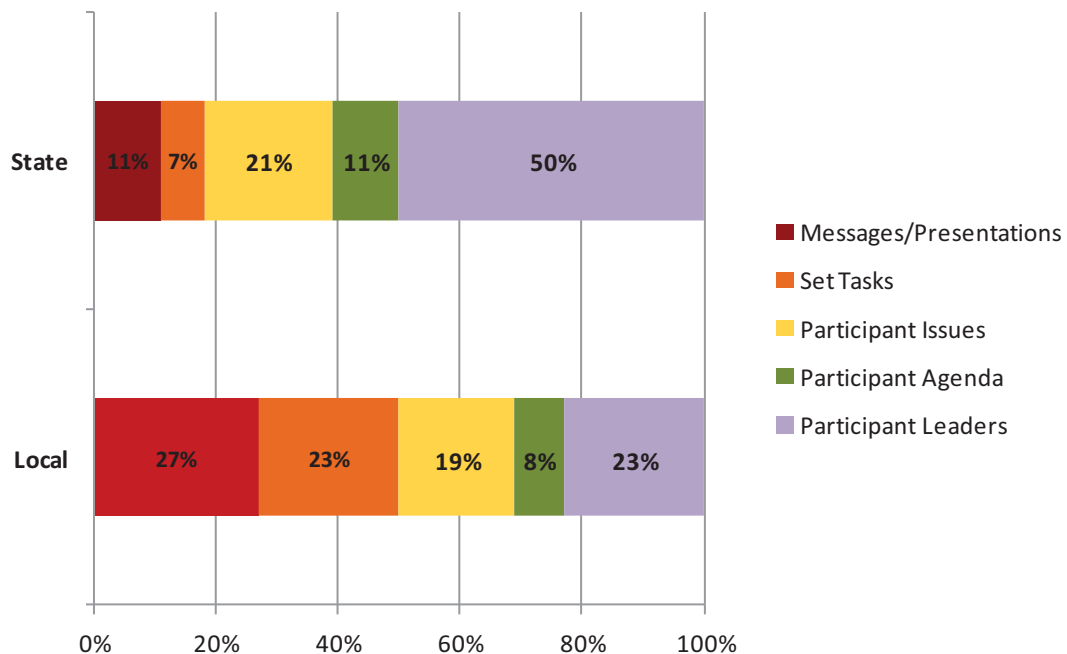
**As these findings show, there were notable differences between the coalitions/RPE coordinators and the local prevention programs.** Specifically, we see that:

- More coalitions and RPE coordinators are emphasizing the highest levels of primary prevention goals
- Twice as many local programs emphasize changing knowledge and attitudes, letting people know what to do after an assault, and reducing risk factors for victimization
- Half as many local programs described their best strategy as being about systems change

## Participant Engagement

To be effective, prevention programs should actively engage the target population in meaningful ways. While prevention staff are experts on the issues, participants are experts on their own lives and communities. Therefore, the more responsive an initiative is to their lives, the more relevant the messages and skills will be. The response options for participant engagement were:

1. Mass media messages, lectures, presentations, and/or Q&A (lowest level of principle use)
2. Participants respond to set questions or tasks (e.g., brainstorming, responding to questions, games, reading scripted role plays, etc.)
3. Participants generate unanticipated questions and issues and leaders respond to their interests (e.g., open discussions, participant-created role plays, participant-created art projects, etc.)
4. Participants largely determine agenda and activities are tailored to their specific needs and interests
5. Participants are active leaders in carrying out the program (highest level of principle use (e.g., peer modeling, club format, participant-led social action)



**Again, there were notable differences between strategies being used by local programs and those being funded and promoted by coalitions/RPE coordinators:**

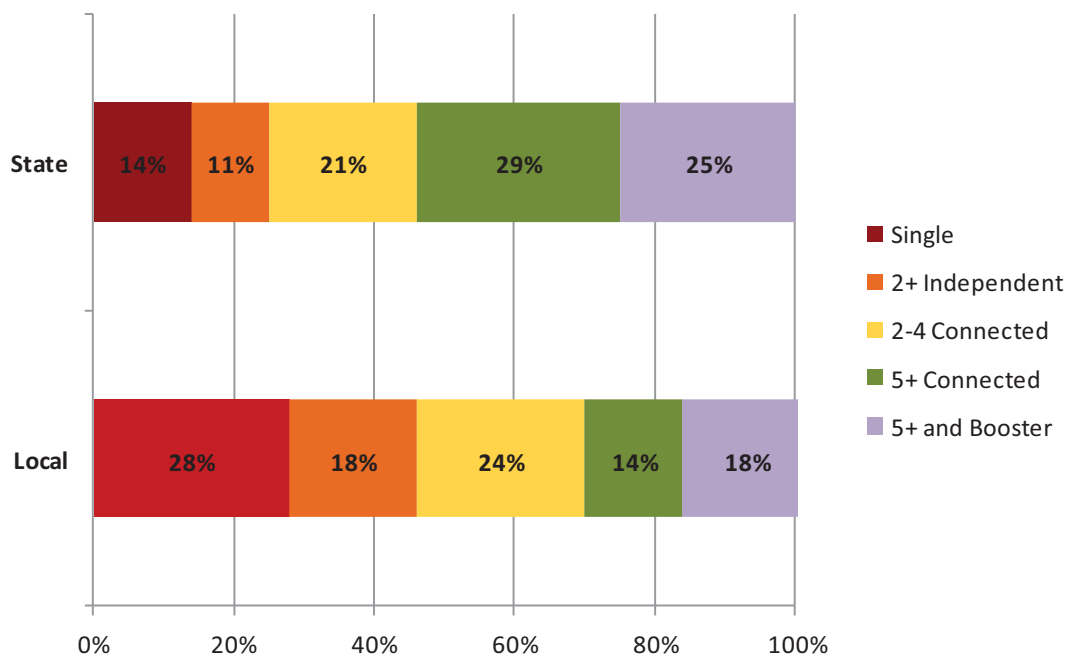
- The majority of coalitions and RPE coordinators are prioritizing strategies that are highly influenced and determined by the participants themselves
- In contrast, half of local programs describe their best strategies as either being agency-determined presentations/messages or presenting participants with set tasks to which they respond

### Dosage/Intensity

Given the complex nature of primary prevention and the fact that rape culture is a daily, pervasive reality, effective prevention strategies should not be one-time experiences but should strive to saturate the community with positive messages and skills. The five response options for use of this principle were:

1. Single session (lowest level of principle use)
2. Two or more independent sessions (e.g., each session is on a different topic)
3. Two to four sessions that are integrally connected so that the impact of each session increases over time (e.g., three-session program that is all about bystander empowerment)
4. Five or more sessions that are integrally connected so that the impact of each session increases over time
5. Five or more sessions that are integrally connected so that the impact of each session increases over time PLUS a follow-up or booster later (highest level of principle use)

(Interventions that do not include any presentation or curriculum were omitted from this analysis.)



**As these findings show, there were notable differences between the types of strategies by rape prevention programs align and those being supported by funding priorities or being promoted by coalitions.** Specifically:

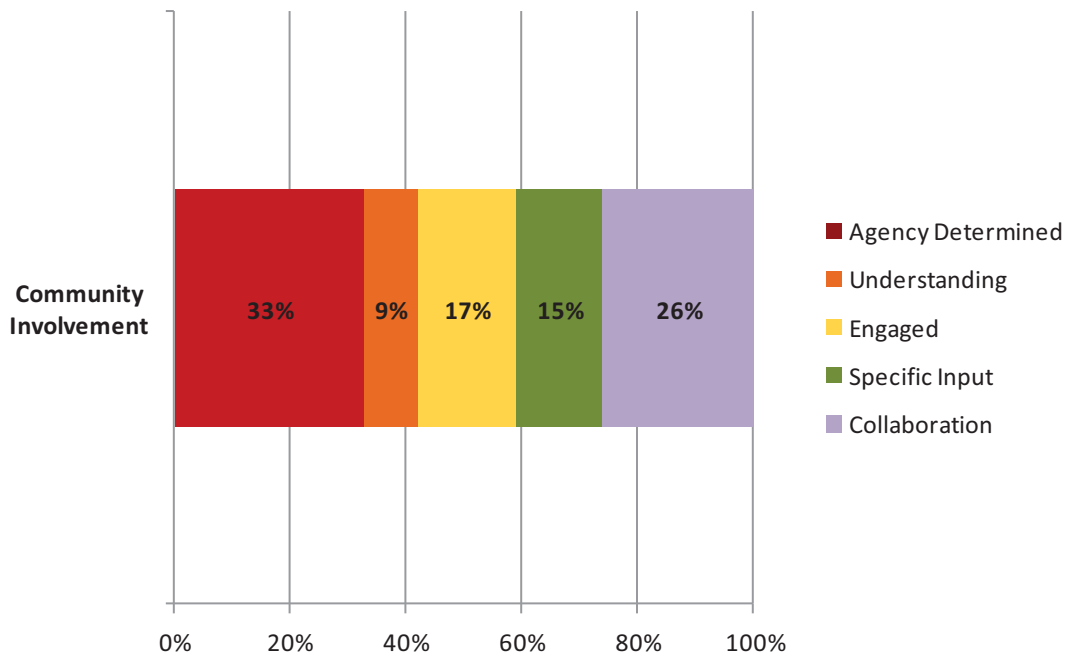
- Twice as many local programs described single session strategies
- Notably fewer local programs described strategies with five or more sessions/exposures

### Community Involvement

To be effective, prevention programs should be tailored to the local community context and culture. This may be most effectively done when the community is involved in the development of the intervention strategy. The five response options for use of this principle were:

1. Strategy was based on ideas, beliefs and practices of our agency or of another organization/person that developed it (lowest level of principle use)
2. Agency tried to understand the kind of group they wanted to reach by reading, going to workshops, etc.
3. Agency got general input from their community to make sure the strategy reflected their interests (e.g., talked with community leaders, held focus groups, etc.)
4. Agency got specific input from their community on the details of the strategy (e.g., they reviewed the materials, gave direct input on the content, etc.)
5. Strategy was developed collaboratively with the community who were equal partners in the process (highest level of principle use)

(Community involvement was only assessed for rape prevention programs due to the community-based nature of their work.)



**These ratings indicate a substantial level of community input and involvement, with more than half of programs reporting at least some community engagement when developing their prevention strategies.**

## Summary

These findings indicate that coalitions and RPE coordinators are emphasizing the use of primary prevention principles to a greater degree than local programs are enacting the principles.

For coalitions and RPE coordinators:

- The greatest emphasis on primary prevention principles is seen in intervention goals and the use of participatory methods
- While the number of exposures to prevention messages and skill-building was good, not as many coalitions and RPE coordinators are emphasizing the highest levels of enactment, indicating this is a possible area for further dialogue and assistance

For local programs:

- The highest level of acting on primary prevention principles was seen in the intervention goals
- The other principles reflect continued enactment at lower levels and underscore the need for ongoing training and technical assistance

## Implications for National Technical Assistance Providers

As described earlier, there is a need for ongoing training opportunities that introduce new prevention staff to the basic concepts of prevention. However, these findings indicate that in order for the movement to advance, there must also be greater emphasis on helping programs translate those concepts into concrete actions.

As national TA providers develop training and technical assistance resources and continue the dialogue with coalitions and RPE coordinators, there needs to be more attention paid to what primary prevention actually looks like and the resources and supports programs need to move from theory into action.

**National TA providers can strengthen their work in this area by:**

- Ensuring that in all training and resources the principles of prevention are illustrated with concrete examples.
- Continuing the dialogue that began with the Year 2 report on innovative prevention programs to explore further how innovative practice can be facilitated in more programs.
- Showcasing more examples of interventions that enact the principles of prevention and making those examples more visible in the field. This might be achieved through avenues such as the NSVRC newsletter, webinars, developing resources on implementation based on actual experiences, and inviting specific programs to present their work and lessons learned at NSAC.
- Providing training and technical assistance on how to access community settings for multiple-session programs.
- Educating common funding sources that are less familiar with the principles of primary prevention so there is more consistency in funding priorities and expectations so more funders understand and support primary prevention.





## Linking to Other Issues

Over recent years, sexual violence prevention programs have increasingly talked about linking to other issues, both as a way of “getting in the door” to do prevention programs (especially in schools) and of providing a more comprehensive, integrated approach to prevention.

In order to provide training and technical assistance that is the most responsive to what is happening in the field, the survey asked respondents to identify any issues that they link sexual violence prevention to.

Table 9 (following page) indicates some clear patterns:

- The **issues most often linked to** are healthy sexuality, teen dating violence, and domestic violence
- **Dual coalitions** report the most linkages to other issues
- **Local programs** report the fewest linkages to other issues

The **large gaps between linkages reported by coalitions and those reported by rape crisis programs** were especially notable for:

- Healthy sexuality
- Reproductive health
- Reproductive coercion
- Youth violence

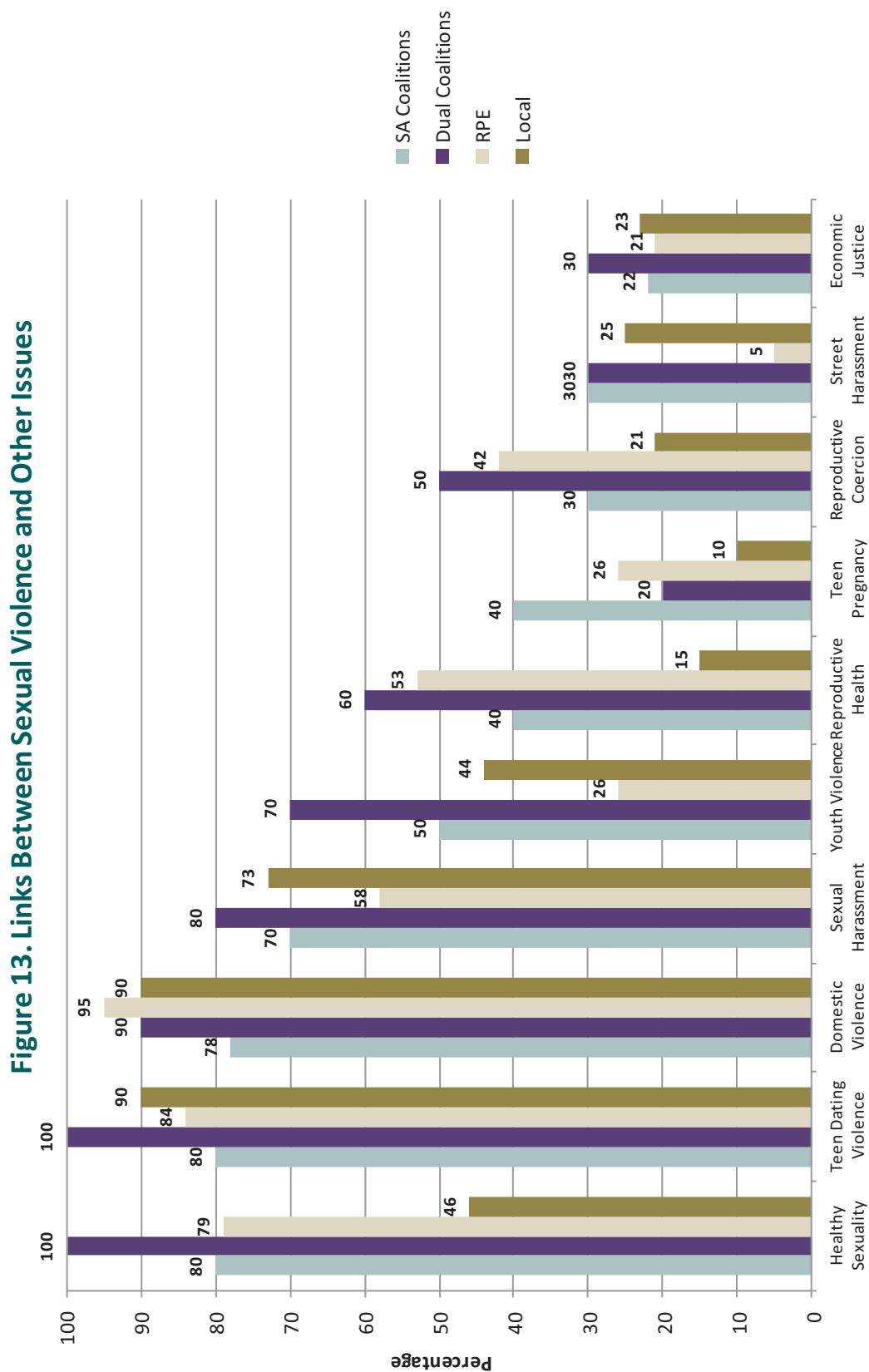
The few local linkages to sexuality may be because local rape crisis programs are more apt to be faced with school boards, parent groups, and faith communities that have reservations about public discussions related to sexuality. Although this is speculative, **it is worth further dialogue with rape crisis programs about the challenges they face when talking about sexuality. Showcasing examples of healthy sexuality initiatives may also be useful to the field.**

### Implications for National Technical Assistance Providers

**When talking about linking to other social issues, training and technical assistance may be most effective if it addresses the links to healthy sexuality, teen dating violence and domestic violence.**

The fact that dual coalitions report the most linkages to other issues may indicate that they are an important resource. Their experiences and lessons learned can be shared with the field.

