



Prevention Across CA 2022 Survey

INTRODUCTION:

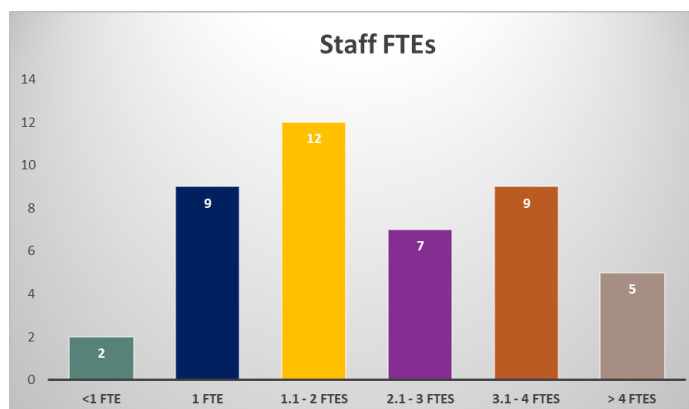
In the Fall 2022, the California Partnership to End Domestic Violence (the Partnership), in collaboration with VALOR and the California Department of Public Health (CDPH), conducted a statewide survey of service providers to better understand the scope of Prevention Strategies being deployed in the state and identify areas of needed training and technical assistance. The information gleaned from the survey will be utilized to help inform the ways in which the Partnership, VALOR, and CDPH can better support programs in their prevention efforts.

Who Responded

There were responses from 50 individuals representing 43 programs across the state with 50% responding from the Los Angeles and Southern regions of the state, 20% from the Bay Area Region and the other 30% were divided between the Central Valley, Far North, Central Coast and North regions. The majority (98%) of responses were from Domestic Violence, Rape Crisis Centers, or Dual DV/SA agencies. Thirty-nine percent indicated their role was a Prevention Director/Manager or Educator.

Staffing

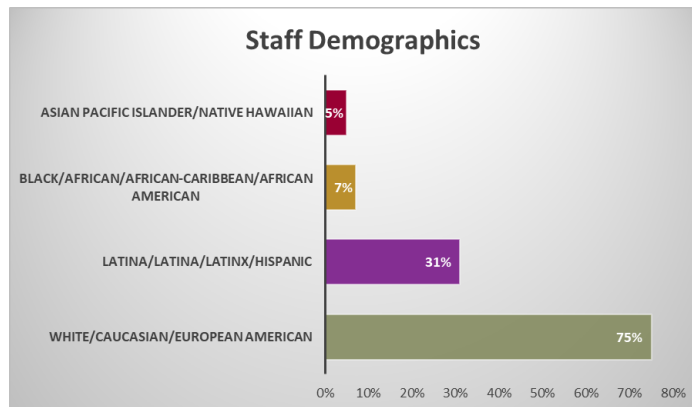
Number of paid fulltime equivalent (FTE's) committed to working on Prevention of IPV/SV/TDV



The majority of programs (**58%**) reported their prevention staff possessed *between 3-5 years* of experience working in the field of prevention. Of the 28 organizations utilizing volunteers and/or interns, the **majority** reported *between 1-3* working on prevention in their organization.

Demographics of Prevention Staff

Of the 204 staff that programs reporting having committed to working on Prevention, they reported that their staff identified as:



***One percent or less** of staff reported identified as *Arab/Middle Eastern* or *Native American/Alaska Native/First Nations*.

Seventy-five percent of the staff were reported to identify as *female*. **Twenty-seven percent** reported their staff identify as *LGBTQIA+/TS*, **ten percent** as *deaf/hard of hearing*, **sixteen percent** as a *person with physical, emotional, and/or cognitive disabilities*, **eighteen percent** as a *person living in a rural area*, and **seven percent** who identified as a *veteran*.

Prevention Programming

Individual and Relationship Level Topics and Strategies

The top (5) Topic and Strategies reported:

Topics	Current Work
Healthy Relationship Skills	100%
Healthy Communication Skills	89%
Impact of IPV/SV/TDV on Health	85%
Obtaining Consent	81%
Impact of Trauma	80%

Topics	Require information, training and/or technical assistance
Mentoring Programs	60%
Alcohol and drug use as a risk factor	56%
Disrupting the developmental pathways toward partner violence	49%
Youth Leadership	44%
Promoting Healthy Sexuality	43%

Community and Societal Level Topics and Strategies

The top (5) Topic and Strategies reported:

Topics	Current Work
Bystander or Upstander Intervention	83%
Creating safe/protective environments in community	79%
Community Organizing	71%
Creating safe/protective environments at school or campus	68%
Media literacy and challenging negative messaging	67%

Topics	Require information, training and/or technical assistance
Strengthening Paid Leave	93%
Alcohol policies (e.g. outlet density)	79%
Strengthening household financial security	73%
Housing policies, quality and affordability	72%
Prevention in Sports	71%

Prevention Programs and/or Formal Curricula

A third to half of programs report they are currently providing:

- Curriculum developed by our program
- Expect Respect
- Online education program
- Safe dates
- In Touch with Teens

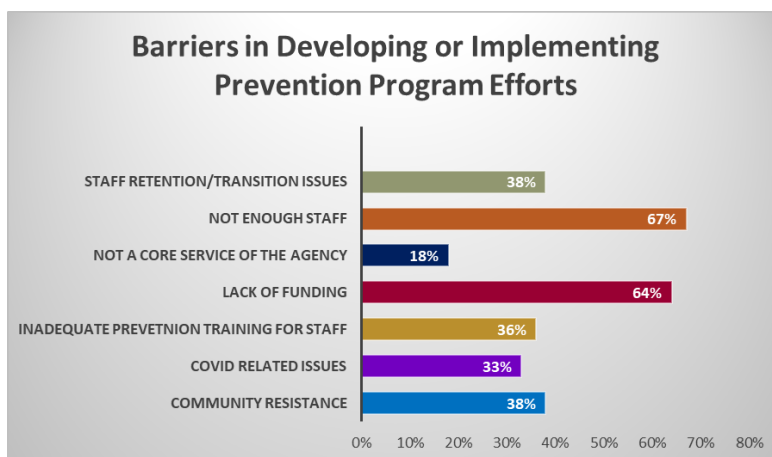
*Examples of online education programs include: DoSomething.org, LovelsRespect.org, OneLove, Coaching Boys into Men, Athletes as Leader, Everfi, and the Council/Girls Circle.

More than three-fourths of programs report they would like more information, training, or technical assistance on:

- A Call to Men
- Be Strong
- Bout that Life
- Bringing in the Bystander
- Dating Matters
- Families for Safe Dates
- Fourth R
- Green Dot
- MVP - Mentor in Violence Prevention
- My Strength/Men of Strength Clubs
- Step Up!

Barriers

Respondents were asked to identify any barriers and/or challenges they encounter in developing and/or implementing their prevention program efforts:



What is Missing from Current Prevention Efforts

Currently, many prevention efforts are focused on raising awareness and educating people about the dangers of certain behaviors or activities. While awareness is important, it is not enough to prevent people from engaging in these behaviors. There is a need for more comprehensive prevention efforts that include measures to reduce the underlying factors that can lead to harmful behaviors, such as poverty, mental health issues, and lack of access to resources. Additionally, there needs to be increased focus on providing people with the skills and tools they need to make healthier decisions and develop healthier lifestyles. Ultimately, by addressing the underlying causes, we can create more effective prevention efforts.

Respondents identified a number of themes when asked to identify what is missing or could be incorporated or improved.

- Need for Networking and Relationship-Building Opportunities
- Funding for dedicated Prevention staff and more Comprehensive Prevention Efforts (*more than "one and done"*)
- Flexible Funding (*allowing for activities not specific to grant deliverables*)
- Parental Engagement (*address cultural gaps between parents and youth*)
- More Community Engagement in Prevention Efforts (*identify that IPV is an issue among youth*)
- Engaging Men in the Work (*role modeling by men, prevention services by men, etc.*)
- Training and Educational Materials for diverse populations:
 - Deaf/Deafblind
 - LGBTQ
 - Spanish Speaking, Latinx, Migrant students
 - Gender Inclusive