The gaps between coalitions and rape crisis programs on topics related to sexuality indicate the need for targeted training and technical assistance to help local programs engage more effectively with linking to these issues.





## Resources for Prevention

In order to disseminate prevention resources more effectively, it is useful to know where coalitions, RPE coordinators and rape crisis programs turn when they are looking for information, ideas and resources.

### Sources Turned To

On the survey, respondents were asked about 13 kinds of resources they might look for and were given 10 sources to choose from; they could check as many sources as they wanted to indicate where they most often turn. As shown below, there were some common trends across respondents:

- The **NSVRC** was a top resource for state/territory-level respondents, but a less frequently turned to source for rape crisis programs
- The **CDC** was a frequently used resource for state/territory-level respondents, but much less frequently used by rape crisis programs
- **PreventConnect** was used at highly variable levels with it being a top source for sexual assault coalitions, a moderately accessed source for dual coalitions and RPE coordinators, and a less frequently used source for rape crisis programs
- **VAWNet** was the least frequently used source for all respondents except for dual coalitions

Turn To  
Most  
Frequently



Least  
Frequently

SA Coalitions	Dual Coalitions	RPE Coordinators	RCCs
PreventConnect	NSVRC	NSVRC	Coalition Internet
NSVRC	CDC	CDC	
Internet Research CDC	Research	PreventConnect Research	Research
	Internet		NSVRC
	VAWNet	Internet	Community
RCCs	PreventConnect	Coalition	Other RCCs
Coalitions	Coalitions	RPE Funder	CDC
Community	RPE Funder	Community	PreventConnect
RPE Funder	Community	RCCs	RPE Funder
VAWNet	RCCs	VAWNet	VAWNet

Merged cells indicate tied rankings

## Knowledge and Use of the NSVRC

Of specific interest for this survey was the extent to which the field is aware of and accesses the NSVRC as a resource for prevention work. There was concern that the NSVRC's profile may be lower than optimal and their resources may be underutilized. That concern was partially supported by the survey responses.

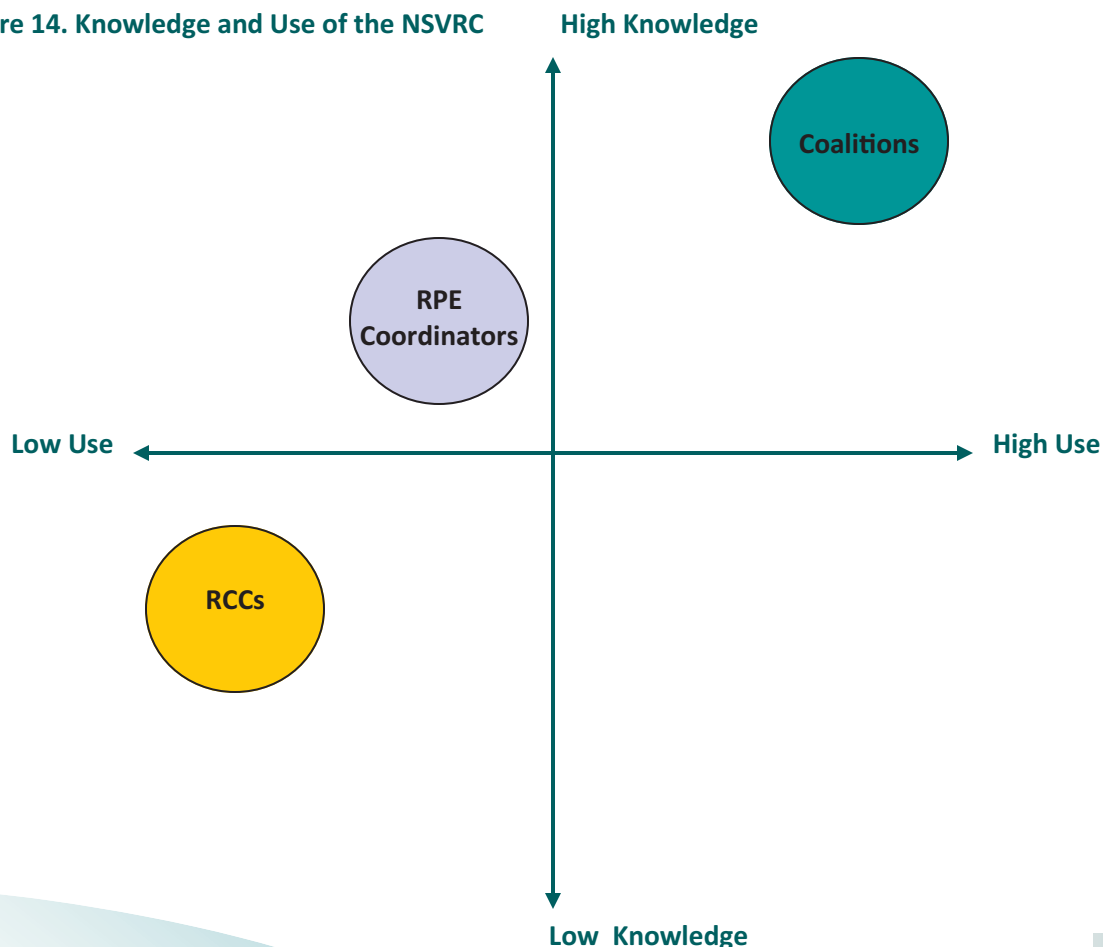
**Knowledge and use of the NSVRC varied depending on the constituent group.** As illustrated below:

- **Coalitions reported high knowledge of NSVRC resources and high use of those resources.** Of the 12 resources asked about, at least half of coalitions reported knowledge of all but one resource and at least half reported use of all but two resources.

- **RPE coordinators reported high knowledge of NSVRC resources, but low to moderate use of those resources.** Although RPE coordinators do not typically engage directly in prevention initiatives, they do provide technical assistance and the NSVRC can be a resource for them in this role.
- **Rape crisis centers reported moderate knowledge of NSVRC resources and low use of most of those resources.** The only resources reported as used by at least half of centers were the website and SAAM materials.

Details about knowledge and use of specific resources are found on the following page.

Figure 14. Knowledge and Use of the NSVRC



## Know About

80—100%

50—79%

20—49%

0—19%

Coalitions	RPE Coordinators	RCCs
E-Newsletter Website Resource Library SAAM* NSAC** Social Networking	Website Resource Library NSAC SAAM	Website SAAM
Directory Customized Requests Web-based Training Research briefs Bystander Module	E-Newsletter Web-based Training Directory Social Networking	NSAC Web-based Training Directory E-Newsletter Resource Library Social Networking
In-person Trainings	Bystander Module Customized Requests Research Briefs In-person Trainings	In-person Training Bystander Module Research Briefs Customized Requests
-	-	-

## Have Used

80—100%

50—79%

20—49%

0—19%

Coalitions	RPE Coordinators	RCCs
E-Newsletter Website SAAM Resource Library NSAC Social Networking	Website NSAC	Website
Web-based Training Customized Requests Directory Research Briefs	SAAM E-Newsletter Resource Library	SAAM
Bystander Module In-person Training	Web-based Training Directory Bystander Module Social Networking Customized Requests	E-Newsletter Directory Web-based Training Resource Library NSAC
-	In-person Training Research Briefs	Social Networking Research Briefs In-person Training Bystander Module Customized Requests

\* Sexual Assault Awareness Month

\*\* National Sexual Assault Conference

## National Initiatives

In addition to resources the NSVRC provides to the field, they are also engaged in a number of national initiatives. These projects have the potential to provide critical leadership to the field and to shape trends in both prevention and services. However, because these initiatives tend to have a very specific focus, the NSVRC's leadership and participation in these projects may not be widely known.

To assess the field's awareness of these initiatives, both the state/territory-level and local level surveys asked respondents to indicate if they knew the NSVRC was involved in each of 10 initiatives.

**Knowledge and use of the NSVRC's involvement in national initiatives also varied depending on the constituent group.**

As shown below:

- **Coalitions reported relatively high knowledge of NSVRC leadership**, although some initiatives were less well known.
- **RPE coordinators reported low knowledge of NSVRC leadership for almost all initiatives.** The two initiatives that were widely known were VAWNet and the Messaging Project.
- **Rape crisis programs reported very low knowledge of NSVRC leadership** for all initiatives except VAWNet.

**Except for coalitions, the field reported little awareness of the NSVRC's leadership. This points to the need to raise the NSVRC's profile.**

Know About	Coalitions	RPE Coordinators	RCCs
	VAWNet	VAWNet Messaging Project	-
	Relief Fund SADI* SANE Sustainability	-	VAWNet
	Messaging Project SAFE Payment Just Rural Multilingual Access Lifespan Deepening Roots	Relief Fund	SANE Sustainability
	-	SADI Just Rural SANE Sustainability Multilingual Access SAFE Payment Lifespan Deepening Roots	Just Rural SAFE Payment Relief Fund SADI Deepening Roots Messaging Project Multilingual Access

\* Sexual Assault Demonstration Initiative

## User Feedback

During the course of this year, the NSVRC began using a new satisfaction survey to do basic follow-up with people who call for information and technical assistance. To date, 33 surveys have been completed. While these are a small proportion of people who received assistance, the responses provide an initial glimpse into how users respond to the service provided.

- Half of users reported increased ability to act on the issue
- The vast majority of users would call the NSVRC again and recommend it to others

**These findings indicate high satisfaction with the NSVRC's technical assistance services.**

As shown below:

- Slightly more than half of requests were focused on prevention
- Most users appreciated the quality of the materials and information
- Almost half of users reported notable increases in knowledge of the issue

Responses	
Sought help with prevention	55%
What was useful:	
Quality materials	63%
Quality information	59%
Know "moderately" or "a lot" more following contact	48%
Ability to take action increased "moderately" or "a lot" following contact	51%
Likely to call again	82%
Likely to recommend NSVRC to others	88%

## Summary

It appears that the NSVRC is a valuable and often-used resource for coalitions and RPE coordinators. Not only do they report knowing about most of the major resources the NSVRC provides, they also report using those resources. While use is slightly lower for RPE coordinators, this is understandable in light of their role.

The NSVRC's reach at the local level is much less pronounced. Other than the website and SAAM materials, few local programs reported using other NSVRC resources. While it may be effective in some ways for the NSVRC to influence the field through its relationship with coalitions and RPE coordinators, there are ways in which the gap between the NSVRC and local programs represents a lost opportunity.

Many of the NSVRC's materials and assistance are designed specifically with local programs in mind (e.g., bystander module, customized requests, etc.) That these are being infrequently utilized diminishes both the impact the NSVRC can have on the field and the resources and support available to local programs. Additionally, programs in states with less active coalitions will be more difficult to reach without stronger relationships directly with the local level.

## Implications for National Technical Assistance Providers

Knowing where different constituents turn for prevention resources can help with planning how to distribute resources and to advertise training and technical assistance opportunities. The survey responses underscore that reaching rape crisis programs requires different methods than reaching state/territory-level stakeholders.

Influencing local programs through coalitions and RPE coordinators is one strategy, but should not be overly relied upon. The NSVRC can maximize its influence on the field by also developing strong relationships directly with local programs.

Based on these findings, the NSVRC may want to examine its outreach and advertising efforts and possibly engage the help of consultants who are experts in marketing to reach local programs more effectively.





# Evaluation of Prevention Initiatives

The final area explored in this assessment was the need for training and technical assistance on program evaluation. The findings from this part of the survey are especially important as greater emphasis is being placed on evaluation outcomes and building evaluation capacity in the field.

When thinking about and planning to build evaluation capacity, it is important to remember that it is not merely a matter of teaching people about evaluation. Evaluation capacity requires (Preskill & Boyle, 2008):

## **Evaluation Knowledge, Skills and Attitudes:**

- Positive attitudes about evaluation
- Belief that evaluation is useful and worthwhile
- Motivation to evaluation
- Knowledge of evaluation principles
- Skills for designing, implementing and analyzing evaluation data

## **Transfer of Learning Throughout the Organization through:**

- Leadership
- Organizational culture
- Systems and structures
- Communication

## **Sustainable Evaluation Practice:**

- Strategic plan for evaluation
- Evaluation policies and procedures
- Resources dedicated to evaluation
- Use of evaluation findings
- Integrated knowledge management system
- Continuous learning about evaluation

The Year 3 survey examined five aspects of evaluation capacity:

- Evaluation requirements
- How programs evaluate prevention efforts
- Confidence for evaluation
- Organizational support for evaluation
- How coalitions and RPE coordinators build the evaluation capacity of local programs

## **Evaluation Requirements**

**Of local programs, 69% reported that they were required by funders to evaluate their prevention programs. Of those that were required to do evaluation, 17% reported that they received additional funds to support those evaluations.**

This represents a serious underfunding of evaluation activities and likely contributes to insufficient resources being made available to conduct thorough and useful evaluations. It should be remembered that a common recommendation in the field of evaluation is that the evaluation budget for a project should be equal to 10% - 15% of the project budget.

Despite underfunding, programs expressed a value of evaluation. Of those that were required to evaluate their prevention programs, more than three-quarters (86%) reported they would be “moderately” or “very likely” to evaluate their programs even if their funder no longer required it. This belief in the value of evaluation is an important component of evaluation capacity.

### Organizational Support for Evaluation

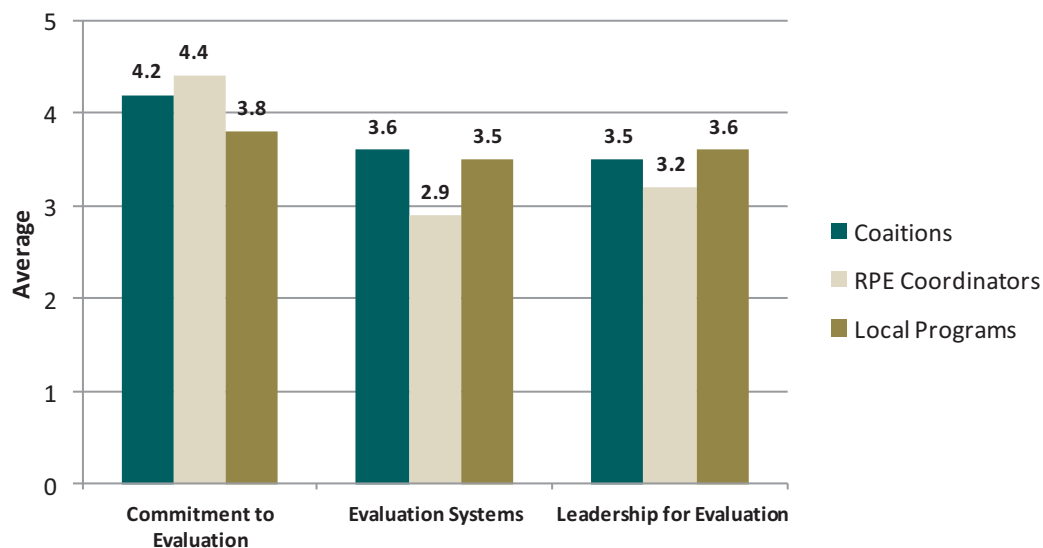
In addition to external requirements, evaluation capacity and practice are also influenced by the ways evaluation is supported (or not supported) by the organization itself.