Specific Communities Not Being Reached and the Barriers

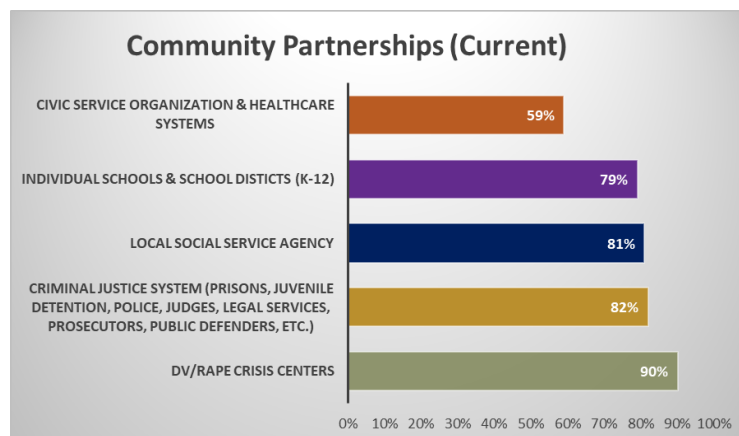
Respondents were asked to identify specific communities they are not reaching in their prevention efforts that they would like to serve and to identify the barriers and challenges making those connections difficult to achieve.

- Diverse Populations
 - Spanish Speaking, Migrant students
 - LGBTQ
 - Native/Indigenous
 - Elders
 - Men/Men of Color
 - South Asian
 - African American
- Northern Rural Communities
- Middle/High School Students and Staff
- At-Risk Youth
- Parents
- Sports Teams

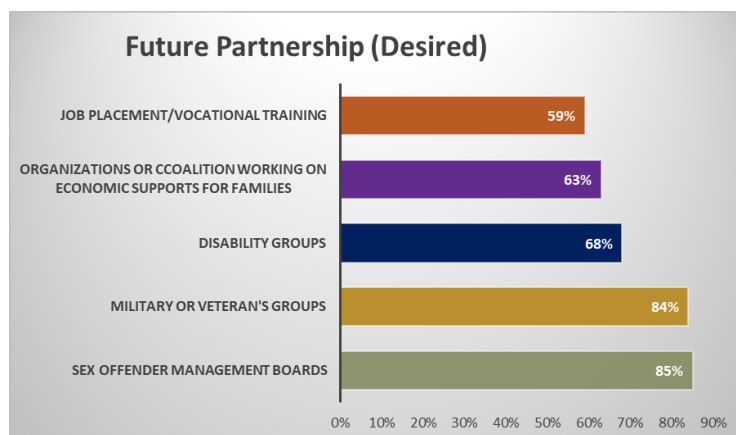
Community Partnerships

Prevention Partnerships

The top (5) Current Partnerships Reported



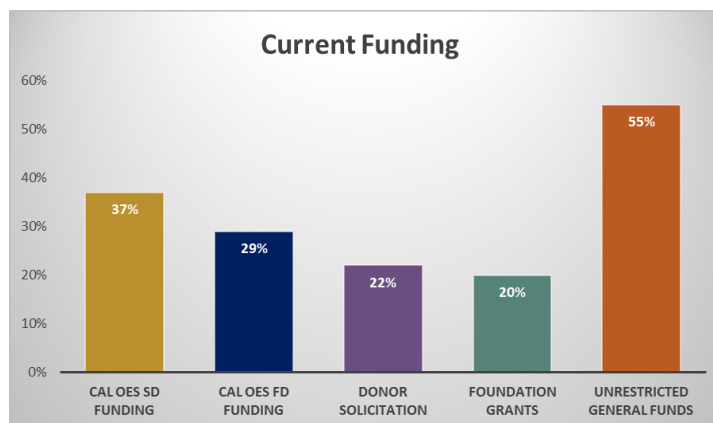
The top (5) Community Partners Organizations Work Like to Form in the Future



Funding

Respondents were asked to identify their Prevention funding sources.

The top (5) Funding Streams



Respondents who reported foundation funding identified *Winifred Stevens, Santa Clara Family Health Plan, Fannie Family Fund/Long Beach Community Foundation, Monterey Peninsula, Community Foundation of Santa Cruz County, Pinpoint, Sunlight, Dignity Health Foundation, County of San Diego District Attorney's Office, El Dorado Community Foundation, and Local Neighborhood Council.*

Sustainability Efforts

An ongoing challenge in Prevention is determining how best to maintain and even expand prevention programming with limited supports and resources in place. Communities across the country are realizing the benefit of domestic violence prevention programming, thus increasing the demand. However, as need increases, resources and funding are not meeting these needs. Programs must work to utilize their current resources for long term prevention programming and leverage additional resources and strategies to create sustainability.