Organizational support for evaluation was measured by 15 questions adapted from the Readiness for Organizational Learning and Evaluation Instrument (Preskill & Torres, 2000) where the highest possible rating was a 5.

As shown in Figure 14, **the commitment to evaluation, established evaluation systems, and leadership for evaluation were moderately high** for coalitions, RPE coordinators and local programs.

**These findings indicate that this is an opportune time to invest in building the evaluation capacity of the field.** It appears there is high receptivity to the importance of evaluation and at least some foundation on which to build.

**Figure 14. Average Organizational Support for Evaluation**



## Evaluation Practice

### Evaluations Conducted

**Among local programs, 75% reported that they had evaluated their prevention work during the past year. This is a striking increase from Year 1** when only slightly more than half (57%) of local programs reported having evaluated their prevention programs in the past year.

Strikingly, all (100%) sexual violence-specific and multi-service agencies reported having evaluated their work, but only slightly more than half (57%) of dual agencies reported evaluating their prevention work.

**Among those coalitions and RPE coordinators that carried out any state- or territory-wide prevention initiatives, there was also frequent evaluation.** Among those that had carried out prevention initiatives, 60% reported they had evaluated their prevention work during the past year.

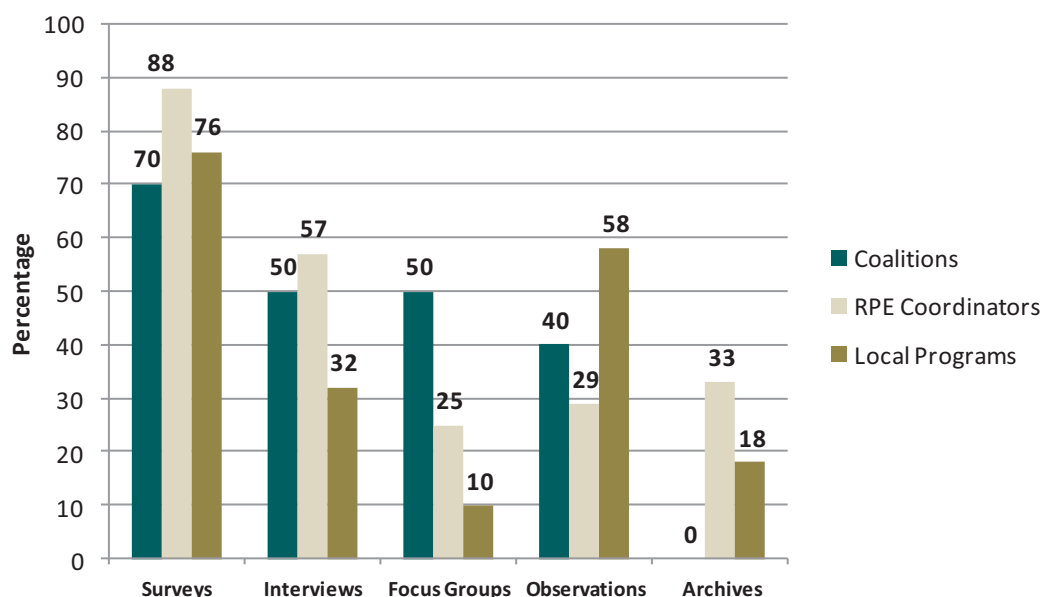
The increase in evaluation practice reflects a growing interest in and commitment to evaluation. **This is, therefore, a critical time to be supporting the development of evaluation capacity and to be establishing system-level practices that fund evaluation.**

### Methods Used

As shown in Figure 15, the **most common method used was surveys**. Notably **fewer local programs reported using interviews or focus groups**. This is a potential area for targeted training and technical assistance, especially in light of the fact that these qualitative methods draw on skills that many program staff already have (e.g., building rapport, active listening, identifying key issues, etc.) and do not require statistical skills to analyze the data.

**For those who continue to use surveys, experience in the field indicates that program staff are in dire need of training and technical assistance** about how to write surveys and how to analyze survey data effectively. While it is

Figure 15. Evaluation Methods Used



## Evaluation of Prevention Initiatives

easy to write a survey, it is not easy to write a valid and reliable survey. The skills needed to write and analyze surveys are ones that are particularly well-suited to a variety of training and technical assistance modalities including in-person and web-based training, written guides, and coaching.

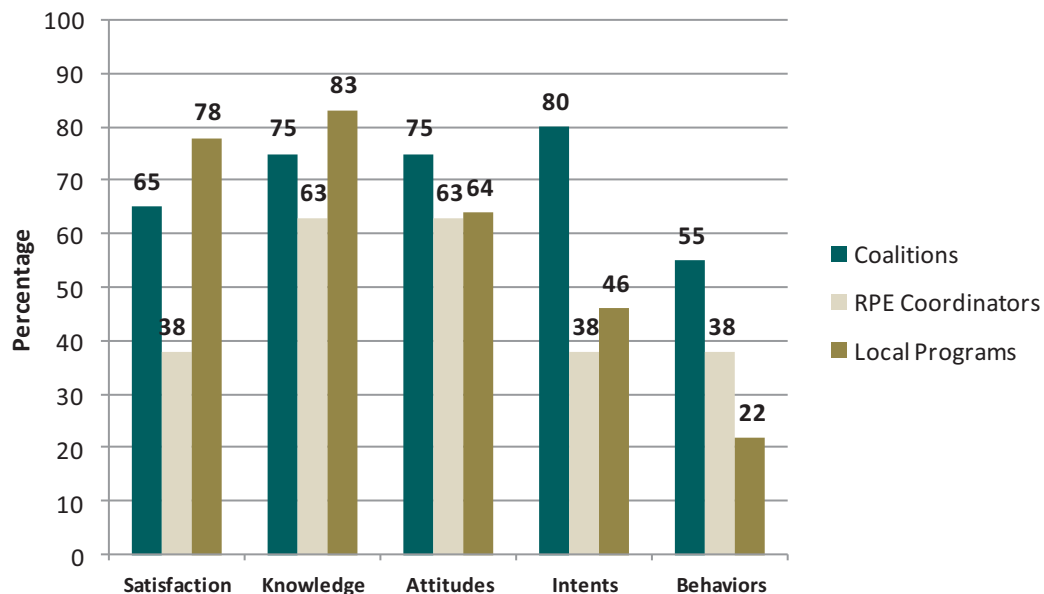
### Outcomes Measured

As for what programs are measuring with their evaluations, as shown in Figure 16, **the emphasis for local programs remains on participant satisfaction, knowledge and attitudes. These are insufficient for measuring the effectiveness of primary prevention initiatives.** This reflects the difficulty many programs have with (a) determining what the behavioral outcomes for

their prevention programs might be and (b) knowing how to measure those outcomes.

**For coalitions and RPE coordinators, there is a greater emphasis on measuring behavioral intents and behaviors.** Furthermore, the Year 3 responses indicate a notable shift away from relying on satisfaction and knowledge outcomes and toward behavioral intents and behaviors. These changes were most notable for coalitions, as shown in the table below.

Figure 16. Outcomes Measured



Coalitions	Year 1	Year 3	Change
Satisfaction	88%	65%	↓
Knowledge	88%	75%	↓
Attitudes	75%	75%	-
Intents	63%	80%	↑
Behaviors	38%	55%	↑

## Confidence for Evaluation

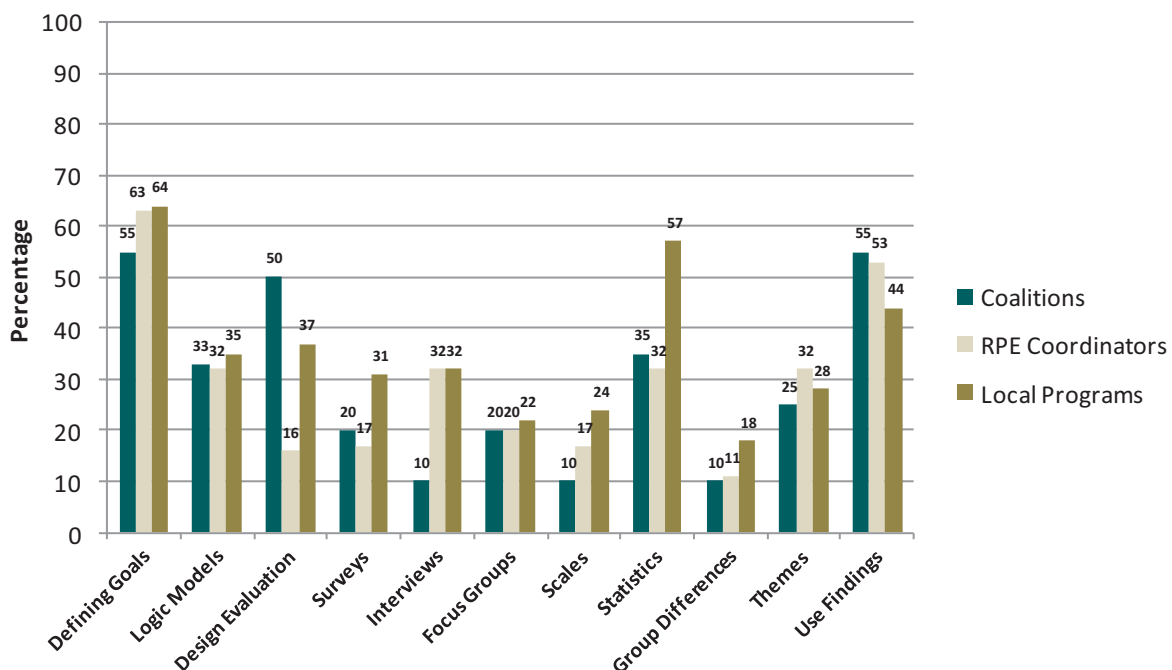
Confidence at completing basic evaluation tasks (local programs) and training programs on those tasks (coalitions and RPE coordinators) was assessed. Tasks included fundamentals of design and implementation (defining goals, logic models, design), measurement development (surveys, interviews, focus groups), data analysis (scales, statistics, group differences, and themes), and using evaluation findings.

As shown in Figure 17, **confidence with evaluation tasks was low in almost all areas**. The only two tasks for which there was consistently higher confidence were defining program goals and using evaluation findings. However, the earlier noted reliance on satisfaction, knowledge and attitude measures brings into question the actual ability of program staff to define and measure primary prevention goals.

The correspondence between coalition/RPE coordinator confidence with training programs and the programs' confidence with carrying out those tasks is not surprising. It also points to a substantial gap in training capacity in the field.

**At this time, it appears that most coalitions and RPE coordinators are not in the position to provide the type of in-depth training and technical assistance required to advance the evaluation knowledge and skills of local programs.** Therefore, it is vital that national TA providers fill the gap through training and technical assistance aimed at both the state/territory levels and local programs.

Figure 17. "Very Confident" with Evaluation Tasks



## Summary

The findings indicate a substantial commitment to evaluation. However, actual evaluation practice indicates that coalitions, RPE coordinators and local programs are struggling to evaluate prevention initiatives in ways that can document whether and how they are effective. This means they lack the information they need to make informed decisions about future prevention work and are unable to contribute to the practice-based evidence that is needed in the field.

In particular, there is:

- a need to expand beyond surveys
- a need to go beyond satisfaction, knowledge, attitudes
- a need for more use of qualitative evaluation methods
- a need for more measurements of behavioral intent and actual behavior outcomes
- growth needed in fundamental evaluation design and data analysis skills

## Implications for National Technical Assistance Providers

Training and technical assistance to build evaluation capacity is desperately needed at all levels. The challenge for national TA providers is that they, too, often lack experience and skills with evaluation. Based on the pressing need to build evaluation capacity at all levels, it is suggested that national TA providers take both internal and external approaches.

National TA providers should begin by building their own capacity. For example:

- Assess their own evaluation capacity and develop plans to build the skills, systems and culture needed to make evaluation integral to their own work
- Establish systems and policies that prioritize evaluation as a routine part of operations

- Provide intensive training in evaluation to their own staff, especially technical assistance providers, so they are able to advise coalitions, RPE coordinators and local programs
- Allocate or secure funds to establish a permanent evaluator position on staff that can work to build internal evaluation capacity of the TA provider and provide specialized training and technical assistance to constituents

Once sufficient internal capacity is built, then national TA providers can shift their focus to building the evaluation capacity of coalitions. For example:

- Provide opportunities for intensive evaluation training to coalition staff; separate trainings should be held for:
  - Defining goals and developing logic models
  - Designing surveys
  - Analyzing survey data
  - Using focus groups and interviews for evaluation (both design and analysis)
- Develop written resources for evaluating prevention programs that can be used when providing technical assistance; these resources should be focused on building fundamental skills of evaluation and provide step-by-step guidance for major evaluation tasks
- Develop measures for evaluating outcomes and process that can be adapted by coalitions and programs and used as examples of effective evaluation; quantitative measures should always be accompanied by analysis guidance and tools such as instructions on how to analyze survey data and MS Excel files that have been programmed to analyze data that are collected

- Providing ongoing technical assistance or mentoring that walks through valuations from start to finish, being available for technical guidance and problem solving

National TA providers are also the ones to liaison with others who can influence evaluation policy and practice. For example:

- Establish formal connections with individual evaluators who have expertise in evaluation related to sexual violence and with the American Evaluation Association
- Educate funders about what constitutes good evaluation of prevention programs and the resources required for evaluation





## Synthesis of Findings

This concludes the three-year assessment of prevention capacity conducted by the NSVRC. As a whole, the assessment identified three interrelated factors as critical to prevention capacity:

- **Primary prevention practice**
- **Integration of prevention throughout organizations**
- **Evaluation capacity**

In various ways, each of these factors contributes to the others — conversely, failure to activate a factor diminishes what is possible elsewhere.



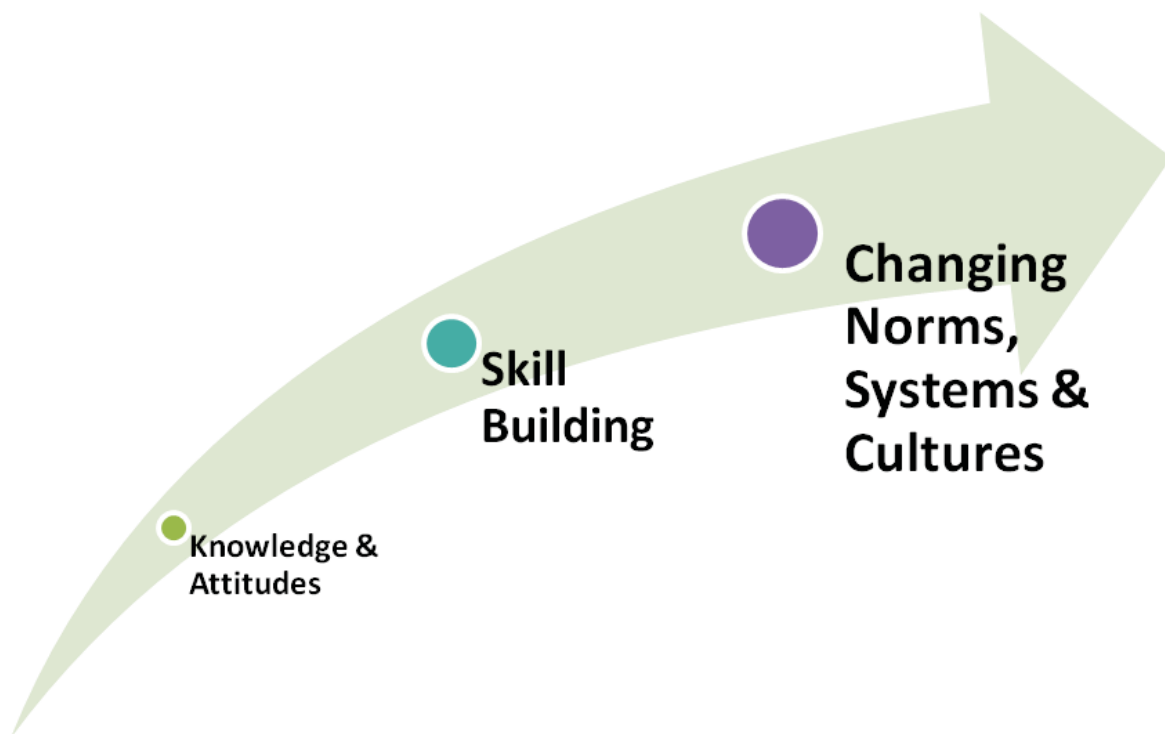
## Next Steps

**Primary prevention practice** is advancing. Increasingly, programs at all levels are shifting away from awareness and risk reduction programs that emphasize knowledge and attitude change to primary prevention strategies that build skills and change norms, systems and cultures.

While these changes have been accelerated by RPE funding requirements, they are not solely due to funders' directives. As found in the Year 2 interviews, programs that were identified as innovative were motivated by internal commitments and community needs, not by external funding priorities. More generally, coalitions, RPE coordinators and local programs often described changes in their prevention programs as due to a recognition of the limits of awareness education and thinking that the new strategies would be more effective.

While the Year 1 survey indicated that RPE-funded programs had enacted more primary prevention strategies, in the Year 3 survey no difference between RPE-funded and non-RPE-funded programs was observed. This may indicate that, while RPE funding served a catalyst role initially, the shift toward primary prevention has diffused throughout the field, regardless of funding status.

Across programs, we see that more primary prevention strategies are being used now than three years ago. However, there is still a pull back toward general rape awareness education. Awareness education may always be a component of primary prevention efforts. However, programs must remain vigilant and self-critical to ensure that they do not drift back into presentations that may be popular with communities and funders, but that do little to reduce the incidence of sexual violence.



## Next Steps

**Integration of prevention** throughout agencies emerged as a critical element supporting primary prevention. Innovative programs reported that prevention was integrated throughout their agencies. This occurred structurally through prevention being incorporated into their missions and strategic plans. It also occurred through people's commitment to prevention work, which included staff throughout the entire agency and not only those designated as prevention staff. The securing of multiple funding sources and the allocation of discretionary funds also gave innovative programs flexibility in their prevention work.

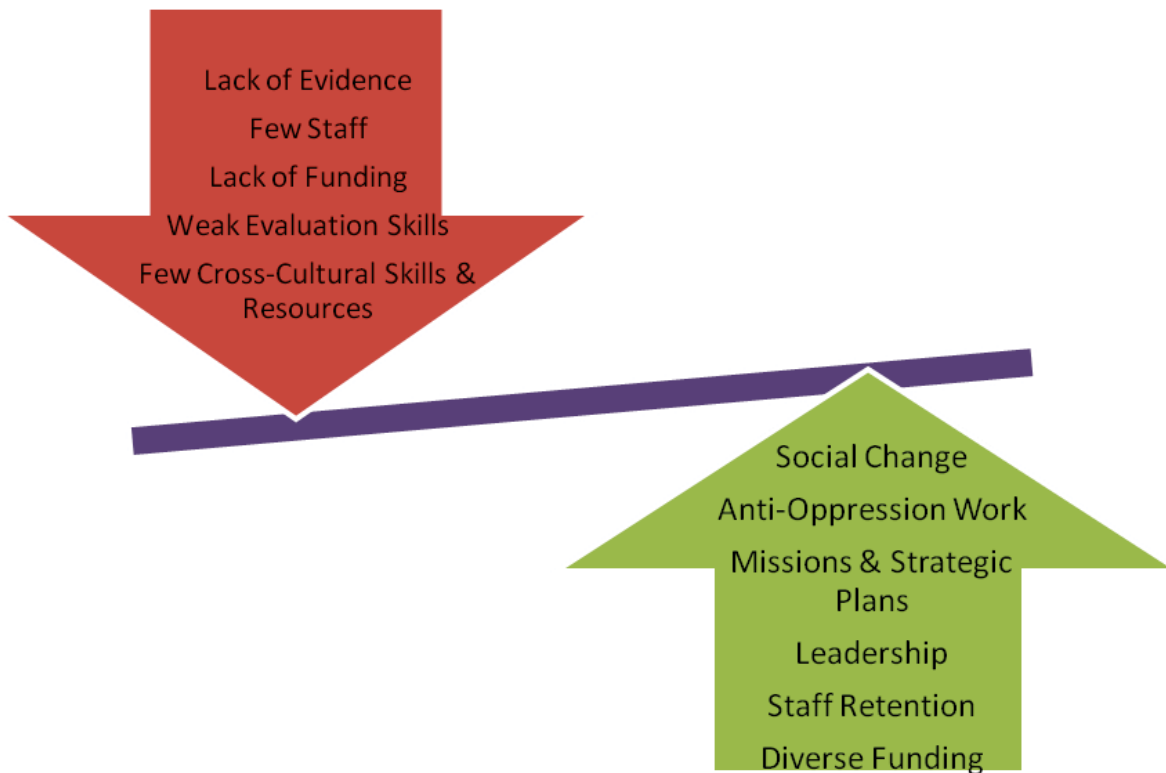
Another striking feature of innovative programs was their commitment to social change and anti-oppression work. National debates and dialogues such as those that occur at the National Sexual Assault Conference indicate that

this orientation is not universal, although it is integral to many theories of the etiology and prevention of sexual violence.

Interviews with innovative programs, focus groups, and comments on the surveys also reflect different climates among prevention programs. Those that have made great strides in developing their primary prevention strategies have been emboldened by a sense of freedom to try new things and to play to their strengths as well as a determination to act on their vision of a community free of sexual violence.

In contrast, programs that have struggled to let go of large audience awareness programs seem constrained by their fear of losing funds and/or community support of popular programs. Some programs continue to struggle with the idea that changing knowledge and attitudes alone will not change behaviors. Others continue to use their "prevention" programs primarily for outreach purposes.

### Constrained by Fear of Funding Loss

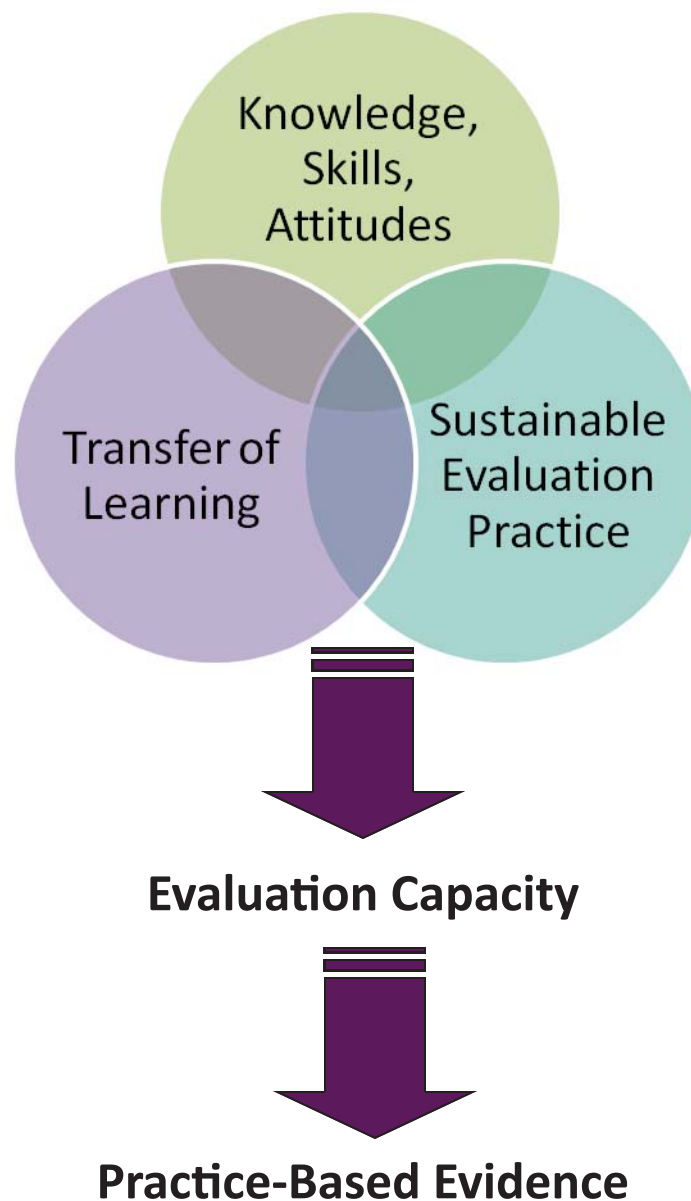


### Emboldened by Freedom and Determination

## Next Steps

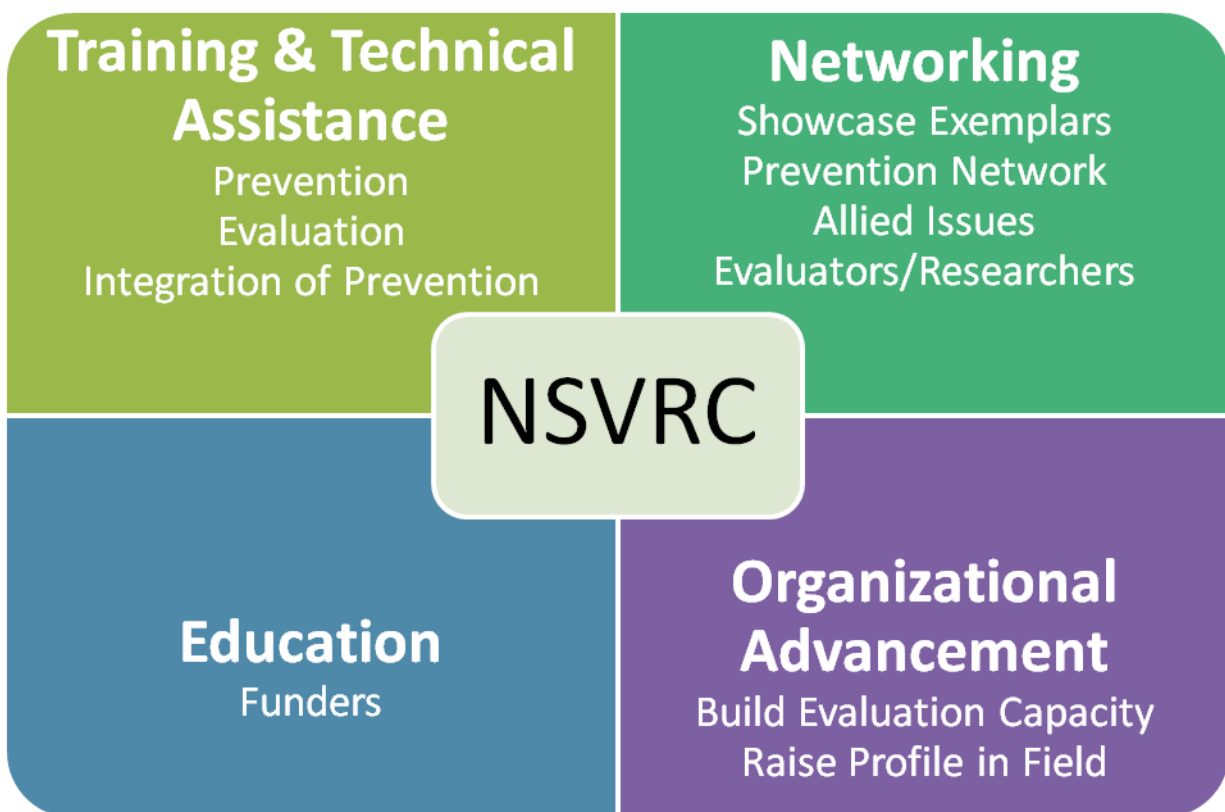
**Building evaluation capacity** is a critical component of strengthening primary prevention efforts. At the most fundamental level, we will not know if primary prevention strategies are having the desired impacts if we do not effectively evaluate them. Without meaningful and useful evaluation, we run the risk of continuing ineffective practices and discontinuing effective ones.

While there is general support for the importance of evaluation, there is a widespread lack of evaluation skills. More resources must be devoted first to building evaluation capacity and then to funding evaluations themselves. It is only through this type of investment that we will be able to build the practice-based evidence that is needed to advance primary prevention practice and to garner further community, funding and legislative support for effective approaches to prevention.



## Next Steps

**The National Sexual Violence Resource Center** can play a vital role in the ongoing advancement of primary prevention. Throughout this three-year assessment, four roles have emerged as particularly apt for the NSVRC: training and technical assistance, facilitating networks, education of policymakers and funders, and advancement of the NSVRC's own organizational capacity.





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## Appendix A: Survey Recruitment

### Initial E-Mail Recruitment for Coalitions and RPE Grantees

The National Sexual Violence Resource Center (NSVRC) is conducting a national evaluation of strengths and needs of organizations doing rape prevention and education work. Your organization is invited to contribute to this evaluation by completing an **online survey**. The survey is **confidential** and will take approximately **45 minutes** to complete. All surveys must be completed **by June 30th** to be included in the results.

You can access the survey online at: <https://www.surveymonkey.com/s/NSVRCstate>

If you prefer to complete the survey on paper, you may call the NSVRC at 1-877-739-3895 (toll free) to request a paper version be mailed to you. If you wish to take the survey over the phone, call the NSVRC at 1-877-739-3895.

If you have any questions about the survey you may contact:

at the NSVRC: Jennifer Grove, 877-739-3895 x. 121, [jgrove@nsvrc.org](mailto:jgrove@nsvrc.org)

the evaluator: Stephanie Townsend, PhD, 585-690-9315, [Stephanie.townsend@earthlink.net](mailto:Stephanie.townsend@earthlink.net)

**We know that your time is valuable.** Your input is vital. Sharing your experiences and ideas will help to shape strategic planning, training and technical assistance at the national level and will support the work of all rape crisis and prevention programs.

**Thank you for considering this request and thank you for the important work you do.**

## Initial E-Mail Recruitment for Rape Crisis Centers

The National Sexual Violence Resource Center (NSVRC) is conducting a national evaluation of strengths and needs of organizations doing rape prevention and education work. Your organization is invited to contribute to this evaluation by completing an **online survey**. The survey is **confidential** and will take approximately **45 minutes** to complete. All surveys must be completed **by June 30th** to be included in the results. If you choose to participate, your organization will receive a \$25 stipend as a token of our thanks.

You can access the survey online at: <https://www.surveymonkey.com/s/NSVRCrcc>

If you prefer to complete the survey on paper, you may call the NSVRC at 1-877-739-3895 (toll free) to request a paper version be mailed to you. If you wish to take the survey over the phone, call the NSVRC at 1-877-739-3895.

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## Appendix B: National Surveys

## NSVRC National Strengths and Needs Survey

The National Sexual Violence Resource Center (NSVRC) is conducting a national evaluation of strengths and needs of organizations doing rape prevention and education work. We especially want to learn about what the trends are for primary prevention, what helps organizations in their prevention efforts, and what the unmet needs are. This information will help the NSVRC better coordinate efforts at the national level and better support local programs and state coalitions.

Your organization is invited to contribute to this evaluation by completing this **survey**. If this survey looks familiar, it is because your organization was invited to take a similar survey two years ago. Whether or not you completed that previous survey, **your participation this year is a vital contribution to this national assessment.**

The survey is **confidential**. The only person who will see your individual answers is the independent evaluator who has been contracted by the NSVRC to lead the evaluation. Neither the NSVRC staff, any state coalition staff, or any funders will know which organizations completed the survey. The evaluator will prepare a summary of the results for the NSVRC staff who will share results with the field.

The survey will take approximately **30 minutes** to complete. All surveys must be completed **by June 29th** to be included in the results. If you choose to participate, your organization will receive a \$25 stipend as a token of our thanks. If you prefer to take the survey **on paper**, call the NSVRC at 877-739-3895 and request that the survey be mailed to you.

We ask that the survey be completed by the **person in your organization who is primarily responsible for coordinating rape prevention and education programming**. That person may receive input from others in the organization if needed. The survey will cover three areas:

- 1. Prevention Strategies:** how you define prevention and what your organization is doing to prevent sexual violence
- 2. Information and Resources:** where you go to find resources for prevention and how much you know about the resources available from the NSVRC
- 3. Evaluation of Prevention Efforts:** how your organization evaluates its prevention work

If you have any **questions** about this survey you may contact:

at the NSVRC: Jennifer Grove, 877-739-3895 x. 121, [jgrove@nsvrc.org](mailto:jgrove@nsvrc.org)

the evaluator: Stephanie Townsend, PhD, 585-690-9315, [stephanie.townsend@earthlink.net](mailto:stephanie.townsend@earthlink.net)

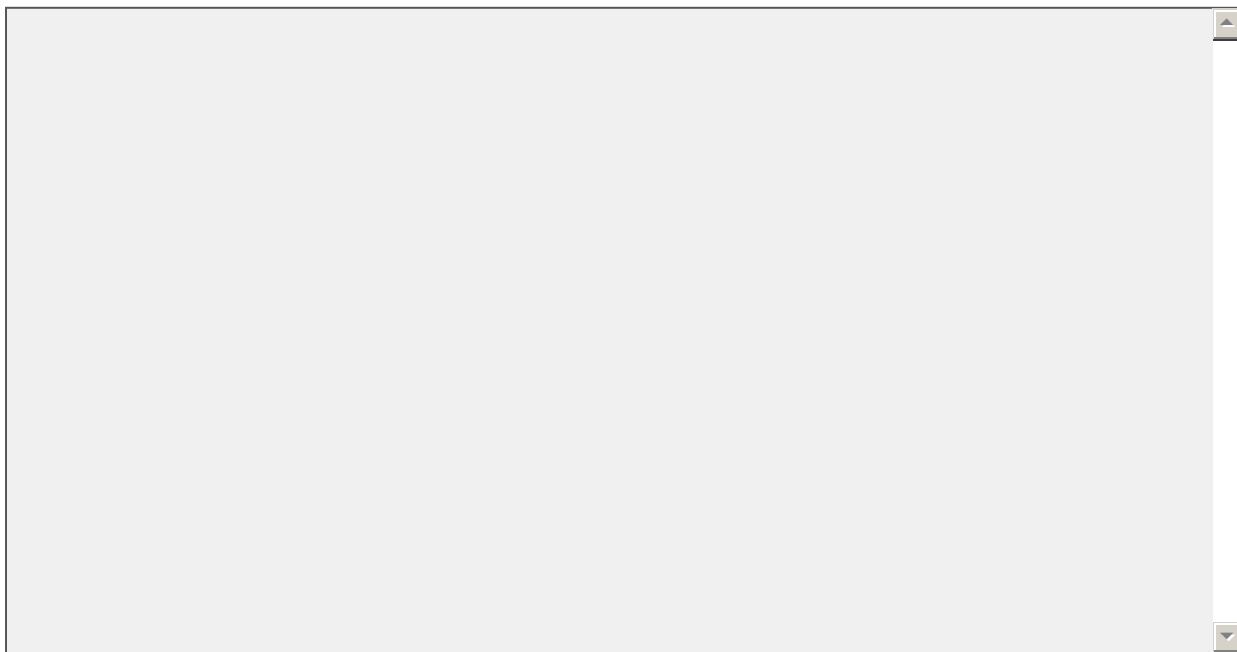
**We know that your time is valuable.** Your input on these issues is vital. Sharing your experiences and ideas will help to shape strategic planning, training and technical assistance at the national level and will support the work of all rape crisis and prevention programs.

**Thank you for considering this request and thank you for the important work you do.**

## Prevention Strategies

This first part of the survey asks about how your agency defines primary prevention of sexual violence and what your agency is doing for prevention.

**1. If you were asked by someone in your community what it means to prevent sexual violence, how would you explain it to them?**



## What Your Agency Does for Prevention

**2. For the next questions, think about what your agency is doing to prevent sexual violence. For each activity please indicate whether your agency is currently engaged in the activity.**

	Not doing this & not interested	Not doing this but interested	Planning to do this	Engaged in doing this
General Rape Awareness Education (rape myths, laws, how to help, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bystander Empowerment (how to take action when witness rape culture or unsafe situations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Social Skills Training (communication, assertiveness, healthy relationships, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender Issues Training (gender stereotypes, gender roles, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Media Literacy Training (critically viewing media, using media for social change)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anti-oppression Training (addressing ways different forms of inequality intersect)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging Men and Boys (actively engaging males in prevention programs by giving them specific roles and responsibilities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobilizing Men (encouraging males to take action, in collaboration with women, to prevent sexual violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging Girls and Young Women (NOT risk reduction, but actively engaging young women in prevention programs by giving them specific roles and responsibilities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobilizing Girls and Young Women (NOT risk reduction, but encouraging young women to take action to prevent sexual violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training Professionals (training them to do prevention as part of their own work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing Norms Campaign for Prevention (e.g., Men of Strength, Choose Respect, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Mobilization for Prevention (engaging community members to take action to prevent sexual violence in their own communities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coalition Building for Prevention (working with individuals and agencies in collaboration to prevent sexual violence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Public or Organizational Policy Advocacy (changing school or workplace policies, laws, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systems and Organizational Change (changing operating procedures, protocols, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**3. Of the prevention activities listed above, which one(s) do your prevention staff spend most of their time doing? (List up to 3)**

1	
2	
3	

**4. What other issues, if any, does your agency link sexual assault prevention to, for example by doing programs that address both issues or otherwise addressing the overlap between issues?**

- ☐ Domestic violence
- ☐ Economic justice/opportunities
- ☐ Healthy sexuality/sex education
- ☐ Reproductive coercion
- ☐ Reproductive health
- ☐ Sexual harassment
- ☐ Street harassment
- ☐ Teen dating violence
- ☐ Teen pregnancy prevention
- ☐ Youth violence

Other (please specify)

--

**5. How, if at all, has your organization's prevention programming changed over the past three years? (check all that apply)**

- ☐ **No changes:** we are doing the same things in the same way
- ☐ **Minor changes:** we are doing the same kinds of things, but have made some adjustments in our content, activities, or structure
- ☐ **Major ADDITIONS:** we have added new strategies or activities that are taking us in new directions
- ☐ **Major DELETIONS:** we have stopped some strategies or activities that we used to do

**6. What were the reasons for any changes you made? (check all that apply)**

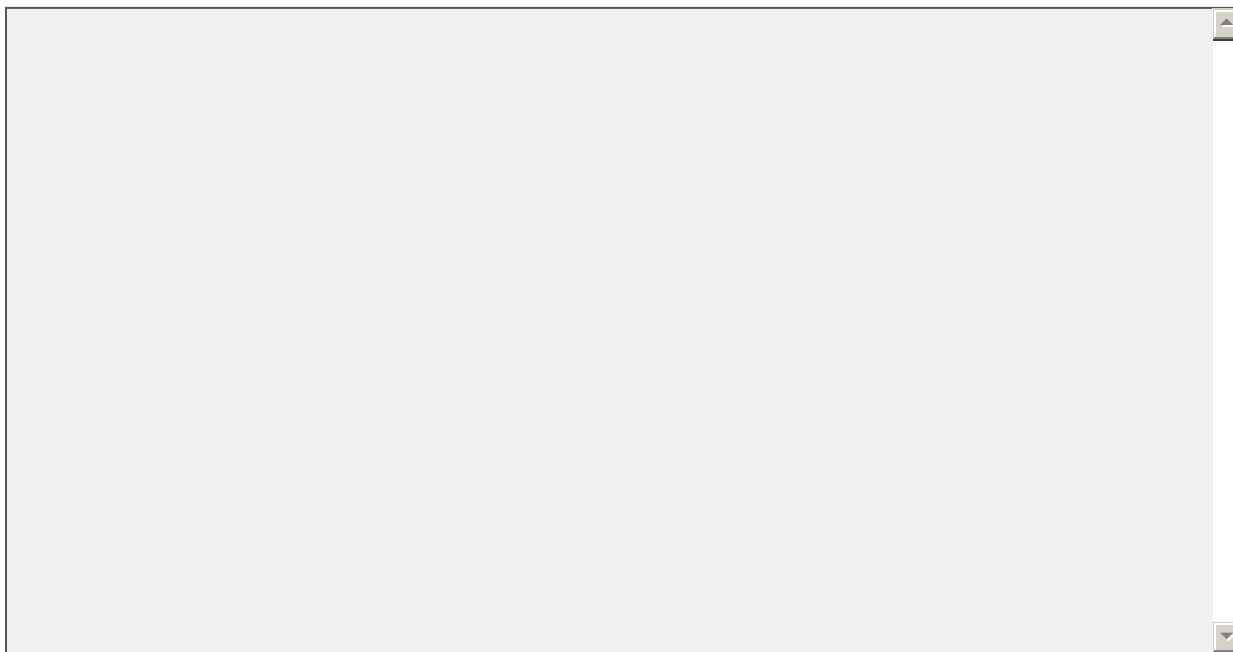
- ☐ We have not made any changes
- ☐ Our funder required us to go in a new direction
- ☐ We lost funding or had funding reductions so had to change what we were doing
- ☐ We got new funding that let us try something new
- ☐ The community was less interested in our old work
- ☐ The community wanted us to go in a new direction
- ☐ We recognized the limitations of classroom presentations
- ☐ We realized that we were spending too much time raising awareness and not enough time building skills or changing our communities
- ☐ We thought the changes would make our work more effective
- ☐ We wanted to try something new

Other (please specify)

## How Your Program Approaches Prevention

**7. For the next questions, we would like to hear about how your program approaches prevention work. To do this, please think about ONE strategy your program is using to prevent sexual violence that you think represents your BEST or MOST EFFECTIVE work.**

**Please briefly describe for us what that strategy is.** (For example: "We have a six-session school curriculum that we do with co-ed groups of high school students where we help them build skills to..." Or "We trained bartenders to identify high-risk situations for alcohol-related sexual assault and to intervene in ways that could prevent an assault. We trained 24 bartenders at 6 bars. The trainings took place in the bar outside of business hours and lasted about an hour.")



**8. Which of the following statements best describe the goals of the strategy you described above?**

- ☐ Increasing knowledge and changing attitudes about sexual assault
- ☐ What to do after an assault
- ☐ Reducing risk factors for being sexually assaulted (e.g., safe alcohol use, assertiveness, etc.)
- ☐ Reducing risk factors for perpetrating an assault (e.g., thinking that condones coercion, alcohol abuse, etc.)
- ☐ Understanding what healthy sexuality and/or healthy relationships are
- ☐ Building skills for healthy sexuality and/or healthy relationships
- ☐ Building skills for being leaders and agents of social change
- ☐ Changing systems in ways that support prevention and/or social change

Other (please specify)



**9. Which of the following best describe the way the strategy you described above was implemented?**

- ☐ Used mass media messages, lectures, presentations, and/or Q&A session
- ☐ Participants responded to set questions or tasks (e.g., brainstorming, responding to questions, games, reading scripted role plays, etc.)
- ☐ Participants generated unanticipated questions and issues and leaders responded to their interests (e.g., open discussions, participant-created role plays, participant-created art projects, etc.)
- ☐ Participants largely determined the agenda and activities were tailored to their specific needs and interests
- ☐ Participants were active leaders in carrying out the program (e.g., peer modeling, club format, participant-led social action)

Other (please specify)

**10. If the strategy you described above includes some type of presentation or curriculum, which of the following statements best describe the frequency or intensity of the strategy?**

- ☐ This strategy does not include any presentation or curriculum
- ☐ Single session
- ☐ Two or more independent sessions (e.g., each session is on a different topic)
- ☐ Two to four sessions that are integrally connected so that the impact of each session increases over time (e.g., a three-session program that is all about bystander empowerment)
- ☐ Five or more sessions that are integrally connected so that the impact of each session increases over time
- ☐ Five or more sessions that are integrally connected so that the impact of each session increases over time PLUS some type of follow-up or booster session later

Other (please specify)

**11. Which of the following statements best describes how, if at all, the community contributed to the development of the strategy you described above?**

- ☐ Strategy is based on the ideas, beliefs and practices of our agency or of another organization/person that developed it
- ☐ We tried to understand the kind of group we wanted to reach by reading, going to workshops, etc.
- ☐ We got general input from our community to make sure the strategy reflected their interests (e.g., talked with community leaders, held focus groups, etc.)
- ☐ We got specific input from our community to make sure the strategy reflected their interests (e.g., they reviewed the materials, gave direct input on content, etc.)
- ☐ We developed the strategy collaboratively with the community who were equal partners in the process

Other (please specify)



**12. Overall, how similar is this strategy you described above to the OTHER prevention work you do?**

- ☐ Very different from most of the other prevention strategies we use
- ☐ Somewhat different most of the other prevention strategies we use
- ☐ Very similar to most of the other prevention strategies we use
- ☐ This is our only prevention strategy

## Where You Find Ideas and Resources

The second section of the survey is about where you find ideas and resources for prevention. Your answers will help us make prevention resources more accessible to programs.

### **13. When you think about all of the prevention strategies you are currently using, where did most of the curricula, materials or tools come from?**

- ☐ We develop them ourselves; everything we do is original
- ☐ We take ideas and resources from a lot of different places and then put them together in our own way
- ☐ We take curricula, materials or tools that someone else has developed and make major adaptations to fit our own communities
- ☐ We take curricula, materials or tools that someone else has developed and make minor adaptations to fit our own communities
- ☐ We use curricula materials or tools as they are written without making any changes

**14. For the next question, please tell us which source(s) you most often turn to for each listed resource. You may choose more than one answer.**

[illegible]

work

People to  
problem  
solve with

☐☐☐☐☐☐☐☐☐☐☐

If you answered "Other" to any of the questions above, please let us know who/what those other sources of information are:

## Awareness of the NSVRC

**15. While the NSVRC has many resources available, we realize that not everyone knows about them. The following are some parts of the NSVRC's work. Please tell us if (a) you were aware that we did this...**

	I did <u>not</u> know the NSVRC did this	I <u>knew</u> the NSVRC did this
Website with resources, information and news items	<input type="radio"/>	<input type="radio"/>
Resource Library with books, articles, videos and other resources	<input type="radio"/>	<input type="radio"/>
Customized responses to requests for information, resources, statistics, model programs, sample policies, etc.	<input type="radio"/>	<input type="radio"/>
In-person trainings	<input type="radio"/>	<input type="radio"/>
Web-based trainings	<input type="radio"/>	<input type="radio"/>
E-Newsletter	<input type="radio"/>	<input type="radio"/>
Research briefs and opportunities to communicate between advocates and researchers	<input type="radio"/>	<input type="radio"/>
Sexual Assault Awareness Month activities and resources	<input type="radio"/>	<input type="radio"/>
Social networking (Facebook, Twitter, YouTube)	<input type="radio"/>	<input type="radio"/>
National Sexual Assault Conference	<input type="radio"/>	<input type="radio"/>
Directory of rape crisis centers throughout the nation	<input type="radio"/>	<input type="radio"/>
Online training module on engaging bystanders in sexual violence prevention	<input type="radio"/>	<input type="radio"/>

**16. ...(b) if you have used this resource in the past**

	I have <u>not</u> used this NSVRC resource	I have <u>used</u> this NSVRC resource
Website with resources, information and news items	<input type="radio"/>	<input type="radio"/>
Resource Library with books, articles, videos and other resources	<input type="radio"/>	<input type="radio"/>
Customized responses to requests for information, resources, statistics, model programs, sample policies, etc.	<input type="radio"/>	<input type="radio"/>
In-person trainings	<input type="radio"/>	<input type="radio"/>
Web-based trainings	<input type="radio"/>	<input type="radio"/>
E-Newsletter	<input type="radio"/>	<input type="radio"/>
Research briefs and opportunities to communicate between advocates and researchers	<input type="radio"/>	<input type="radio"/>
Sexual Assault Awareness Month activities and resources	<input type="radio"/>	<input type="radio"/>
Social networking (Facebook, Twitter, YouTube)	<input type="radio"/>	<input type="radio"/>
National Sexual Assault Conference	<input type="radio"/>	<input type="radio"/>
Directory of rape crisis centers throughout the nation	<input type="radio"/>	<input type="radio"/>
Online training module on engaging bystanders in sexual violence prevention	<input type="radio"/>	<input type="radio"/>

**17. There are also many projects the NSVRC is leading or participating in with national partners. Please tell us how many of these project you were aware of prior to taking this survey.**

	No, I did not know the NSVRC was involved in this project	Yes, I did know the NSVRC was involved in this project
<b>Multilingual Access Project</b> Conducting a national Spanish-language needs assessment, translating resources, and providing networking opportunities for multilingual programs	<input type="radio"/>	<input type="radio"/>
<b>Messaging Project</b> Report from the FrameWorks Institute on how the public thinks about sexual assault in the United States	<input type="radio"/>	<input type="radio"/>
<b>VAWNet</b> Collaborating with the National Resource Center on Domestic Violence to publish online resources related to sexual violence intervention, prevention and research	<input type="radio"/>	<input type="radio"/>
<b>Just Rural Technical Assistance Initiative</b> Providing assistance to rural grantees that receive funding from the Office of Violence Against Women, including training	<input type="radio"/>	<input type="radio"/>
<b>SANE Sustainability Education Project</b> Building the sustainability of SANE programs through training and technical assistance	<input type="radio"/>	<input type="radio"/>
<b>Lifespan National Technical Assistance Project</b> Providing training and technical assistance to advocates, medical providers, prosecutors, law enforcement, and other allied providers on how to support sexual assault survivors across the lifespan	<input type="radio"/>	<input type="radio"/>
<b>Sexual Assault Demonstration Initiative</b> Collaborating with the National Coalition Resource Sharing Project to enhance sexual assault services in dual/multi-service programs	<input type="radio"/>	<input type="radio"/>
<b>Deepening Our Roots</b> Collaborating with the National Coalition Resource Sharing Project to develop e-learning tools to support dual programs funded through the OVW Rural Program	<input type="radio"/>	<input type="radio"/>
<b>Sexual Assault Forensic Exam Payment Practice Study</b> Conducting a study in collaboration with the Urban Institute and George Mason University to learn how forensic exams are paid for and adherence to VAWA regulations	<input type="radio"/>	<input type="radio"/>
<b>Relief Fund for Sexual Assault Survivors</b> Donation program to support programs and survivors that experience displacement, property loss, or other expenses due to some type of disaster	<input type="radio"/>	<input type="radio"/>

## Evaluation of Prevention Efforts

The last section of the survey is about program evaluation. Evaluating prevention efforts may be challenging. In order to support evaluation efforts, we would like to know about your organization's approach to evaluating your prevention work.

**\*18. Do your prevention funders require you to evaluate your prevention programs?**

☐ Yes

☐ No

**19. Do you receive additional funding to support the evaluation?**

☐ Yes

☐ No

**20. How likely would you be to evaluate your prevention programs, even if your funder no longer required it?**

☐ Not at all likely

☐ A little likely

☐ Moderately likely

☐ Very likely



## How Your Agency Evaluates Its Prevention Efforts

### 21. During the past year, which of the following approaches has your organization used to evaluate its prevention work? (Select ALL that apply)

	No	Yes
We have not evaluated our prevention work during the past year	<input type="radio"/>	<input type="radio"/>
Our own staff led an evaluation	<input type="radio"/>	<input type="radio"/>
Someone outside our organization led an evaluation on a voluntary basis	<input type="radio"/>	<input type="radio"/>
We paid someone outside our organization to lead an evaluation	<input type="radio"/>	<input type="radio"/>
Our state coalition evaluated our work	<input type="radio"/>	<input type="radio"/>
Our RPE coordinating agency (e.g., Health Department, OAG) evaluated our work	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

### 22. What method(s) were used? (Select all that apply)

	No	Yes
Survey (including pre-post test surveys)	<input type="radio"/>	<input type="radio"/>
Interviews	<input type="radio"/>	<input type="radio"/>
Focus Groups	<input type="radio"/>	<input type="radio"/>
Observations	<input type="radio"/>	<input type="radio"/>
Archival Data (e.g., sexual harassment complaints, police records, etc.)	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

### 23. Which of the following types of outcomes do you measure when you evaluate your prevention programs? (Select all that apply)

	No	Yes
Participants' satisfaction with the program	<input type="radio"/>	<input type="radio"/>
Knowledge about sexual assault (e.g., definitions, facts, etc.)	<input type="radio"/>	<input type="radio"/>
Attitudes about rape (e.g., rape myth acceptance, etc.)	<input type="radio"/>	<input type="radio"/>
Intent or likelihood of behaving in certain ways (e.g., likelihood of intervening as bystanders, committing acts of violence, etc.)	<input type="radio"/>	<input type="radio"/>
Actual behaviors (e.g., actual interventions as bystanders, perpetration, etc.)	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

**24. There are many approaches to evaluating program outcomes. The list below names some tasks that are often completed during an evaluation. Please rate how confident you are in your agency's ability to carry out these tasks.**

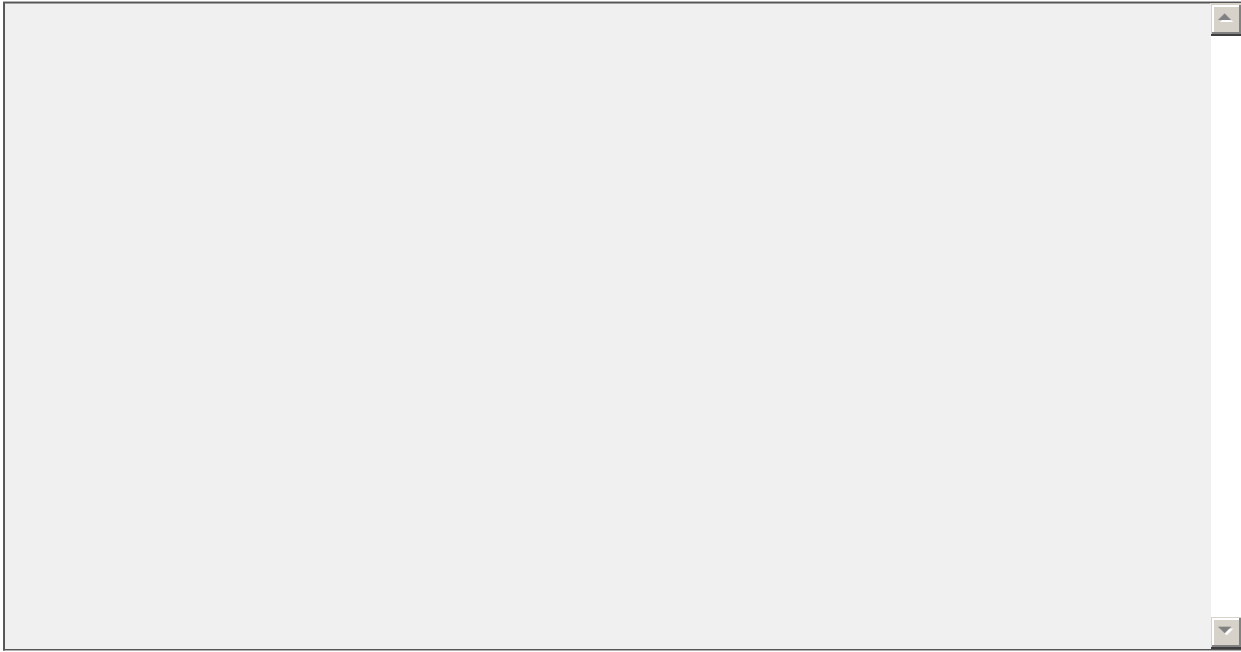
	Very Unsure	A Little Confident	Moderately Confident	Very Confident
Define program goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop logic models that are <u>useful</u> to us	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Design an evaluation (e.g., figure out when and how to collect data)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write effective surveys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop interview questions and do interviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop and run focus groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combine multiple survey questions into a single score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calculate simple statistics such as percentage and averages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Test for statistically significant differences between groups or for change over time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pull themes out of interview and/or focus group notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use evaluation findings to improve our work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Organizational Support for Evaluation

**25. We realize there are many approaches to evaluating prevention programs. To help us understand the role of evaluation at your agency, please tell us how much you agree with each of the following statements**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Our management team would like us to evaluate our prevention work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation helps (or would help) us provide better prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our staff would support it if we tried to do more evaluation of our prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing more evaluation would make it easier to convince our <u>administrators</u> of needed changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing more evaluation would make it easier to convince our <u>community</u> of needed changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing more evaluation would make it easier to convince our <u>funders</u> of needed changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been (or would be) worthwhile to integrate evaluation into our regular work practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We gather information from program participants to gauge how well we're doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have documented past change efforts and what happened as a result	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have few administrative hurdles when trying to do something new	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have few boundaries between departments that keep us from working together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees are recognized or rewarded for learning new knowledge and skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our management team makes realistic commitments for employees (e.g., time, resources, workload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our management team provides the necessary time and support for systemic, long-term change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our management team uses data and information to make decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In our agency we work collaboratively with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**26. Is there anything else you would like us to know about what is happening in your community, state, tribe or territory around prevention? Are there any issues you think need to be addressed at the national level?**



## Organizational Background

Finally, in order to understand how the needs of different organizations are similar and different from one another, we would like some basic information about your organization.

Reminder: The only person who will see your individual answers is the independent evaluator who has been contracted by the NSVRC to lead the evaluation. If you need to consult with other staff to answer these questions, you may do so.

### 27. What state or territory is your agency in?

### 28. What kind of community(ies) does your agency serve?

- ☐ Urban
- ☐ Small city
- ☐ Suburban
- ☐ Rural
- ☐ Tribal

### 29. Is your agency a:

- ☐ Stand-alone rape crisis agency
- ☐ Dual rape crisis and domestic violence agency
- ☐ Multi-service agency

Other (please specify)

### 30. Is your agency's overall mission to serve:

- ☐ The general population
- ☐ A specific cultural or community group (e.g., your agency identifies as an Asian or Latina organization, your mission is to work with the deaf and hearing impaired, you are an LGBTQ identified organization, etc.)

### 31. If your agency's overall mission is to serve the general population, do you also have any programs within your agency that are designed to serve a specific cultural group?

- ☐ No

Yes (please describe that program)

**32. How many staff does your agency have for all of its programs and services?**

Full-time employees	<input type="text"/>
Part-time employees	<input type="text"/>
Full-time interns	<input type="text"/>
Part-time interns	<input type="text"/>
Volunteers	<input type="text"/>

**33. How many staff does your agency have for its sexual assault program as a whole (both services and prevention)?**

Full-time employees	<input type="text"/>
Part-time employees	<input type="text"/>
Full-time interns	<input type="text"/>
Part-time interns	<input type="text"/>
Volunteers	<input type="text"/>

**34. How many of your sexual assault program staff work primarily on prevention?**

Full-time employees	<input type="text"/>
Part-time employees	<input type="text"/>
Full-time interns	<input type="text"/>
Part-time interns	<input type="text"/>
Volunteers	<input type="text"/>

**35. Does your agency receive federal Rape Prevention Education funds?**

- ☐ Yes
- ☐ No
- ☐ I Don't Know

**36. What other sources of funding do you use for your sexual assault prevention activities?**

	No	Yes
State funds (besides RPE)	<input type="radio"/>	<input type="radio"/>
County funds	<input type="radio"/>	<input type="radio"/>
City funds	<input type="radio"/>	<input type="radio"/>
Charitable organizations (e.g., United Way)	<input type="radio"/>	<input type="radio"/>
Foundation funds	<input type="radio"/>	<input type="radio"/>
Business/corporate sponsorship	<input type="radio"/>	<input type="radio"/>
Special fundraising events	<input type="radio"/>	<input type="radio"/>
Private donors	<input type="radio"/>	<input type="radio"/>
Fee-for-service	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

**37. Please provide budget information in US dollars. ONLY enter numbers. Do NOT include a dollar sign or words. (For example, write "4000000" instead of "\$4 million".)**

Agency's total operating budget in 2011

Budget for sexual assault programs (both services and prevention) in 2011

Budget for prevention of sexual violence in 2011

## Thank You

Thank you for taking the time to complete this survey. In order to provide you with the \$25 stipend for completing this survey, the independent evaluator will need to have your agency's name and mailing address.

**Reminder: The only person who knows you completed the survey and who will see your individual answers is the independent evaluator. Neither the NSVRC staff, any state coalition staff, nor any funders will know which organizations completed the survey.**

**If you wish to skip this question, you may do so. (However, in that case you will not receive the \$25 stipend.)**

### 38. Agency Name

### 39. Mailing Address

### 40. State/Territory

### 41. ZIP



## NSVRC National Strengths and Needs Survey

The National Sexual Violence Resource Center (NSVRC) is conducting a national evaluation of strengths and needs of organizations doing rape prevention and education work. This information will help the NSVRC better coordinate efforts at the national level and better support local programs, state coalitions and RPE coordinating agencies.

Your organization is invited to contribute to this evaluation by completing this **survey**. All state/territory/tribal coalitions and RPE coordinators are being invited to participate in this survey. If this survey looks familiar, it is because your organization was invited to take a similar survey two years ago. Whether or not you completed that previous survey, **your participation this year is a vital contribution to this national assessment.**

The survey is **confidential**. The only person who will see your individual answers is the independent evaluator who has been contracted by the NSVRC to lead the evaluation. Neither the NSVRC staff, any state coalition staff, or any funders will know which organizations completed the survey. The evaluator will prepare a summary of the results for the NSVRC staff who will share results with the field.

The survey will take approximately **30 minutes** to complete. All surveys must be completed **by June 29th** to be included in the results. If you prefer to take the survey **on paper**, call the NSVRC at 877-739-3895 and request that the survey be mailed to you.

We ask that the survey be completed by the **person in your organization who is primarily responsible for coordinating rape prevention and education programming**. That person may receive input from others in the organization if needed. The survey will cover three areas:

- 1. Prevention Strategies:** how you define prevention and what your organization is doing to prevent sexual violence
- 2. Information and Resources:** where you go to find resources for prevention and how much you know about the resources available from the NSVRC
- 3. Evaluation of Prevention Efforts:** how your organization evaluates its prevention work

If you have any **questions** about this survey you may contact:

at the NSVRC: Jennifer Grove, 877-739-3895 x. 121, [jgrove@nsvrc.org](mailto:jgrove@nsvrc.org)

the evaluator: Stephanie Townsend, PhD, 585-690-9315, [stephanie.townsend@earthlink.net](mailto:stephanie.townsend@earthlink.net)

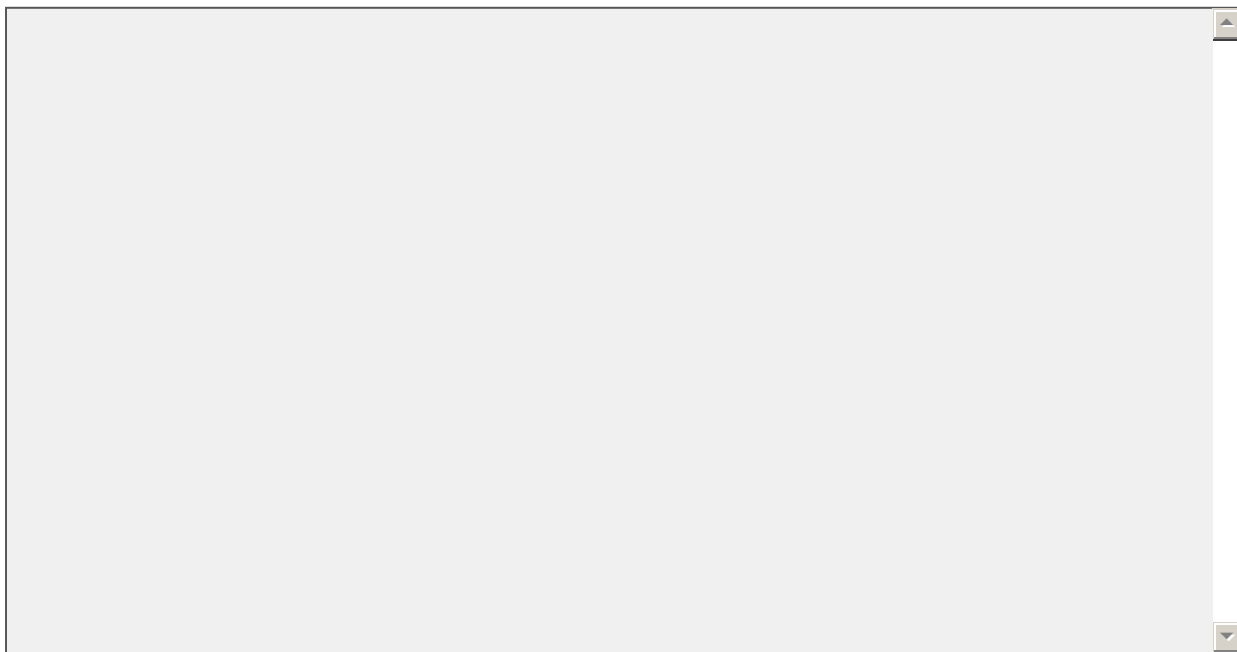
**We know that your time is valuable.** Your input on these issues is vital. Sharing your experiences and ideas will help to shape strategic planning, training and technical assistance at the national level and will support the work of all rape crisis and prevention programs.

**Thank you for considering this request and thank you for the important work you do.**

## Prevention Strategies

This first part of the survey asks about how your coalition or agency defines primary prevention of sexual violence and what your coalition or agency is doing for prevention.

### **1. When you are talking with rape crisis centers about prevention, how do you explain it to them?**



## What Your Agency Does for Prevention

**2. For the next questions, think about what your coalition or agency is doing to prevent sexual violence. For each activity please indicate whether your coalition agency is currently using that strategy.**

	Not doing this & not interested	Not doing this but interested	Planning to do this	Engaged in doing this
Providing information on promising prevention practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Recommending</u> specific prevention curricula or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<u>Mandating</u> specific prevention curricula or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting statewide/territory-wide prevention initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training local <u>RCC/rape prevention programs</u> on primary prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training <u>allied organizations and professionals</u> on primary prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing networking opportunities for prevention educators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing one-on-one technical assistance for prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educating legislators re: need for prevention funds, regulations, and/or root causes of sexual violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building local programs' capacity to evaluate their prevention initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluating local programs' prevention initiatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disseminating research on rape prevention to <u>rape prevention programs</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disseminating research on rape prevention to the <u>public and/or allied professionals</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conducting research on rape prevention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bringing together rape prevention organizations and allied <u>health</u> organizations for coordinated efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bringing together rape prevention organizations and <u>other</u> allied organizations for coordinated efforts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working with culturally specific programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**3. Of the prevention activities listed above, which one(s) do your prevention staff spend most of their time doing? (List up to 3)**

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

**4. What other issues, if any, does your agency link sexual assault prevention to, for example by doing programs that address both issues or otherwise addressing the overlap between issues?**

- ☐ Domestic violence
- ☐ Economic justice/opportunities
- ☐ Healthy sexuality/sex education
- ☐ Reproductive coercion
- ☐ Reproductive health
- ☐ Sexual harassment
- ☐ Street harassment
- ☐ Teen dating violence
- ☐ Teen pregnancy prevention
- ☐ Youth violence

Other (please specify)

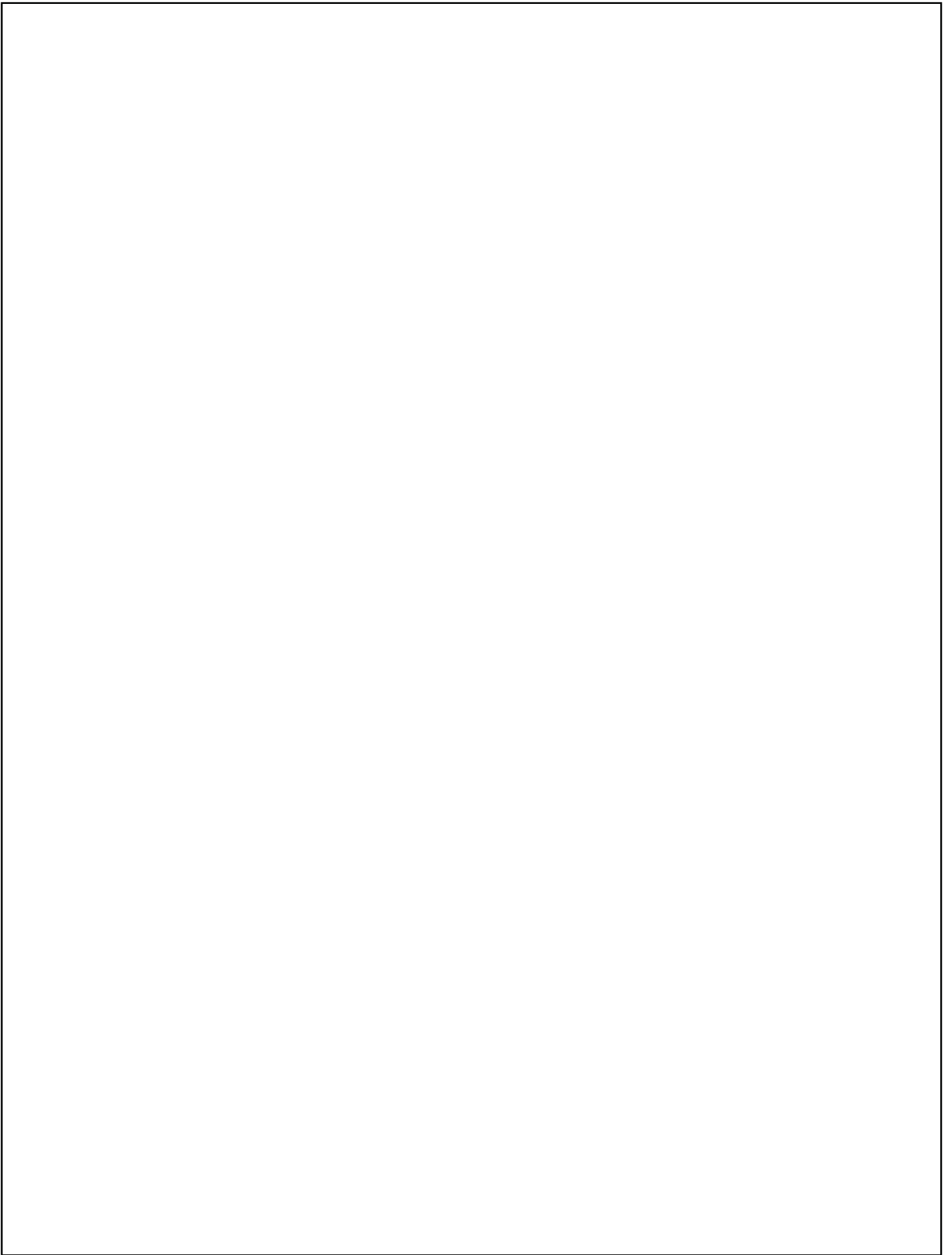
**5. How, if at all, has your coalition's or agency's prevention programming changed over the past three years? (check all that apply)**

- ☐ **No changes:** we are doing the same things in the same way
- ☐ **Minor changes:** we are doing the same kinds of things, but have made some adjustments in our content, activities, or structure
- ☐ **Major ADDITIONS:** we have added new strategies or activities that are taking us in new directions
- ☐ **Major DELETIONS:** we have stopped some strategies or activities that we used to do

**6. What were the reasons for any changes you made? (check all that apply)**

- ☐ We have not made any changes
- ☐ Our funder required us to go in a new direction
- ☐ We lost funding or had funding reductions so had to change what we were doing
- ☐ We got new funding that let us try something new
- ☐ The community was less interested in our old work
- ☐ The community wanted us to go in a new direction
- ☐ We recognized the limitations of classroom presentations
- ☐ We realized that we were spending too much time raising awareness and not enough time building skills or changing our communities
- ☐ We thought the changes would make our work more effective
- ☐ We wanted to try something new

Other (please specify)



## How Your Program Approaches Prevention

For the next questions, we would like to hear about the kinds of prevention strategies your agency is promoting in the field. To do this:

**If your agency distributes RPE funds** (either as a grantee or as a pass-through agency), think about your current funding priorities

**If your agency does not distribute RPE funds**, think about the kinds of strategies you are promoting among rape crisis and rape prevention programs

### 7. Which of the following statements best describe the goals of your funding priorities or strategies you are promoting? (Please limit yourself to no more than 3 responses)

- ☐ Increasing knowledge and changing attitudes about sexual assault
- ☐ What to do after an assault
- ☐ Reducing risk factors for being sexually assaulted (e.g., safe alcohol use, assertiveness, etc.)
- ☐ Reducing risk factors for perpetrating an assault (e.g., thinking that condones coercion, alcohol abuse, etc.)
- ☐ Understanding what healthy sexuality and/or healthy relationships are
- ☐ Building skills for healthy sexuality and/or healthy relationships
- ☐ Building skills for being leaders and agents of social change
- ☐ Changing systems in ways that support prevention and/or social change

Other (please specify)

### 8. Which of the following best describe the approaches supported by your funding priorities or by the strategies you are promoting? (Please limit yourself to no more than 3 responses)

- ☐ Mass media messages, lectures, presentations, and/or Q&A session
- ☐ Participants responding to set questions or tasks (e.g., brainstorming, responding to questions, games, reading scripted role plays, etc.)
- ☐ Participants generating unanticipated questions and issues and leaders responding to their interests (e.g., open discussions, participant-created role plays, participant-created art projects, etc.)
- ☐ Participants largely determining the agenda and activities that are tailored to their specific needs and interests
- ☐ Participants as active leaders in carrying out the program (e.g., peer modeling, club format, participant-led social action)

Other (please specify)

**9. If your funding priorities or strategies you are promoting include some type of presentation or curriculum, which of the following statements best describe the most common frequency or intensity of the curricula? (Please limit yourself to no more than 3 responses)**

- ☐ Our funding priorities or the strategies we are promoting do not include any presentations or curricula
- ☐ Single session strategies
- ☐ Two or more independent sessions (e.g., each session is on a different topic)
- ☐ Two to four sessions that are integrally connected so that the impact of each session increases over time (e.g., a three-session program that is all about bystander empowerment)
- ☐ Five or more sessions that are integrally connected so that the impact of each session increases over time
- ☐ Five or more sessions that are integrally connected so that the impact of each session increases over time PLUS some type of follow-up or booster session later

Other (please specify)

**10. Which of the following statements best describes how, if at all, the community contributed to the development of the strategy you described above?**

- ☐ Strategy is based on the ideas, beliefs and practices of our agency or of another organization/person that developed it
- ☐ We tried to understand the kind of group we wanted to reach by reading, going to workshops, etc.
- ☐ We got general input from our community to make sure the strategy reflected their interests (e.g., talked with community leaders, held focus groups, etc.)
- ☐ We got specific input from our community to make sure the strategy reflected their interests (e.g., they reviewed the materials, gave direct input on content, etc.)
- ☐ We developed the strategy collaboratively with the community who were equal partners in the process

Other (please specify)

## Where You Find Ideas and Resources

The second section of the survey is about where you find ideas and resources for prevention. Your answers will help us make prevention resources more accessible to programs.

**11. For the next question, please tell us which source(s) you most often turn to for each listed resource. You may choose more than one answer.**

[illegible]



culturally-  
specific  
communities

Advice about  
how to  
evaluate our  
work

☐☐☐☐☐☐☐☐☐☐☐

People to  
problem  
solve with

☐☐☐☐☐☐☐☐☐☐☐

If you answered "Other" to any of the questions above, please let us know who/what those other sources of information are:

## Awareness of the NSVRC

**12. While the NSVRC has many resources available, we realize that not everyone knows about them. The following are some parts of the NSVRC's work. Please tell us if (a) you were aware that we did this...**

	I did <u>not</u> know the NSVRC did this	I <u>knew</u> the NSVRC did this
Website with resources, information and news items	<input type="radio"/>	<input type="radio"/>
Resource Library with books, articles, videos and other resources	<input type="radio"/>	<input type="radio"/>
Customized responses to requests for information, resources, statistics, model programs, sample policies, etc.	<input type="radio"/>	<input type="radio"/>
In-person trainings	<input type="radio"/>	<input type="radio"/>
Web-based trainings	<input type="radio"/>	<input type="radio"/>
E-Newsletter	<input type="radio"/>	<input type="radio"/>
Research briefs and opportunities to communicate between advocates and researchers	<input type="radio"/>	<input type="radio"/>
Sexual Assault Awareness Month activities and resources	<input type="radio"/>	<input type="radio"/>
Social networking (Facebook, Twitter, YouTube)	<input type="radio"/>	<input type="radio"/>
National Sexual Assault Conference	<input type="radio"/>	<input type="radio"/>
Directory of rape crisis centers throughout the nation	<input type="radio"/>	<input type="radio"/>
Online training module on engaging bystanders in sexual violence prevention	<input type="radio"/>	<input type="radio"/>

**13. ...(b) if you have used this resource in the past**

	I have <u>not</u> used this NSVRC resource	I have <u>used</u> this NSVRC resource
Website with resources, information and news items	<input type="radio"/>	<input type="radio"/>
Resource Library with books, articles, videos and other resources	<input type="radio"/>	<input type="radio"/>
Customized responses to requests for information, resources, statistics, model programs, sample policies, etc.	<input type="radio"/>	<input type="radio"/>
In-person trainings	<input type="radio"/>	<input type="radio"/>
Web-based trainings	<input type="radio"/>	<input type="radio"/>
E-Newsletter	<input type="radio"/>	<input type="radio"/>
Research briefs and opportunities to communicate between advocates and researchers	<input type="radio"/>	<input type="radio"/>
Sexual Assault Awareness Month activities and resources	<input type="radio"/>	<input type="radio"/>
Social networking (Facebook, Twitter, YouTube)	<input type="radio"/>	<input type="radio"/>
National Sexual Assault Conference	<input type="radio"/>	<input type="radio"/>
Directory of rape crisis centers throughout the nation	<input type="radio"/>	<input type="radio"/>
Online training module on engaging bystanders in sexual violence prevention	<input type="radio"/>	<input type="radio"/>

**14. ...(c) if you have recommended this resource to others**

	I have <u>not recommended</u> this NSVRC resource	I have <u>recommended</u> this NSVRC resource
Website with resources, information and news items	<input type="radio"/>	<input type="radio"/>
Resource Library with books, articles, videos and other resources	<input type="radio"/>	<input type="radio"/>
Customized responses to requests for information, resources, statistics, model programs, sample policies, etc.	<input type="radio"/>	<input type="radio"/>
In-person trainings	<input type="radio"/>	<input type="radio"/>
Web-based trainings	<input type="radio"/>	<input type="radio"/>
E-Newsletter	<input type="radio"/>	<input type="radio"/>
Research briefs and opportunities to communicate between advocates and researchers	<input type="radio"/>	<input type="radio"/>
Sexual Assault Awareness Month activities and resources	<input type="radio"/>	<input type="radio"/>
Social networking (Facebook, Twitter, YouTube)	<input type="radio"/>	<input type="radio"/>
National Sexual Assault Conference	<input type="radio"/>	<input type="radio"/>
Directory of rape crisis centers throughout the nation	<input type="radio"/>	<input type="radio"/>
Online training module on engaging bystanders in sexual violence prevention	<input type="radio"/>	<input type="radio"/>

**15. There are also many projects the NSVRC is leading or participating in with national partners. Please tell us how many of these project you were aware of prior to taking this survey.**

	No, I did not know the NSVRC was involved in this project	Yes, I did know the NSVRC was involved in this project
<b>Multilingual Access Project</b> Conducting a national Spanish-language needs assessment, translating resources, and providing networking opportunities for multilingual programs	<input type="radio"/>	<input type="radio"/>
<b>Messaging Project</b> Report from the FrameWorks Institute on how the public thinks about sexual assault in the United States	<input type="radio"/>	<input type="radio"/>
<b>VAWNet</b> Collaborating with the National Resource Center on Domestic Violence to publish online resources related to sexual violence intervention, prevention and research	<input type="radio"/>	<input type="radio"/>
<b>Just Rural Technical Assistance Initiative</b> Providing assistance to rural grantees that receive funding from the Office of Violence Against Women, including training	<input type="radio"/>	<input type="radio"/>
<b>SANE Sustainability Education Project</b> Building the sustainability of SANE programs through training and technical assistance	<input type="radio"/>	<input type="radio"/>
<b>Lifespan National Technical Assistance Project</b> Providing training and technical assistance to advocates, medical providers, prosecutors, law enforcement, and other allied providers on how to support sexual assault survivors across the lifespan	<input type="radio"/>	<input type="radio"/>
<b>Sexual Assault Demonstration Initiative</b> Collaborating with the National Coalition Resource Sharing Project to enhance sexual assault services in dual/multi-service programs	<input type="radio"/>	<input type="radio"/>
<b>Deepening Our Roots</b> Collaborating with the National Coalition Resource Sharing Project to develop e-learning tools to support dual programs funded through the OVW Rural Program	<input type="radio"/>	<input type="radio"/>
<b>Sexual Assault Forensic Exam Payment Practice Study</b> Conducting a study in collaboration with the Urban Institute and George Mason University to learn how forensic exams are paid for and adherence to VAWA regulations	<input type="radio"/>	<input type="radio"/>
<b>Relief Fund for Sexual Assault Survivors</b> Donation program to support programs and survivors that experience displacement, property loss, or other expenses due to some type of disaster	<input type="radio"/>	<input type="radio"/>

## Evaluation of Prevention Efforts

The last section of the survey is about program evaluation. Evaluating prevention efforts may be challenging. In order to support evaluation efforts, we would like to know about your organization's approach to evaluating your prevention work.

**\*16. During the past year, has your coalition/department carried out any state- or territory-wide prevention campaigns or initiatives?**

☐ Yes

☐ No

## How Your Agency Evaluates Its Prevention Efforts

**17. During the past year, which of the following approaches has your organization used to evaluate its own prevention work? (Select ALL that apply)**

	No	Yes
We have not evaluated our prevention work during the past year	<input type="radio"/>	<input type="radio"/>
Our own staff led an evaluation	<input type="radio"/>	<input type="radio"/>
Someone outside our organization led an evaluation on a voluntary basis	<input type="radio"/>	<input type="radio"/>
We paid someone outside our organization to lead an evaluation	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

**18. What method(s) were used? (Select all that apply)**

	No	Yes
Survey (including pre-post test surveys)	<input type="radio"/>	<input type="radio"/>
Interviews	<input type="radio"/>	<input type="radio"/>
Focus Groups	<input type="radio"/>	<input type="radio"/>
Observations	<input type="radio"/>	<input type="radio"/>
Archival Data (e.g., sexual harassment complaints, police records, etc.)	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

**19. Which of the following types of outcomes do you measure when you evaluate your prevention programs? (Select all that apply)**

	No	Yes
Participants' satisfaction with the program	<input type="radio"/>	<input type="radio"/>
Knowledge about sexual assault (e.g., definitions, facts, etc.)	<input type="radio"/>	<input type="radio"/>
Attitudes about rape (e.g., rape myth acceptance, etc.)	<input type="radio"/>	<input type="radio"/>
Intent or likelihood of behaving in certain ways (e.g., likelihood of intervening as bystanders, committing acts of violence, etc.)	<input type="radio"/>	<input type="radio"/>
Actual behaviors (e.g., actual interventions as bystanders, perpetration, etc.)	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

## Evaluation Capacity Building

**20. During the past year, which of the following approaches has your organization used to build the capacity of your member programs to evaluate their own work? (Select all that apply)**

- ☐ We have not done any evaluation capacity building work during the past year
- ☐ We held webinars one valuation
- ☐ We held in-person trainings/workshops
- ☐ We provided individualized technical assistance to programs
- ☐ We developed logic models programs could use
- ☐ We wrote goals and objectives programs could use
- ☐ We developed participant satisfaction measures programs could use
- ☐ We developed knowledge measures programs could use (e.g., definitions, facts, etc.)
- ☐ We developed attitude measures programs could use (e.g., rape myth acceptance, etc.)
- ☐ We developed intent or likelihood measures programs could use (e.g., likelihood of intervening as bystanders, of committing acts of violence, etc.)
- ☐ We developed actual behavior measures programs could use (e.g., actual interventions as bystanders, perpetration, etc.)

**21. If you held any type of evaluation training or provided individualized technical assistance, which evaluation methods did you train programs to use? (Select all that apply)**

	No	Yes
Survey (including pre-post test surveys)	<input type="radio"/>	<input type="radio"/>
Interviews	<input type="radio"/>	<input type="radio"/>
Focus Groups	<input type="radio"/>	<input type="radio"/>
Observations	<input type="radio"/>	<input type="radio"/>
Archival Data (e.g., sexual harassment complaints, police records, etc.)	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

**22. If you developed any evaluation measures programs could use, which types of measures did you develop? (Select all that apply)**

	No	Yes
Survey (including pre-post test surveys)	<input type="radio"/>	<input type="radio"/>
Interviews	<input type="radio"/>	<input type="radio"/>
Focus Groups	<input type="radio"/>	<input type="radio"/>
Observations	<input type="radio"/>	<input type="radio"/>
Archival Data (e.g., sexual harassment complaints, police records, etc.)	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

**23. There are many approaches to evaluating program outcomes. The list below names some tasks that are often completed during an evaluation. Please rate how confident you are in your coalition's or agency's ability to train rape prevention programs or otherwise assist them in developing these skills.**

	Very Unsure	A Little Confident	Moderately Confident	Very Confident
Define program goals and objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop logic models that are <u>useful</u> to us	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Design an evaluation (e.g., figure out when and how to collect data)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write effective surveys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop interview questions and do interviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop and run focus groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Combine multiple survey questions into a single score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Calculate simple statistics such as percentage and averages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Test for statistically significant differences between groups or for change over time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pull themes out of interview and/or focus group notes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use evaluation findings to improve our work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

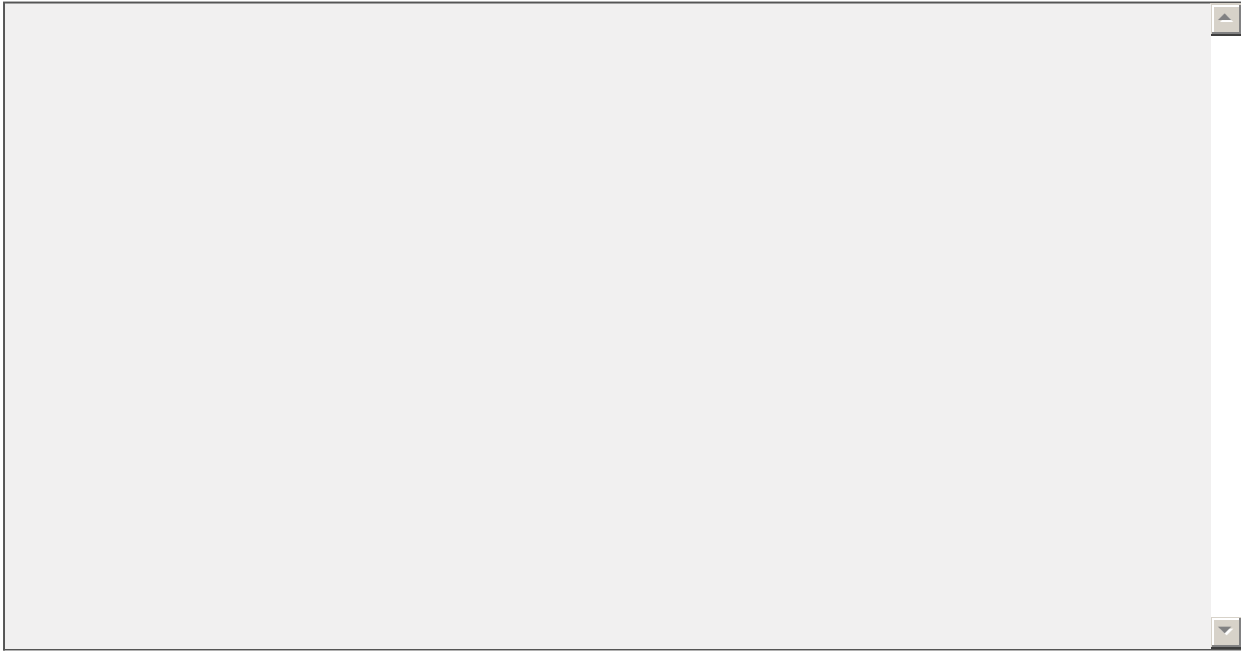


## Organizational Support for Evaluation

**24. We realize there are many approaches to evaluating prevention programs. To help us understand the role of evaluation at your agency, please tell us how much you agree with each of the following statements**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Our management team would like us to evaluate our prevention work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation helps (or would help) us provide better prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our staff would support it if we tried to do more evaluation of our prevention programs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing more evaluation would make it easier to convince our <u>administrators</u> of needed changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing more evaluation would make it easier to convince our <u>community</u> of needed changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doing more evaluation would make it easier to convince our <u>funders</u> of needed changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It has been (or would be) worthwhile to integrate evaluation into our regular work practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We gather information from program participants to gauge how well we're doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have documented past change efforts and what happened as a result	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have few administrative hurdles when trying to do something new	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have few boundaries between departments that keep us from working together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees are recognized or rewarded for learning new knowledge and skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our management team makes realistic commitments for employees (e.g., time, resources, workload)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our management team provides the necessary time and support for systemic, long-term change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our management team uses data and information to make decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In our agency we work collaboratively with each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**25. Is there anything else you would like us to know about what is happening in your state, tribe or territory around prevention? Are there any issues you think need to be addressed at the national level?**



## Organizational Background

Finally, in order to understand how the needs of different organizations are similar to and different from one another, we would like some basic information about your organization.

Reminder: The only person who will see your individual answers is the independent evaluator who has been contracted by the NSVRC to lead the evaluation. If you need to consult with other staff to answer these questions, you may do so.

### 26. What state or territory is your agency in?

### 27. Is your coalition or agency a:

- ☐ Sexual assault coalition
- ☐ Dual sexual assault and domestic violence coalition
- ☐ RPE coordinating agency

Other (please specify)

### 28. Is your agency a:

- ☐ Stand-alone rape crisis agency
- ☐ Dual rape crisis and domestic violence agency
- ☐ Multi-service agency

Other (please specify)

### 29. If you are an RPE coordinating agency are you located in a:

- ☐ Health Department
- ☐ Office of the Attorney General
- ☐ Governor's Office

Other (please specify)

### 30. How many staff does your coalition or agency have for all of its programs and services? (RPE coordinators can skip this question if it is impossible to answer.)

Full-time employees	<input type="text"/>
Part-time employees	<input type="text"/>
Full-time interns	<input type="text"/>
Part-time interns	<input type="text"/>

**31. How many staff does your agency have for its sexual assault program as a whole (both services and prevention)?**

Full-time employees

Part-time employees

Full-time interns

Part-time interns

**32. How many of your sexual assault program staff work primarily on prevention?**

Full-time employees

Part-time employees

Full-time interns

Part-time interns

**33. How are RPE funds distributed to rape crisis/prevention programs in your state or territory?**

- ☐ All programs receive the same level of funding
- ☐ All programs receive funds as determined by a formula
- ☐ All programs that apply receive funds as determined by a competitive process based on evaluation of their proposals
- ☐ Only some programs receive funds as determined by a formula
- ☐ Only some programs receive funds as determined by a competitive process based on evaluation of their proposals

**34. If only some programs receive RPE funds, what percentage of rape crisis programs received funds last fiscal year?**

%

**35. For coalitions: Do you receive federal Rape Prevention Education funds?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**36. For coalitions: Do you receive other federal funds?**

- ☐ Yes
- ☐ No
- ☐ I don't know

**37. For coalitions: What other sources of funding do you use for your sexual assault prevention activities?**

	No	Yes
State funds (besides RPE)	<input type="radio"/>	<input type="radio"/>
County funds	<input type="radio"/>	<input type="radio"/>
City funds	<input type="radio"/>	<input type="radio"/>
Charitable organizations (e.g., United Way)	<input type="radio"/>	<input type="radio"/>
Foundation funds	<input type="radio"/>	<input type="radio"/>
Business/corporate sponsorship	<input type="radio"/>	<input type="radio"/>
Special fundraising events	<input type="radio"/>	<input type="radio"/>
Private donors	<input type="radio"/>	<input type="radio"/>
Fee-for-service	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>	

**38. For coalitions: Please provide budget information in US dollars**

Agency's total operating budget in 2011	<input type="text"/>
Budget for sexual assault programs (both services and prevention) in 2011	<input type="text"/>
Budget for prevention of sexual violence in 2011	<input type="text"/>

## Thank You

Thank you for taking the time to complete this survey.

If you have any questions about this survey you may contact  
at the NSVRC: Jennifer Grove, 877-739-3895x121, [jgrove@nsvrc.org](mailto:jgrove@nsvrc.org)  
the evaluator: Stephanie Townsend, PhD, 585-690-9315, [stephanie.townsend@earthlink.net](mailto:stephanie.townsend@earthlink.net)



## Evaluator's Background

**Stephanie Townsend, PhD**, has worked in the movement to end sexual violence as both a practitioner and researcher. She began working for community-based rape crisis and prevention programs in Michigan, California and Texas. Additionally, she served on the boards of directors of the National Coalition Against Sexual Assault, the California Coalition Against Sexual Assault, and on the advisory board of the Texas Association Against Sexual Assault.

Dr. Townsend completed her doctoral work at the University of Illinois at Chicago. Her research focuses on community-based rape prevention programs and Sexual Assault Nurse Examiner programs. Her research is enhanced by advanced training in both quantitative and qualitative methods and analysis. In addition to her own research, Dr. Townsend's professional contributions include serving as a reviewer for journals such as the *Journal of Interpersonal Violence*, *Journal of Forensic Nursing*, and *American Journal of Evaluation*. She is a member of the American Evaluation Association, American Psychological Association, Society for the Psychology of Women, and Society for Community Research and Action.

Dr. Townsend has conducted global, national, state-wide, and local research and evaluation projects. Her clients have included the Global Forum for Health Research, Centers for Disease Control and Prevention, National Sexual Violence Resource Center, California Coalition Against Sexual Assault, Kentucky Association of Sexual Assault Programs, Pennsylvania Coalition Against Rape, Texas Association Against Sexual Assault, and numerous community-based rape crisis and prevention programs. Her evaluation work is characterized by a commitment to working collaboratively with clients to identify the questions they want to answer and to design an evaluation that will be most useful to them.