Some ways that programs are working to sustain their prevention efforts includes:

- Benefits and Compensation
 - Salary increases, paid time off, retirement programs, flexible time off, wellness programs, prioritizing self-care, etc.
- Funding
 - Increase multi-year, donor, and foundation funding, create fee-for service opportunities (curriculum development)
- Professional Development
 - Provide in-depth, robust training on current modalities and trends and encourage staff in attending training that supports and uplifts their skills
- Evaluation (consistently assess prevention efforts to educate staff on what is working)
- Community Building with Schools

Adapting Prevention Efforts During Covid

COVID-19 forced us all to adapt our work lives in ways we'd never before imagined. Organizations had to be flexible and creative to adjust to the new "normal." Programs were asked to share how they adapted their prevention activities during COVID. The **majority** moved to online and virtual utilizing a multitude of different formats to engage youth and adults including: *Zoom, Google Classroom, YouTube, Youth-Led Podcasts and Menti*. To share information and resources, programs utilized: *Google forms and docs, and the U.S. mail*.

Program and Planning Activities

Over **80%** of respondents reported that prevention staff were involved with *development of prevention program design and identifying or defining needed prevention programming*. Over half reported that prevention staff were involved with *developing and engaging in evaluation (71%) and developing and participating in grant writing (51%)*.

Cultural Responsiveness

Cultural responsiveness

Cultural responsiveness is the ability to recognize, appreciate, and effectively interact with people of different cultures. It involves understanding and respecting cultural differences and adapting to different cultural contexts in order to create an inclusive and equitable environment. Cultural responsiveness is important in any setting, as it helps to create a harmonious atmosphere and build positive relationships, while also promoting diversity and social justice.

More than half of the organizations reported providing prevention programming to:

- Adult Community Members
- College/University Students
- Faith-based Organizations
- Healthcare Professionals

- High School Instructors
- High School Students
- Middle School Students
- Parents/Caregivers

Less than a third of organizations reported providing prevention programming to:

- Middle School Instructors
- Military
- Policy-Makers
- Preschool/Day Care/Afterschool Instructors and Students
- Sports/Athletics

Populations Served

Respondents were asked to indicate which populations their prevention programming specifically focused on and was tailored to serving.

The top (5) primary populations programs focused on and was tailored to serving and/or serves:

Population	Primary Focus/Specifically Tailored to this Population
Parents/Caregivers	79%
Youth Serving Programs/Organizations	67%
High School Students	66%
Middle School Students	64%
Youth Community Members (not in a school setting)	63%

Population	Serves this Population
Government Entities and Pre-School/Day Care/After School Instructors and Students	88%
Criminal Justice/Probation/Detention Centers and Military	75%
Faith Communities	73%
Business and Sports/Athletics	69%
Elementary School Instructors and Policy Makers	63%

Of the populations they identified, **all** of the respondents reported serving and/or addressing *girls and women*, **(97%)** reported *boys and men*, and **(73%)** reported *transgender, gender expansive, non-binary, and LGBTQ+/Two-Spirit*. While programs reported serving or addressing all racial/ethnic populations, **(87%)** reported serving or addressing *Latino/Latina/Latinx/Latine/Hispanic populations*, **(81%)** reported *White/Caucasian/European American*, **(65%)** reported *Black/African/African-Caribbean/African American* and *Asian/Pacific Islander/Native Hawaiian*, **(42%)** reported *Arab/Middle Eastern*, and **(35%)** reported *Native American/Alaska Native/First Nations*.

Additional characteristics of the populations served or addressed by programs included:

- Low socio-economic status **(85%)**
- Incarcerated/formerly incarcerated **(48%)**
- Disability (physical) **(41%)**
- Neurodivergent **(37%)**
- Transition Age Youth from out of Foster Care **(37%)**

- Alcohol/Substance Use Disorder **(33%)**
- Disability (cognitive) **(33%)**
- Rural **(30%)**
- Veteran Status **(7%)**

Planning & Implementation

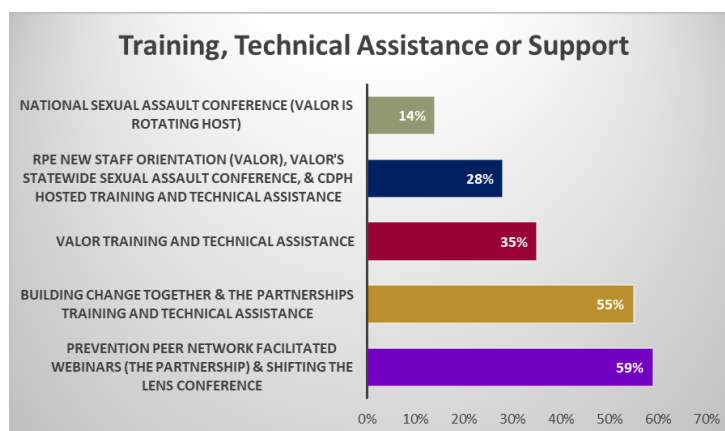
More than half of the respondents reported their *agency attempts to understand the population they want to reach before developing the strategy (for example, reading about the population) (69%)* and that they *engage the community in the development of the strategy in order for it to reflect the contribution and interests of the community (for example, talking with community leaders, holding focus groups, etc.) (61%)*.

Training Needs

Training & Technical Assistance

Training and technical assistance provide programs practical and specialized knowledge to better implement their programming. Respondents were asked to identify training, technical assistance or support opportunities their staff participated in over the last year.

The top (5) areas participated in over the last year.



Formats

When asked which formats would be most preferred in supporting future prevention work, respondents indicated:

- Facilitated webinars or calls to engage in a community of practice for a specific approach or are/need **(82%)**
- Peer Learning Circle/Community of Practice in general **(79%)**
- Email group for all Preventionists in California **(71%)**

Barriers Accessing Training and Support

More than half of respondents reported *Need More Specialized Content (64%)* and *Timing of Training Conflicts with Schedules (56%)*. A little over a third reported *Not Enough Time (42%)* and *Not Aware of Training Opportunities (39%)*.

Evaluation

Evaluation Efforts

Conducting ongoing program assessment helps to ensure that programs are meeting their goals and objectives. This process should include gathering feedback from stakeholders, conducting program evaluations, and analyzing data to assess the impact of the program. Additionally, creating an atmosphere that encourages open communication and feedback will enable programs to continually adjust their strategies and activities to ensure they are having the intended impact.

Seventy percent of respondents reported that they are *currently engaged in evaluation efforts of their prevention activities*.

Evaluation Approaches

The top (5) Evaluation approaches currently used and/or programs would like more support on:

Approach	Currently Use
Collect Qualitative Data & Develop Measurable Goals and Objectives	67%
Utilizing Surveys to Assess Outcomes	63%
Developing Logic Models/Timelines	54%
Developing Data Collection & Analysis Processes	52%
Preparing Reports and Visuals of Findings	50%

Approach	Would Like More Support
Utilizing the RPE Evaluation Kit	79%
Forming an Evaluation Team that Includes Stakeholders with Knowledge and Skills about Evaluation	76%
Developing a Needs Assessment	68%
Preparing Reports and Visuals of Findings	57%
Developing Data Collection & Analysis Processes	48%

Utilization of Evaluation Findings

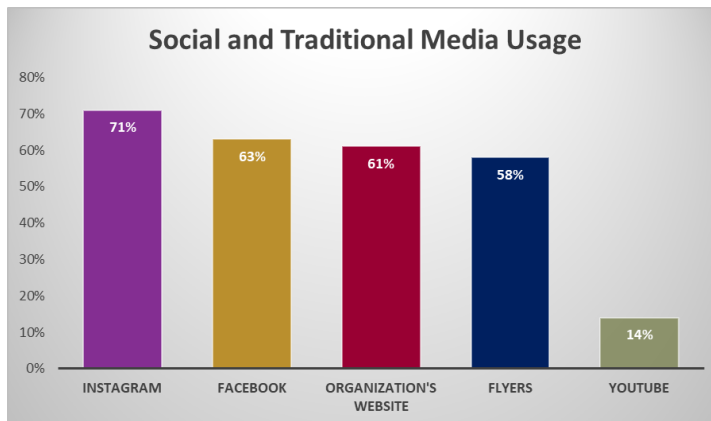
Over **ninety percent** of respondents reported using evaluation findings to *improve their prevention work*. **Eighty-two percent** reported using the findings to *report to our funders*, **seventy-four percent** reported to *share with program staff*, **fifty-nine percent** reported to *gain recognition for our prevention work*, and **half** reported to *report to our stakeholders*.

Strategic Communications

Media Usage

Organizations reported utilizing a variety of social and traditional media platforms.

The top (5) media approaches being utilized to conduct prevention activities:



The least utilized platforms (**less than a quarter**) were: *Blogs, Radio, Snapchat, TikTok, and Twitter.*

Training and Technical Assistance

When asked to identify areas of interest for training and technical support specific to communications, respondents reported:

