

**Rape Prevention and Education (RPE) Program
California Department of Public Health
Sexual Violence Needs and Resources Assessment
Survey Summary
2007**

The Sexual Violence (SV) Prevention Needs and Resources Assessment Survey was developed by the California Department of Public Health (CDPH), Epidemiology and Prevention for Injury Control (EPIC) Branch's RPE Program. The results will contribute to California's RPE Strategic Planning process by providing additional information about local sexual violence primary prevention efforts funded by RPE, helping to identify strengths to build on, and identifying areas that need more attention.

The survey was sent out in April 2007, and staff at rape crisis centers (RCCs) that received RPE funding was asked to complete it via an online survey website. The survey instructions specified that individual results would be kept confidential, and the survey should be completed by staff familiar with the organization's work on primary prevention of sexual violence (such as prevention education staff, Executive Director, etc.). Staff was encouraged to share the survey with as many RCC staff as were considered appropriate to complete the survey, so more than one survey per agency was accepted.

The RPE Strategic Planning Team (SPT) also met in May 2007 to discuss the preliminary results of the survey. This meeting was an important part of processing the information gathered with the survey. Based on input by team members that answered the survey and are familiar with how the rape crisis centers function, CDPH staff was able to make more sense of the responses. The discussion was an invaluable part of the process of evaluating the data captured with the RPE survey. There were numerous accomplishments identified in the survey, as well as parts of their primary prevention work that need some additional attention. Below are some of the strengths and weaknesses that RCC staff identified as areas to build on and work on improving.

Identified Assets and Strengths:

- Knowledge of effectiveness of multi-session prevention curriculums
- Concentration on providing educational trainings and sessions
- Distribution of educational materials
- Work with underserved communities
- Public awareness campaigns
- Funding from outside sources: fund-raising, private donations, and funding from city or county
- Organizational support of primary prevention activities
- Partnerships with youth organizations, colleges/universities, domestic violence agencies, and criminal justice agencies

Identified Needs:

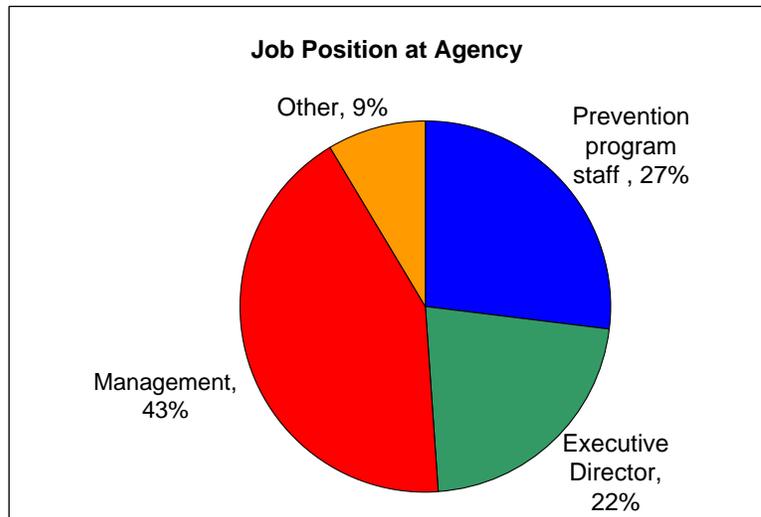
- Access to schools to do multi-session prevention programming
- Resources to deal with staff turnover, especially by prevention educators, who require intensive training. Need to establish core competencies of prevention educators.
- Need to share information, ideas, curriculums, etc. among rape crisis center agencies
- Activities related to policy, social marketing, media advocacy, community mobilization are lacking in many agencies. Community mobilization and social marketing are indicated as priority areas.
- Lack of a mission statement for primary prevention in many agencies
- Lack of discussion of primary prevention in staff meetings
- Need to explore ways to engage volunteers in SV primary prevention activities
- Little funding from fee-for-service sources and state agencies (other than CDPH)
- No staffing or funding for primary prevention training, even though the agency supports primary prevention training
- Training needed on how to build sustainability, conducting needs and resource assessments, evidence-based practices, and many other specified areas related to primary prevention
- Lack of partnerships with some types of organizations, including those that work with men and boys, alcohol and drug prevention, athletic organizations, and policymakers

See **Appendix A** for the full survey results.

Demographics

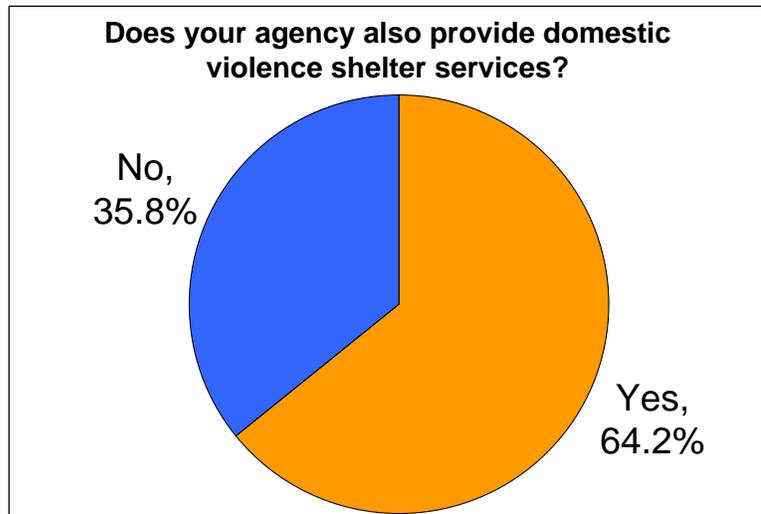
Eighty-nine surveys were submitted. However, not everyone who submitted the survey online completed every question. Percentages given throughout this report are calculated using the number of people who responded to each question as the denominator.

Most of the staff who responded to the RPE survey were management staff such as Program Directors or Prevention Directors (43%), followed by prevention program staff such as Prevention Coordinators or Prevention Educators (27%). An additional 22% were the Executive Directors of their respective agencies. Almost 9% indicated their position at their agency as “other”. The “other” responses reflect the wide array of



positions at RCCs, including those staff who multi-task and perform multiple roles at their agencies. For example, a Prevention Coordinator could also be the Executive Director. The SPT members indicated that it may have been difficult to limit a response about what their positions were at their agencies to only one position name. This is reflected in the data.

About 64% of the respondents worked at a RCC that also provided domestic violence shelter services (dual agency). Future data analysis will show how certain questions were answered on the survey according to whether the RCC is a dual agency or not.



The surveys showed representation from RCCs throughout California. There were a total of 10 responses from RCCs that indicated they provided RPE-funded services to Los Angeles County. The majority of counties had 1 or 2 responses indicating services were provided in that county. Only 7 of the 58 counties in California were not represented by any of the

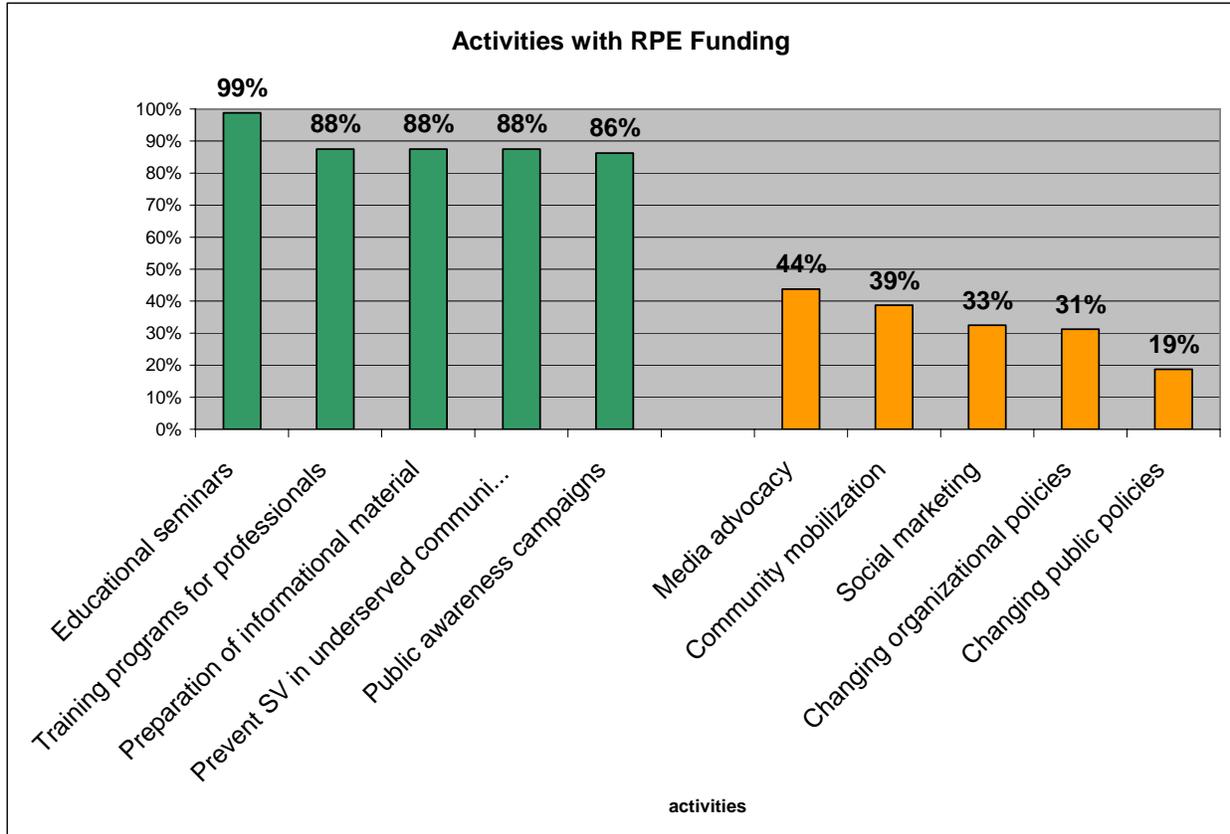
respondents. This could have been for a number of reasons. The survey was sent out to RCC staff at a very busy time (Sexual Assault Awareness Month), and some staff may have not been able to find the time to complete the survey. Also, some staff may have had technical difficulties and were not able to submit the survey in the online format. Another reason for lack of a survey from every county could be that there is not a RCC receiving RPE funding in some of the smaller counties. Respondents could indicate more than one county if they provided services in multiple regions.

The majority of respondents (72%) said that they provided services in rural areas. Again, respondents could indicate more than one geographic region, and 45% said that they served urban areas, while 46% said that they served suburban areas. An additional 17% said that they served tribal/reservation areas. However, this information must be interpreted with caution, since it is self-reported. After discussion with the SPT, we determined that not everyone's definition of "rural", "suburban", and "urban" may be the same. In many cases, staff may determine whether an area is "rural" or "urban" based on an attitude or mindset of a community, instead of the rigid definition of geographic location based on the population of the area. Because of this variation in defining the geography, it is difficult to compare the responses from different locations. Ultimately, the results on geographic location are interesting because they indicate that 72% of respondents consider their service area to be partially or entirely rural.

Activities

Respondents indicated what activities they spent most percentage of time on, using RPE funding. According to the multiple choice question on the survey, they concentrated their activities on: educational seminars, training programs for professionals, preparation of informational materials, efforts to prevent sexual violence in underserved communities, and sexual violence public awareness campaigns. These activities were all indicated by more than 85% of the respondents.

The notable activities that were lacking include: media advocacy, community mobilization, social marketing, changing organizational policies, and changing public policies.



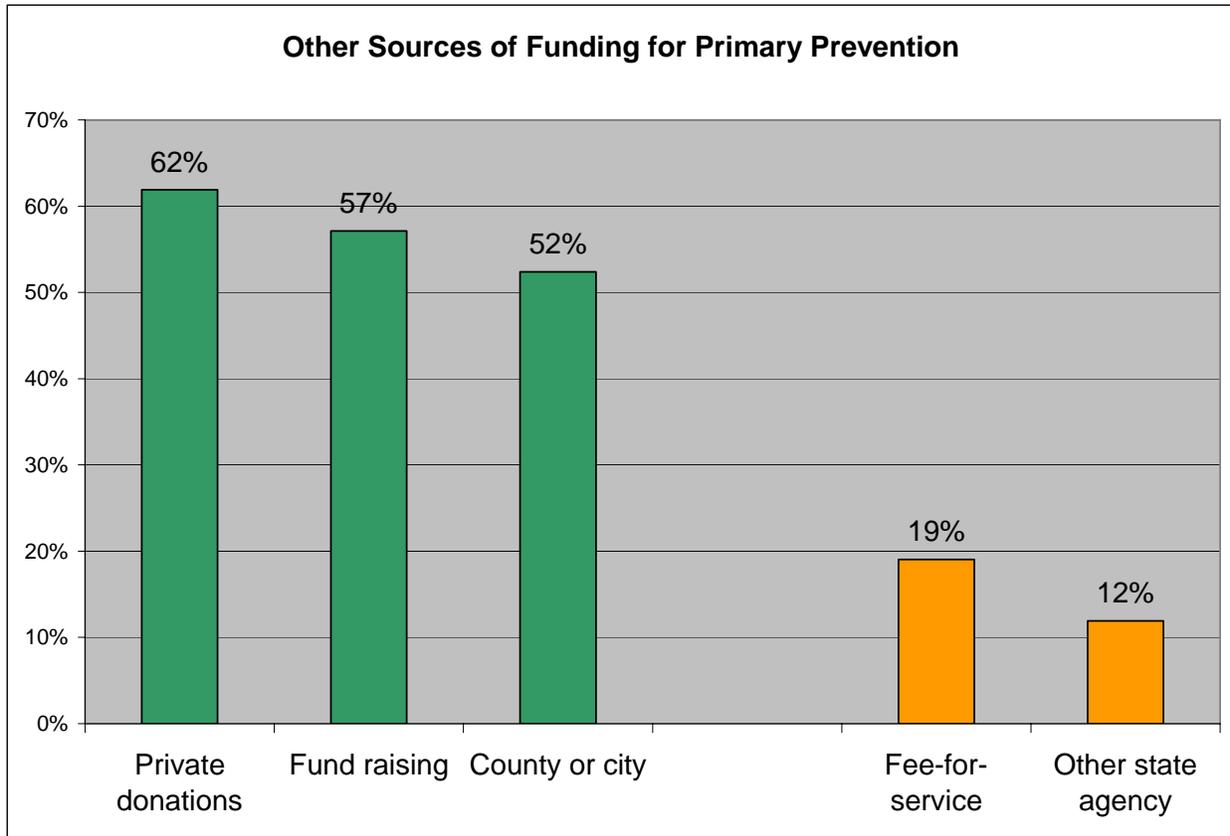
The RPE survey also asked about whether the education sessions that the RCCs provide are in the form of single sessions or multiple sessions. The SPT also advised that this question may have been confusing because the definitions of “single sessions” and “multiple sessions” were open to interpretation, despite being defined at the beginning of the survey. However, it is interesting to note that although the majority of curriculums used in K-12 schools were both multiple and single sessions, the percentage of single-session curriculums steadily decreases from elementary school (35%), to middle/junior high school (25%), and to high school (15%). In colleges/universities, the proportion of single sessions increases to 48%, while the proportion of single sessions to the general public and to professionals were 55% and 53%, respectively. Multiple sessions have been shown to be more effective than single session curriculums in changing the knowledge, attitudes, beliefs, and behavioral intentions of participants (Schewe, 2006), so the need that is shown here is how to gain access to schools, especially in colleges/universities and at the primary school level, to reach young adults and young children. Also, exploration of how to make educational sessions effective when presenting to the general public may be useful, since the majority of the curriculums given to this audience are made up of single sessions. In discussing the results of this survey question, the SPT identified a need to collaborate among agencies to share different tactics in gaining access to schools and share information on curriculums.

Resources

To get an indication of what activities the respondents felt were a priority, the survey also included a multiple choice question about what three activities they would do if they had additional funding. The majority of them indicated they would use this money for public education media campaigns (60%). Other activities indicated by many respondents were: conducting strategic planning for prevention (53%), social norms change (48%), community mobilization (42%), and social marketing (40%). Since a low number of respondents indicated that they currently engage in community mobilization and social marketing with RPE funding, but they also seem to be activities that respondents *want* to do more, these are two areas that may need more resources in the future.

RPE funding supported an average of 1.88 full-time equivalent (FTE) staff at rape crisis centers, according to the respondents. This average was calculated after omitting one of the outlying responses; the highest amount of FTE indicated was 14, though this number was likely due to data entry error, since it does not make sense to have 14 staff members paid from RPE funding. After omitting this response, the highest amount of FTE indicated was 7, and lowest amount was 0.33.

Funding from alternative sources, other than the RPE program, is an important part of creating sustainability for primary prevention programs. The survey respondents indicated that, other than funding from CDPH, they mainly received primary prevention funding from private donations (62%), fund raising (57%), and county or city funding (52%). (They were able to select multiple answers.) An asset that is suggested here is the ability to use fund raising and donations to supplement funding for primary prevention of sexual violence. However, the SPT pointed out that these responses may be misleading, since it is difficult to gauge what percentage of the total amount of donations and fund-raising goes towards primary prevention. For instance, even if \$50 out of a \$10,000 total donation goes towards primary prevention activities, the “donations” would still be indicated on the survey, even though the amount is not very large. Areas that need more attention according to the survey are: funding from fee-for-service (19%) and from other state agencies (12%). This shows that perhaps these are areas that RCCs could concentrate efforts on, to market their activities and gain additional funding from these sources.



Organizational Support

CDPH also wanted to gauge how supportive the respondents perceived their RCCs were of sexual violence primary prevention. Overall, the results were positive, and most of the agencies indicated that their organizations were supportive of their activities and knowledgeable about primary prevention. A trend that becomes evident here is that the agencies have positive attitudes towards primary prevention of sexual violence, but they do not have enough funding or staff to actually implement many of the primary prevention activities they would like to do. For instance, 17% of respondents disagreed with the statement, “My organization commits discretionary funding to activities for the primary prevention of sexual violence,” which is not surprisingly high, but is notable when 99% of respondents said that their agency was supportive of SV primary prevention activities. (Throughout this “Organizational Support” section, “agree” refers to either a “strongly agree” or “agree” response, while “disagree” refers to a “strongly disagree” or “disagree” response.)

Another interesting survey question asked whether their organization had a mission statement which included ending, preventing, or eliminating sexual violence. About 86% of respondents agreed with this statement. Although this percentage is fairly high, and is encouraging to see, this is an area that may need attention for those agencies

who disagreed with this statement. The SPT also pointed out that for those respondents who worked in larger agencies where their RCC is only a small part of the larger organization, such as a large medical center, the mission statement may not include sexual violence as part of their overall mission statement.

About 92% of the respondents indicated that the leadership at their agency, such as the Executive Director or Board of Directors, has a strong understanding of sexual violence primary prevention. Again, this percentage is very high, but does indicate that in a few agencies, there needs to be some effort to bring EDs and other leadership staff “on board” with the concepts of primary prevention.

Another interesting issue regarding the use of volunteers emerged in discussion with the SPT. The team members explained why only 76% of respondents said that they recruited and trained volunteers to participate in activities for primary prevention. Although not necessarily low, this was one of the answers that had the lowest percentage of staff in agreement. The SPT explained that involving volunteers in primary prevention would mean training them to participate in conducting the educational sessions, and to train a volunteer, who in all likelihood would be considered temporary, would involve a lot of time and effort to invest in training that person. They also said that participation in educational sessions would not be an appropriate use of volunteers. However, this touches on the question of how best to engage volunteers in primary prevention activities. This is perhaps another area that could be explored; in order to get the most from volunteers at RCCs, we need to figure out what roles they can play so that they can become involved in primary prevention.

Although the majority of respondents agreed with the statement that “primary prevention of sexual violence is regularly discussed in staff meetings”, CDPH staff were initially concerned that nearly 24% of the responses indicated that they disagreed. However, the SPT suggested this may be misleading because the question could be referring to prevention team staff meetings, entire agency staff meetings, etc., so the answer could vary according to whether it is an all-staff meeting or a smaller, internal staff meeting.

The SPT also thought it was interesting that the percentages were so high in agreement with the statements that “most staff members see strategic program planning (75%), evidence-based approaches (72%), and evaluation (83%) as essential parts of their work, because from their own experiences, they did not tend to do a lot of this in their work, due to lack of time, staff, and training. The discussion revealed that although they may not actually do these activities, they are valued and seen as essential by most staff. In other words, these activities are necessary, but RCCs may need training and technical assistance in order to implement them.

A section for comments after the Organizational Support section on the survey provided a way for respondents to elaborate on their agency. Many of these comments followed along the same lines as their previous answers, with time constraints mentioned numerous times. Some respondents felt that their “core” group of prevention staff or rape crisis center staff did understand the concepts of primary prevention and supported

these efforts. However, leadership and the larger agency as a whole may not have learned about the importance of strategic planning, evaluation of programs, etc. (See **Appendix B** for list of all Organizational Support comments.)

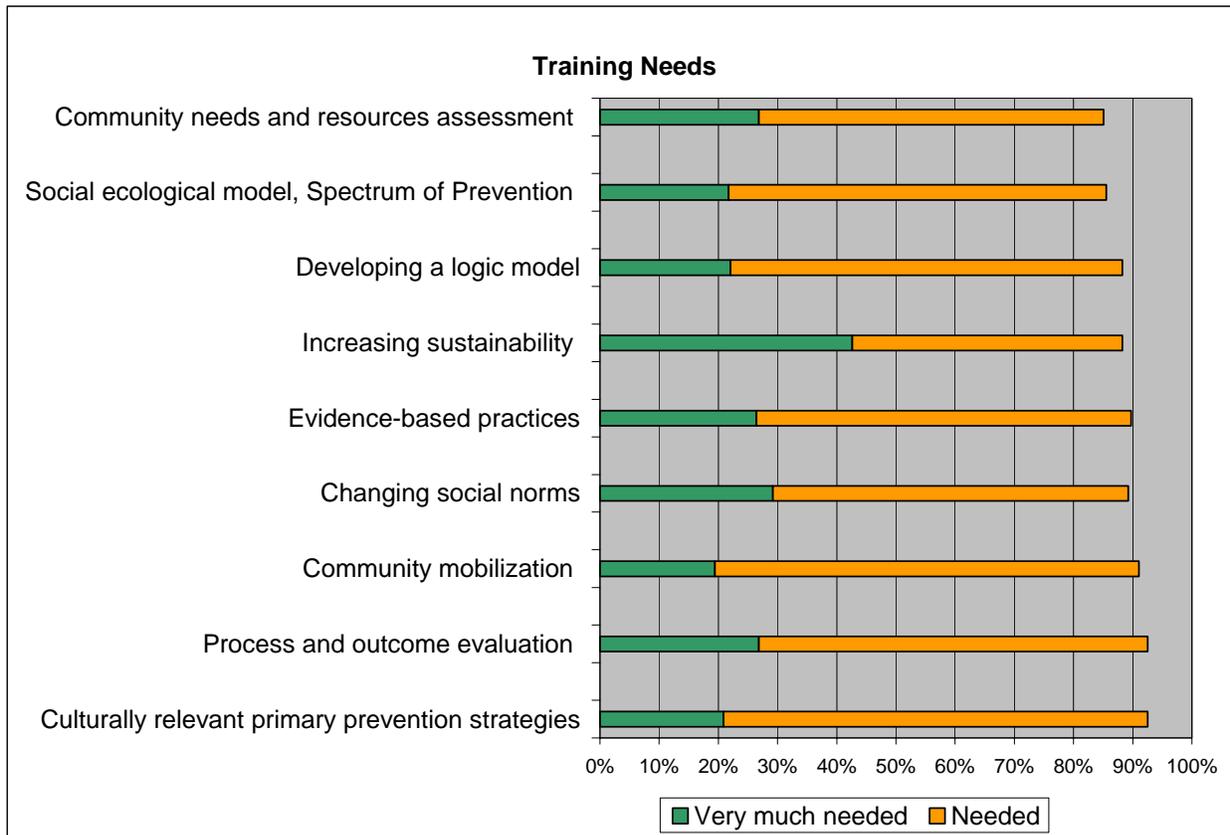
Information and Skill-Building Needs

The RPE survey indicates that not many RCC staff members have received training or technical assistance related to primary prevention of sexual violence from the CDPH, which makes sense since there have not been any formal trainings or TA offered thus far. About 75% of respondents said they had received training, and 75% of these were trainings by the state coalition (CALCASA). This is most likely due to the MyStrength trainings and the periodic web conferences that were offered by CALCASA's CDC-sponsored Prevention Connection (<http://www.preventconnect.org>). A much smaller proportion of them had received technical assistance (25%). The SPT indicated that many of them were unclear on the definition of technical assistance, and whether this pertained to TA on writing their applications to CDPH, or TA on conducting activities, evaluation, or other types of program assistance. Therefore, it is difficult to determine what level of training and TA the respondents received by only looking at one survey question.

Staff identified all the areas specified on the survey as needing training and technical assistance. However, since all the responses consistently specified a high need for training and a lesser need for technical assistance for each topic, we suspect that the term "technical assistance", although defined at the beginning of the survey, may have been confusing. It makes sense that respondents would not know how much technical assistance they may need about a certain topic if they are not familiar with the topic. Also, there were consistently fewer responses to the question on TA than there were to the question on training. Since the survey asked about whether they needed training or technical assistance about each topic, and the survey asked about their need for training *first*, before asking about their need for TA, some respondents only answered the question about training and left the question on TA blank. Therefore, the discussion here mainly focuses on the responses related to training needs.

Detailed responses about specific needs for technical assistance and training are in Appendix A. The areas that over 85% of respondents identified as needing training for are: developing and implementing culturally relevant primary prevention strategies; process and outcome evaluation of prevention strategies; community mobilization; changing social norms; evidence-based practices for primary prevention of sexual violence; increasing sustainability of prevention strategies; creating a prevention program logic model; the social-ecological model and the Spectrum of Prevention; and planning and conducting a community needs and resources assessment. ("Needed" refers to responses of "very much needed" or "needed", while "not needed" refers to a response of, "not at all needed".) Of special note is the high percentage who indicated that they "very much needed" training on how to increase sustainability of prevention

strategies. Nearly 43% answered that this was a very high priority on their list of desired training. It is also interesting that although for most of the topics there was a distinct pattern of respondents saying they needed training, and to a lesser extent, technical assistance, a few of the topics did not follow this pattern. For example, a higher proportion of staff said they “very much needed” TA than “very much needed” training for: strategic planning, planning and conducting a community needs and resources assessment, media advocacy, and conducting social marketing campaigns.



Barriers

“[A barrier to doing SV primary prevention is] lack of prevention training opportunities relevant to my program. Lack of staffing is the largest barrier. We have one staff person conducting all outreach, awareness, and prevention activities.”

-Comment about barriers experienced doing SV primary prevention, from RPE survey

Important areas to assess involve looking at what barriers the RCC staff may face in doing their primary prevention work and strengths that they can build on. The primary theme that came up again and again in this section was the lack of time and lack of staffing. Almost 86% of respondents said trainings/meetings were held too far away, and 83% said that they did not have funding for trainings/meetings that required lodging and travel, indicating the need for more regional meetings. It is interesting to note that although 91% of the respondents said that they did not think it was a barrier that their organization did not provide time off from regular work duties to attend trainings and meetings, 77% of them did think it was a barrier that they did not have enough time in their schedule to participate in trainings/meetings. This seems to indicate that although their organization is supportive of trainings on primary prevention and would give them time off to attend, in reality, they do not have enough time to actually do this. The SPT also indicated in discussion that staff turnover at the RCCs was a significant barrier. One comment was that it was frustrating to train someone on all the concepts of prevention education, only to have that person leave and have to start all over again. This may be another area that CDPH and CALCASA staff can assist in, by having more frequent trainings on core concepts of prevention education.

A number of strengths were also identified. Nearly 90% of respondents said that access to technology such as e-mail and the Internet was not a barrier at all. (In this “Barriers” section, indication of a barrier refers to a response of “very much a barrier” or “somewhat a barrier”, while indication that something was not a barrier refers to a response of “not at all a barrier”.) To a lesser extent, their access to research publications and opportunities for collaboration with other colleagues on primary prevention did not seem to be barriers.

Partnerships

Most respondents said that they participated in local or regional coalitions or taskforces and collaborated with other organizations on primary prevention of sexual violence. Most of them named schools (K-12) as the organizations they most commonly worked with (91%). They also worked with youth organizations (83%), colleges and universities (78%), domestic violence agencies (74%), and criminal justice agencies (68%).

However, there were some gaps identified in this area. Notable examples of agencies that less than 50% of the respondents indicated that they collaborated with were organizations that work with men and boys (47%), alcohol/drug/tobacco prevention agencies (46%), athletic organizations (24%), and policymakers (21%).

Whom does your organization work with on SV primary prevention? Organizations indicated by less than 50% of respondents	
Organizations working with men and boys	47.1%
Prevention for alcohol, tobacco and other drugs	45.6%
Charities or philanthropies	35.3%
PTA or other parent groups	33.8%
Neighborhood associations	25.0%
Athletic organizations	23.5%
Other govt. agencies	22.1%
Policymakers	20.6%
Housing authority	11.8%

Differences in Needs and Resources According to Respondents

We also looked at how the respondents answered the survey questions, according to what type of staff they were (Prevention Staff or Executive Director or Management Staff) and whether they were from a dual agency that also provided domestic violence shelter services or not. The results were interesting, though since the numbers of each type of staff and each type of agency were relatively low, it is not possible to make any conclusive statements about differences among the types of respondents. For example, a greater proportion of EDs and Prevention Staff than Management staff agreed with the statement that “My organization has a mission statement which includes ending, preventing, or eliminating sexual violence.” About 94% of both EDs and Prevention Staff agreed, versus 73% of management. However, this amounts to only one ED and one Prevention Staff disagreeing with this statement, versus eight Management Staff. Because the numbers are small when the answers are distributed among the staff types, it is difficult to generalize to definitively say that “More EDs and Prevention Staff had mission statements that included ending, preventing, or eliminating sexual violence than Management Staff.” However, the differences among staff and

agency types that appear considerable are shown in **Appendix C**, with the disclaimer that we cannot determine whether or not they are statistically significant.

Conclusion

The RPE needs and resources assessment survey offered an opportunity for CDPH staff to determine what areas were identified by RCC staff as strengths and weaknesses. The survey captured a fair representation of the staff at RCCs, with a mix of responses from prevention staff, management, and Executive Directors. Over two-thirds of the responses were from dual agencies (offering domestic violence shelter services as well as doing RPE prevention work). However, the information from the survey would not be as useful if we did not also have the insights supplied by the Strategic Planning Team members. With the combination of the numbers and valuable discussion, CDPH staff is able to better understand what direction the RPE Program should take in the future. The strengths and needs identified will lay the foundation and set the priorities for the rest of our planning process.

- “Interventions to Prevent Sexual Violence” by Paul A. Schewe in L. S. Doll, S. Bonzo, J. Mercy, D. Sleet (Eds). Handbook of injury and violence prevention. Secausus, NJ: Springer. 2006

Survey of RPE-funded Agencies

1. What is your position? (select only the one that best fits your job)

Multiple Choice: Select Only One

	% of Answered	
Prevention program staff (Prevention Coordinator, Educator, etc.)	22	26.8%
Executive Director	18	22.0%
Management staff (Program Director, Prevention Director, etc.)	35	42.7%
Other	7	8.5%
Answered	82	

Other positions

- Victim Advocate
- Fund Development Manager
- Executive Director that serves as Prevention Staff
- Associate Director (2)
- Assistant Executive Director/Program Director
- Also, management & rape counselor
- Prevention Services Coordinator

2. Does your agency also provide domestic violence shelter services?

Multiple Choice: Select Only One

	% of Answered	
Yes	52	64.2%
No	29	35.8%
Answered	81	100.0%

3. In what counties does your organization provide RPE-funded services? (select all that apply)

Multiple Choice: Select All That Apply

	% of Answered	
Alameda	2	2.5%
Alpine	2	2.5%
Amador	2	2.5%
Butte	1	1.3%
Calaveras	2	2.5%
Colusa	2	2.5%
Contra Costa	0	0.0%
Del Norte	1	1.3%
El Dorado	2	2.5%
Fresno	2	2.5%

Survey of RPE-funded Agencies

*(continued from page 1)***3. In what counties does your organization provide RPE-funded services? (select all that apply)**

Glenn	1	1.3%
Humboldt	1	1.3%
Imperial	0	0.0%
Inyo	2	2.5%
Kern	1	1.3%
Kings	0	0.0%
Lake	2	2.5%
Lassen	1	1.3%
Los Angeles	10	12.5%
Madera	1	1.3%
Marin	0	0.0%
Mariposa	0	0.0%
Mendocino	2	2.5%
Merced	1	1.3%
Modoc	1	1.3%
Mono	2	2.5%
Monterey	3	3.8%
Napa	1	1.3%
Nevada	2	2.5%
Orange	3	3.8%
Placer	2	2.5%
Plumas	1	1.3%
Riverside	1	1.3%
Sacramento	1	1.3%
San Benito	1	1.3%
San Bernardino	2	2.5%
San Diego	4	5.0%
San Francisco	1	1.3%
San Joaquin	4	5.0%
San Luis Obispo	1	1.3%
San Mateo	1	1.3%
Santa Barbara	2	2.5%
Santa Clara	2	2.5%
Santa Cruz	1	1.3%
Shasta	2	2.5%
Sierra	0	0.0%
Siskiyou	1	1.3%
Solano	1	1.3%
Sonoma	2	2.5%
Stanislaus	3	3.8%
Sutter	2	2.5%
Tehama	1	1.3%
Trinity	3	3.8%
Tulare	3	3.8%
Tuolumne	1	1.3%
Ventura	0	0.0%
Yolo	2	2.5%
Yuba	2	2.5%
Answered	80	

Survey of RPE-funded Agencies

4. In what geographic location does your organization provide RPE-funded services? (select all that apply)

Multiple Choice: Select All That Apply

	% of Answered	
Urban	37	45.1%
Suburban	38	46.3%
Rural	59	72.0%
Tribal/Reservation	14	17.1%
Answered	82	

5. Which of the following does your organization do as part of your RPE-funded activities? (select all that apply)

Multiple Choice: Select All That Apply

	% of Answered	
Educational seminars (like school presentations, etc.)	79	98.8%
Training programs for professionals	70	87.5%
Preparation of informational material	70	87.5%
Efforts to prevent sexual violence in underserved communities (e.g. individuals with disabilities)	70	87.5%
Sexual violence public awareness campaigns	69	86.3%
Social marketing	26	32.5%
Public education media campaigns	41	51.3%
Media advocacy	35	43.8%
Community mobilization	31	38.8%
Social norms change	38	47.5%
Changing public policies	15	18.8%
Changing organizational policies	25	31.3%
Strategic planning for prevention	45	56.3%
Evaluation of prevention programs	47	58.8%
Other	4	5.0%
Answered	80	

Other activities

Self-Defense Workshops

my strength

i am not sure exactly what the definition of some of these categories

Collaboration

Booths, Fairs & Collaborative Meetings

Public Awareness Special Events (educational)

Community Education, Community Outreach, Collaborative Health Fairs/Events

Survey of RPE-funded Agencies

6. Do you provide education or training using a single-session curriculum or a multiple-session curriculum? Please specify for the following populations:
Elementary schools

	% of Answered	
Multiple session	12	16.9%
Single session	25	35.2%
Both	26	36.6%
Not applicable	9	12.7%
Answered	71	

Middle/junior high schools

	% of Answered	
Multiple session	12	16.0%
Single session	19	25.3%
Both	44	58.7%
Not applicable	1	1.3%
Answered	75	

High schools

	% of Answered	
Multiple session	16	21.1%
Single session	11	14.5%
Both	49	64.5%
Not applicable	1	1.3%
Answered	76	

Colleges/universities

	% of Answered	
Multiple session	1	1.4%
Single session	34	47.9%
Both	32	45.1%
Not applicable	5	7.0%
Answered	71	

General public

	% of Answered	
Multiple session	3	4.1%
Single session	41	55.4%
Both	30	40.5%
Not applicable	1	1.4%
Answered	74	

Professionals/agencies

	% of Answered	
Multiple session	3	3.9%
Single session	40	52.6%
Both	32	42.1%
Not applicable	2	2.6%
Answered	76	

7. If you had additional funding for sexual violence primary prevention activities, what would you do with this additional funding? (select only your top THREE activities)

Multiple Choice: Select All That Apply

	% of Answered	
Strategic planning for prevention	41	53.2%
Community mobilization	32	41.6%
Social norms change	37	48.1%
Evaluation of prevention programs	23	29.9%
Changing public policies	8	10.4%
Changing organizational policies	9	11.7%
Social marketing	31	40.3%
Public education media campaigns	46	59.7%
Media advocacy	18	23.4%
Other	5	6.5%
Answered	77	

Other activities with additional funding

Sustainable funding for the My Strength campaign

purchase supporting materials

More sessions to more people

Increased prevention staff for men's programming and youth peer-facilitated prevention programming

Increase FTE's of prevention educators & their training

Develop more prevention materials in Spanish for Latino Community

Collaborative Efforts

8. How many full-time equivalents (FTEs) at your organization are paid from RPE funding? (please indicate "0" if there are none)

Average: 1.70)

Low (other than 0): 0.33

67 total responses

9. Does your organization receive funding for primary prevention of sexual violence other than the RPE program? (if yes, please answer #9a)

Multiple Choice: Select Only One

	% of Answered	
Yes	40	57.1%
No	30	42.9%
Answered	70	

Survey of RPE-funded Agencies

9a. What are the other sources that provide funding for primary prevention? (select all that apply)

Multiple Choice: Select All That Apply		
		% of Answered
County or city	22	52.4%
Foundation (like Blue Shield, Wellness Foundation, etc.)	15	35.7%
Charitable organization (like United Way, Rotary, Soroptimists, etc.)	19	45.2%
Business (like Target, Bank of America, etc.)	10	23.8%
Fund raising	24	57.1%
Private donations	26	61.9%
Fee-for-service	8	19.0%
Other state agency	5	11.9%
Other	1	2.4%
Answered	42	

Other

California Endowment for the Hmong Community only

Beginning April 1 2007 we have a contract with SO for 18 months for parent education but that is it.
Office of Emergency Services
OES
MCH Shelter, OES SA

Organizational Support

10. My organization is supportive of activities for the primary prevention of sexual violence.

		% of Answered
Strongly agree	59	81.9%
Agree	12	16.7%
Disagree	1	1.4%
Strongly disagree	0	0.0%
Don't know	0	0.0%
Answered	72	

11. My organization commits personnel to activities for the primary prevention of sexual violence.

		% of Answered
Strongly agree	55	76.4%
Agree	17	23.6%
Disagree	0	0.0%
Strongly disagree	0	0.0%
Don't know	0	0.0%
Answered	72	

Survey of RPE-funded Agencies

12. My organization commits discretionary funding to activities for the primary prevention of sexual violence.

	% of Answered	
Strongly agree	32	45.1%
Agree	21	29.6%
Disagree	11	15.5%
Strongly disagree	1	1.4%
Don't know	6	8.5%
Answered	71	

13. Staff members are knowledgeable about primary prevention of sexual violence.

	% of Answered	
Strongly agree	43	60.6%
Agree	25	35.2%
Disagree	2	2.8%
Strongly disagree	0	0.0%
Don't know	1	1.4%
Answered	71	

14. My organization has a mission statement which includes ending, preventing, or eliminating sexual violence.

	% of Answered	
Strongly agree	52	72.2%
Agree	10	13.9%
Disagree	10	13.9%
Strongly disagree	0	0.0%
Don't know	0	0.0%
Answered	72	

15. The leadership of my organization (e.g. Executive Director, board of directors) has a strong understanding of sexual violence primary prevention.

	% of Answered	
Strongly agree	44	61.1%
Agree	21	29.2%
Disagree	5	6.9%
Strongly disagree	1	1.4%
Don't know	1	1.4%
Answered	72	

Survey of RPE-funded Agencies

16. My organization recruits and trains volunteers to participate in activities for primary prevention of sexual violence.

	% of Answered	
Strongly agree	29	40.3%
Agree	26	36.1%
Disagree	15	20.8%
Strongly disagree	2	2.8%
Don't know	0	0.0%
Answered	72	

17. All staff members see primary prevention of sexual violence as an essential part of our organization's work.

	% of Answered	
Strongly agree	41	56.9%
Agree	19	26.4%
Disagree	8	11.1%
Strongly disagree	1	1.4%
Don't know	3	4.2%
Answered	72	

18. Primary prevention of sexual violence is regularly discussed in staff meetings.

	% of Answered	
Strongly agree	30	41.7%
Agree	25	34.7%
Disagree	16	22.2%
Strongly disagree	1	1.4%
Don't know	0	0.0%
Answered	72	

19. Most staff members see strategic program planning as an essential part of our organization's work.

	% of Answered	
Strongly agree	21	29.2%
Agree	33	45.8%
Disagree	12	16.7%
Strongly disagree	2	2.8%
Don't know	4	5.6%
Answered	72	

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20. Most staff members see using evidence-based approaches as an essential part of our organization's work.

	% of Answered	
Strongly agree	15	20.8%
Agree	37	51.4%
Disagree	13	18.1%
Strongly disagree	1	1.4%
Don't know	6	8.3%
Answered	72	

21. Most staff members see evaluation activities as an essential part of our organization's work.

	% of Answered	
Strongly agree	20	27.8%
Agree	40	55.6%
Disagree	9	12.5%
Strongly disagree	1	1.4%
Don't know	2	2.8%
Answered	72	

22. Have you received any training related to primary prevention of sexual violence in the past year?

Multiple Choice: Select Only One

	% of Answered	
Yes (if yes, please indicate the sources in the space below)	52	75.4%
No	17	24.6%
Answered	69	

Sources of training:

Multiple Choice: Select All That Apply

	% of Answered	
State health department	12	22.6%
State coalition	40	75.5%
Other	16	30.2%
Answered	53	

Other sources of training

Webinar
 Stockton Police Department, Teen Triumph, Valley Community Counseling Services, Mental Health, Narika
 Prevention Connection
 personal training, national institute
 Office on Violence Against Women
 local and international workshops/conferences
 inter-organization training
 BHCS Oakland; CA Victim Assistance Academy, Fresno
 We hosted Ben Atherton-Zeman
 via the writing of grant proposals (research) and the involvement with MyStrength Campaign through our own training programs
 State Health Department training refers to my participation in work Nancy Bagnato is doing. I am not sure about our RC staff.
 Research
 Internet Resources
 In service training
 Family Justice Center Strategic Planning
 Conferences

23. Have you received technical assistance related to primary prevention of sexual violence in the past year?

Multiple Choice: Select Only One

	% of Answered	
Yes (if yes, please indicate the sources in the space below)	17	25.0%
No	51	75.0%
Answered	68	

Sources of technical assistance:

Multiple Choice: Select All That Apply

	% of Answered	
State health department	6	31.6%
State coalition	12	63.2%
Other	3	15.8%
Answered	19	

Other sources of technical assistance

UC Davis
 Livermore, Dublin, and Pleasanton Police department for SART Training
 Only advise from David @ CalCasa and re: My Strength
 I am not sure about whether the staff has received technical assistance from EPIC this year, but if so it has been informally.

What barriers have you experienced doing primary prevention of sexual violence in the past year?

24. Trainings/meetings are offered too far away

	% of Answered	
Very much a barrier	17	24.6%
Somewhat a barrier	42	60.9%
Not at all a barrier	10	14.5%
Answered	69	

25. Training/meeting times are not convenient

	% of Answered	
Very much a barrier	4	5.9%
Somewhat a barrier	36	52.9%
Not at all a barrier	28	41.2%
Answered	68	

26. My organization does not have funding for trainings/meetings

that require lodging and travel costs

	% of Answered	
Very much a barrier	35	50.7%
Somewhat a barrier	22	31.9%
Not at all a barrier	12	17.4%
Answered	69	

27. My organization does not provide time off from regular work duties to attend trainings/meetings

	% of Answered	
Very much a barrier	1	1.4%
Somewhat a barrier	5	7.2%
Not at all a barrier	63	91.3%
Answered	69	

28. Limited access to technology (Internet, e-mail, computer programs, etc.)

	% of Answered	
Very much a barrier	5	7.4%
Somewhat a barrier	2	2.9%
Not at all a barrier	61	89.7%
Answered	68	

29. Limited access to libraries and publications to review research

	% of Answered	
Very much a barrier	3	4.4%
Somewhat a barrier	12	17.6%
Not at all a barrier	53	77.9%
Answered	68	

30. I do not have colleagues within my agency or at other agencies with whom I can collaborate on sexual violence prevention

	% of Answered	
Very much a barrier	3	4.3%
Somewhat a barrier	12	17.4%
Not at all a barrier	54	78.3%
Answered	69	

31. My job description does not include work related to planning, implementing, and/or evaluating sexual violence prevention

	% of Answered	
Very much a barrier	3	4.4%
Somewhat a barrier	6	8.8%
Not at all a barrier	59	86.8%
Answered	68	

32. I have not received adequate training on how to plan, implement, and evaluate primary prevention programs

	% of Answered	
Very much a barrier	7	10.1%
Somewhat a barrier	27	39.1%
Not at all a barrier	35	50.7%
Answered	69	

33. Not enough time in my schedule to participate in trainings/meetings

	% of Answered	
Very much a barrier	16	23.2%
Somewhat a barrier	37	53.6%
Not at all a barrier	16	23.2%
Answered	69	

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34. I do not have adequate access to the data I need for planning prevention activities

	% of Answered	
Very much a barrier	5	7.2%
Somewhat a barrier	25	36.2%
Not at all a barrier	39	56.5%
Answered	69	

35. Other

	% of Answered	
Very much a barrier	4	21.1%
Somewhat a barrier	2	10.5%
Not at all a barrier	13	68.4%
Answered	19	

Other barriers

Limited time do to limited funding for staff!

the schools themselves can often be a barrier...

Lack of staff is the number one barrier in attending trainings/meetings.

Lack of prevention training opportunities relevant to my program. Lack of staffing is the largest barrier; we have one staff person conducting all outreach, awareness, and prevention activities.

In the following topics, please rate the information and skill-building needs of the staff at your organization:

36. Developing and implementing culturally relevant primary prevention strategies

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
	% of Answered		% of Answered	
Very much needed	14	20.9%	9	15.8%
Needed	48	71.6%	36	63.2%
Not at all needed	5	7.5%	12	21.1%
Answered	67		57	

37. Data collection methods and strategies

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	18	26.5%	14	24.1%
Needed	33	48.5%	29	50.0%
Not at all needed	17	25.0%	15	25.9%
Answered	68		58	

38. Theories related to primary prevention of sexual violence

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	7	10.3%	5	8.8%
Needed	48	70.6%	32	56.1%
Not at all needed	13	19.1%	20	35.1%
Answered	68		57	

39. The social ecological model and the Spectrum of Prevention as they relate to sexual violence prevention

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	15	21.7%	10	17.5%
Needed	44	63.8%	31	54.4%
Not at all needed	10	14.5%	16	28.1%
Answered	69		57	

40. Evidence-based practices for primary prevention of sexual violence

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	18	26.5%	11	19.3%
Needed	43	63.2%	33	57.9%
Not at all needed	7	10.3%	13	22.8%
Answered	68		57	

Survey of RPE-funded Agencies

41. Differences between primary prevention of sexual violence and campaigns to raise awareness

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	14	20.6%	8	14.0%
Needed	33	48.5%	26	45.6%
Not at all needed	21	30.9%	23	40.4%
Answered	68		57	

42. Strategic planning of primary prevention programming

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	13	18.8%	12	20.7%
Needed	42	60.9%	26	44.8%
Not at all needed	14	20.3%	20	34.5%
Answered	69		58	

43. Creating a prevention program logic model

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	15	22.1%	13	22.0%
Needed	45	66.2%	34	57.6%
Not at all needed	8	11.8%	12	20.3%
Answered	68		59	

44. Process and outcome evaluation of prevention strategies

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	18	26.9%	14	23.7%
Needed	44	65.7%	37	62.7%
Not at all needed	5	7.5%	8	13.6%
Answered	67		59	

45. Increasing sustainability of prevention strategies

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
	% of Answered		% of Answered	
Very much needed	29	42.6%	20	34.5%
Needed	31	45.6%	27	46.6%
Not at all needed	8	11.8%	11	19.0%
Answered	68		58	

46. Planning and conducting a community needs and resources assessment

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
	% of Answered		% of Answered	
Very much needed	18	26.9%	17	29.3%
Needed	39	58.2%	31	53.4%
Not at all needed	10	14.9%	10	17.2%
Answered	67		58	

47. Community mobilization

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
	% of Answered		% of Answered	
Very much needed	13	19.4%	10	17.9%
Needed	48	71.6%	34	60.7%
Not at all needed	6	9.0%	12	21.4%
Answered	67		56	

48. Changing social norms

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
	% of Answered		% of Answered	
Very much needed	19	29.2%	10	18.5%
Needed	39	60.0%	32	59.3%
Not at all needed	7	10.8%	12	22.2%
Answered	65		54	

Survey of RPE-funded Agencies

49. Policy change and development

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	13	19.7%	9	16.7%
Needed	38	57.6%	30	55.6%
Not at all needed	15	22.7%	15	27.8%
Answered	66		54	

50. Making the shift to primary prevention

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	9	13.4%	6	11.5%
Needed	33	49.3%	24	46.2%
Not at all needed	25	37.3%	22	42.3%
Answered	67		52	

51. Media advocacy

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	11	16.7%	10	17.5%
Needed	43	65.2%	29	50.9%
Not at all needed	12	18.2%	18	31.6%
Answered	66		57	

52. Social marketing campaigns

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	12	17.6%	10	18.2%
Needed	43	63.2%	32	58.2%
Not at all needed	13	19.1%	13	23.6%
Answered	68		55	

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53. Building and strengthening partnerships and collaborations

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	7	10.8%	5	9.1%
Needed	35	53.8%	20	36.4%
Not at all needed	23	35.4%	30	54.5%
Answered	65		55	

54. Other areas

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	2	10.0%	3	16.7%
Needed	6	30.0%	4	22.2%
Not at all needed	12	60.0%	11	61.1%
Answered	20		18	

Other areas needed for information and skill-building

I marked needed because we can always use more of anything and can improve
 Youth Peer Faciliated Prevention Programs
 most important:: how to find time for and fund all of the above
 More funding due to 07-09 RPE grant cuts.
 Difficult to do all these things with current staffing and funding levels.

Partnerships

55. Does your organization participate in any local/regional coalitions or taskforces that work on primary prevention of sexual violence?

Multiple Choice: Select Only One

	% of Answered	
Yes (if yes, please specify below in #55a)	46	68.7%
No	21	31.3%
Answered	67	

55a. Name of coalition or taskforce:

- _____ CALCASA (26)
- _____ RPE Strategic Planning Taskforce (2)
- _____ Human Trafficking Coalition
- _____ Local Coordinating Council
- _____ CALCASA Regional
- _____ Mid Coast Region of CalcASA
- _____ Northern Calif. CALCASA Regional meetings
- _____ JSOM
- _____ Lake IPV Prevention Council
- _____ Local Youth Education Coalition that focuses on nonprofits providing health/violence-prevention related programming to teens
- _____ Valley Regional
- _____ Child Abuse Prevention
- _____ Domestic Violence Council (addresses SA also)
- _____ don't know of any in our area
- _____ Family Violence Prevention Committee
- _____ Los Angeles DV taskforce
- _____ PRICE Campaign
- _____ SART Review Committee
- _____ Sexual Assault Response Team and MDIC - -Multiiplinary Interview Center
- _____ Sexual Assault Task Force (SART)
- _____ SF Adult Sexual Assault Task Force
- _____ The taskforces in this community are multi-faceted youth violence prevention (not SA specific)...Children Services Council/Subcommitte, MAC (Multi-Agency Committee) Prevention
- _____ VPC, LACSAC, Girls Collaborative
- _____ Women's Safety Committee at Cal Poly State Univ

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**56. Whom does your organization work with on primary prevention of sexual violence?
(select all that apply)**

Multiple Choice: Select All That Apply

	% of Answered	
Criminal justice: prisons, police, judges, prosecutors, legal services, etc.	46	67.6%
Health care: hospitals, doctors' offices, clinics, etc.	41	60.3%
Mental health programs	34	50.0%
Addiction services	34	50.0%
Prevention for alcohol, tobacco and other drugs	31	45.6%
Schools (K-12)	62	91.2%
Colleges and universities	53	77.9%
Domestic violence agencies	50	73.5%
Sex offender management boards or treatment providers	11	16.2%
Youth organizations	57	83.8%
Faith community	40	58.8%
Business community	34	50.0%
Neighborhood associations	17	25.0%
PTA or other parent groups	23	33.8%
Organizations working with men and boys	32	47.1%

(continued from Page 19)
**56. Whom does your organization work with on primary prevention of sexual violence?
(select all that apply)**

Media	35	51.5%
Local social service agencies	45	66.2%
Housing authority	8	11.8%
Athletic organizations	16	23.5%
Charities or philanthropies	24	35.3%
Policymakers	14	20.6%
Public health: state, county or city departments of public health	36	52.9%
Child Protective Services	37	54.4%
Other state, county or city government agencies and officials (specify)	15	22.1%
Other (specify)	1	1.5%
Answered	68	

Other partnerships

OES, County Gov't - City Councils in both rural and Metro areas

Juvenile Probation

Community service groups: Lions Club

Local city councils within Fresno county.

Foster care youth

Appendix B

Organizational Support Comments

- We are a multi-service agency so "staff" refers to the staff within the SA/DV department which I oversee.
- Time constraints sometimes make it difficult to evaluate our activities, however this is something that we are committed to improve. We are aware of the importance of evaluating our activities.
- Those designated to do primary prevention, I feel are clear on all of these aspects. Others less directly involved in primary prevention, although doing prevention as part of intervention, I am less sure that they have an understanding re strategic planning, etc.
- I believe staff see the importance of evaluation, but feel they do not have enough time or resources to do this task. They talk to me about the amount of paper work they have
- Agency is in transition. Concepts like evidence-based practice and strategic planning were never introduced prior to the current leadership
- Hard to answer because not sure if responding for the entire agency or for the Rape Crisis Center staff only. Clearly all of our SA/DV and Child Abuse staff view primary prevention of SA as essential part of our work; I am just not certain if every staff in all other areas are as aware of what that means. The Agency is multi-service with tremendous demands on discretionary funds which have not typically gone to SA Prevention. Now that we have a serious funder, SA Prevention is increasing in priority. The agency is increasing fund-raising efforts and in the future will dedicate more funds to prevention.
- All staff has a concept of Primary Prevention - The counselors also feel that they are part of the primary prevention effort because their intervention and counseling help to prevent re - victimization.
- I think what's difficult about working in a small agency in a rural community is that our resources are spread very thin. We have to "wear many hats", including direct service for SA and DV clients, be Educators of ages Preschool to elderly, as well as conduct media/social campaigns during SAAM, Child Abuse Awareness Month and DV Awareness Month. We actually cover 2 counties, one being Inyo County, which is the 2nd largest in the nation. A lot of time is spent just REACHING places to teach, etc. I feel that we have a phenomenal staff that truly cares and actively works towards our vision a building a community of relationships based upon dignity, compassion, equality, and respect. The support and training that CALCASA provides is not only helpful but vital for us as a guiding light in knowing how to approach topics that remain as unpopular for a rural, closed, and isolated area to acknowledge the mere existence of. We depend on this support and guidance, as we unfortunately have little down time to research and implement comprehensive strategic prevention. We truly would like to work towards more strategic saturation of primary prevention. This has often been the biggest frustration for us conducting prevention...TOO THINLY SPREAD! If we could have a little time to take a breath and look at what we're actually doing, we can begin to build a tighter network in order to work with agencies in a more effective collaboration. Then, we could anticipate having a much better chance at true social change. Which, of course, is the key idea, along with intervention and primary prevention of SA.

Survey of RPE-funded Agencies

1. What is your position? (select only the one that best fits your job)

Multiple Choice: Select Only One

	% of Answered	
Prevention program staff (Prevention Coordinator, Educator, etc.)	22	26.8%
Executive Director	18	22.0%
Management staff (Program Director, Prevention Director, etc.)	35	42.7%
Other	7	8.5%
Answered	82	

Other positions

- Victim Advocate
- Fund Development Manager
- Executive Director that serves as Prevention Staff
- Associate Director (2)
- Assistant Executive Director/Program Director
- Also, management & rape counselor
- Prevention Services Coordinator

2. Does your agency also provide domestic violence shelter services?

Multiple Choice: Select Only One

	% of Answered	
Yes	52	64.2%
No	29	35.8%
Answered	81	100.0%

3. In what counties does your organization provide RPE-funded services? (select all that apply)

Multiple Choice: Select All That Apply

	% of Answered	
Alameda	2	2.5%
Alpine	2	2.5%
Amador	2	2.5%
Butte	1	1.3%
Calaveras	2	2.5%
Colusa	2	2.5%
Contra Costa	0	0.0%
Del Norte	1	1.3%
El Dorado	2	2.5%
Fresno	2	2.5%

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*(continued from page 1)***3. In what counties does your organization provide RPE-funded services? (select all that apply)**

Glenn	1	1.3%
Humboldt	1	1.3%
Imperial	0	0.0%
Inyo	2	2.5%
Kern	1	1.3%
Kings	0	0.0%
Lake	2	2.5%
Lassen	1	1.3%
Los Angeles	10	12.5%
Madera	1	1.3%
Marin	0	0.0%
Mariposa	0	0.0%
Mendocino	2	2.5%
Merced	1	1.3%
Modoc	1	1.3%
Mono	2	2.5%
Monterey	3	3.8%
Napa	1	1.3%
Nevada	2	2.5%
Orange	3	3.8%
Placer	2	2.5%
Plumas	1	1.3%
Riverside	1	1.3%
Sacramento	1	1.3%
San Benito	1	1.3%
San Bernardino	2	2.5%
San Diego	4	5.0%
San Francisco	1	1.3%
San Joaquin	4	5.0%
San Luis Obispo	1	1.3%
San Mateo	1	1.3%
Santa Barbara	2	2.5%
Santa Clara	2	2.5%
Santa Cruz	1	1.3%
Shasta	2	2.5%
Sierra	0	0.0%
Siskiyou	1	1.3%
Solano	1	1.3%
Sonoma	2	2.5%
Stanislaus	3	3.8%
Sutter	2	2.5%
Tehama	1	1.3%
Trinity	3	3.8%
Tulare	3	3.8%
Tuolumne	1	1.3%
Ventura	0	0.0%
Yolo	2	2.5%
Yuba	2	2.5%
Answered	80	

Survey of RPE-funded Agencies

4. In what geographic location does your organization provide RPE-funded services? (select all that apply)

Multiple Choice: Select All That Apply

	% of Answered	
Urban	37	45.1%
Suburban	38	46.3%
Rural	59	72.0%
Tribal/Reservation	14	17.1%
Answered	82	

5. Which of the following does your organization do as part of your RPE-funded activities? (select all that apply)

Multiple Choice: Select All That Apply

	% of Answered	
Educational seminars (like school presentations, etc.)	79	98.8%
Training programs for professionals	70	87.5%
Preparation of informational material	70	87.5%
Efforts to prevent sexual violence in underserved communities (e.g. individuals with disabilities)	70	87.5%
Sexual violence public awareness campaigns	69	86.3%
Social marketing	26	32.5%
Public education media campaigns	41	51.3%
Media advocacy	35	43.8%
Community mobilization	31	38.8%
Social norms change	38	47.5%
Changing public policies	15	18.8%
Changing organizational policies	25	31.3%
Strategic planning for prevention	45	56.3%
Evaluation of prevention programs	47	58.8%
Other	4	5.0%
Answered	80	

Other activities

- Self-Defense Workshops
- my strength
- i am not sure exactly what the definition of some of these categories
- Collaboration
- Booths, Fairs & Collaborative Meetings
- Public Awareness Special Events (educational)
- Community Education, Community Outreach, Collaborative Health Fairs/Events

Survey of RPE-funded Agencies

6. Do you provide education or training using a single-session curriculum or a multiple-session curriculum? Please specify for the following populations:
Elementary schools

	% of Answered	
Multiple session	12	16.9%
Single session	25	35.2%
Both	26	36.6%
Not applicable	9	12.7%
Answered	71	

Middle/junior high schools

	% of Answered	
Multiple session	12	16.0%
Single session	19	25.3%
Both	44	58.7%
Not applicable	1	1.3%
Answered	75	

High schools

	% of Answered	
Multiple session	16	21.1%
Single session	11	14.5%
Both	49	64.5%
Not applicable	1	1.3%
Answered	76	

Colleges/universities

	% of Answered	
Multiple session	1	1.4%
Single session	34	47.9%
Both	32	45.1%
Not applicable	5	7.0%
Answered	71	

General public

	% of Answered	
Multiple session	3	4.1%
Single session	41	55.4%
Both	30	40.5%
Not applicable	1	1.4%
Answered	74	

Professionals/agencies

	% of Answered	
Multiple session	3	3.9%
Single session	40	52.6%
Both	32	42.1%
Not applicable	2	2.6%
Answered	76	

7. If you had additional funding for sexual violence primary prevention activities, what would you do with this additional funding? (select only your top THREE activities)

Multiple Choice: Select All That Apply

	% of Answered	
Strategic planning for prevention	41	53.2%
Community mobilization	32	41.6%
Social norms change	37	48.1%
Evaluation of prevention programs	23	29.9%
Changing public policies	8	10.4%
Changing organizational policies	9	11.7%
Social marketing	31	40.3%
Public education media campaigns	46	59.7%
Media advocacy	18	23.4%
Other	5	6.5%
Answered	77	

Other activities with additional funding

Sustainable funding for the My Strength campaign

purchase supporting materials

More sessions to more people

Increased prevention staff for men's programming and youth peer-facilitated prevention programming

Increase FTE's of prevention educators & their training

Develop more prevention materials in Spanish for Latino Community

Collaborative Efforts

8. How many full-time equivalents (FTEs) at your organization are paid from RPE funding? (please indicate "0" if there are none)

Average: 1.70)

Low (other than 0): 0.33

67 total responses

9. Does your organization receive funding for primary prevention of sexual violence other than the RPE program? (if yes, please answer #9a)

Multiple Choice: Select Only One

	% of Answered	
Yes	40	57.1%
No	30	42.9%
Answered	70	

Survey of RPE-funded Agencies

9a. What are the other sources that provide funding for primary prevention? (select all that apply)

Multiple Choice: Select All That Apply

	% of Answered	
County or city	22	52.4%
Foundation (like Blue Shield, Wellness Foundation, etc.)	15	35.7%
Charitable organization (like United Way, Rotary, Soroptimists, etc.)	19	45.2%
Business (like Target, Bank of America, etc.)	10	23.8%
Fund raising	24	57.1%
Private donations	26	61.9%
Fee-for-service	8	19.0%
Other state agency	5	11.9%
Other	1	2.4%
Answered	42	

Other

California Endowment for the Hmong Community only

Beginning April 1 2007 we have a contract with SO for 18 months for parent education but that is it.
 Office of Emergency Services
 OES
 MCH Shelter, OES SA

Organizational Support

10. My organization is supportive of activities for the primary prevention of sexual violence.

	% of Answered	
Strongly agree	59	81.9%
Agree	12	16.7%
Disagree	1	1.4%
Strongly disagree	0	0.0%
Don't know	0	0.0%
Answered	72	

11. My organization commits personnel to activities for the primary prevention of sexual violence.

	% of Answered	
Strongly agree	55	76.4%
Agree	17	23.6%
Disagree	0	0.0%
Strongly disagree	0	0.0%
Don't know	0	0.0%
Answered	72	

Survey of RPE-funded Agencies

12. My organization commits discretionary funding to activities for the primary prevention of sexual violence.

	% of Answered	
Strongly agree	32	45.1%
Agree	21	29.6%
Disagree	11	15.5%
Strongly disagree	1	1.4%
Don't know	6	8.5%
Answered	71	

13. Staff members are knowledgeable about primary prevention of sexual violence.

	% of Answered	
Strongly agree	43	60.6%
Agree	25	35.2%
Disagree	2	2.8%
Strongly disagree	0	0.0%
Don't know	1	1.4%
Answered	71	

14. My organization has a mission statement which includes ending, preventing, or eliminating sexual violence.

	% of Answered	
Strongly agree	52	72.2%
Agree	10	13.9%
Disagree	10	13.9%
Strongly disagree	0	0.0%
Don't know	0	0.0%
Answered	72	

15. The leadership of my organization (e.g. Executive Director, board of directors) has a strong understanding of sexual violence primary prevention.

	% of Answered	
Strongly agree	44	61.1%
Agree	21	29.2%
Disagree	5	6.9%
Strongly disagree	1	1.4%
Don't know	1	1.4%
Answered	72	

Survey of RPE-funded Agencies

16. My organization recruits and trains volunteers to participate in activities for primary prevention of sexual violence.

	% of Answered	
Strongly agree	29	40.3%
Agree	26	36.1%
Disagree	15	20.8%
Strongly disagree	2	2.8%
Don't know	0	0.0%
Answered	72	

17. All staff members see primary prevention of sexual violence as an essential part of our organization's work.

	% of Answered	
Strongly agree	41	56.9%
Agree	19	26.4%
Disagree	8	11.1%
Strongly disagree	1	1.4%
Don't know	3	4.2%
Answered	72	

18. Primary prevention of sexual violence is regularly discussed in staff meetings.

	% of Answered	
Strongly agree	30	41.7%
Agree	25	34.7%
Disagree	16	22.2%
Strongly disagree	1	1.4%
Don't know	0	0.0%
Answered	72	

19. Most staff members see strategic program planning as an essential part of our organization's work.

	% of Answered	
Strongly agree	21	29.2%
Agree	33	45.8%
Disagree	12	16.7%
Strongly disagree	2	2.8%
Don't know	4	5.6%
Answered	72	

Survey of RPE-funded Agencies

20. Most staff members see using evidence-based approaches as an essential part of our organization's work.

	% of Answered	
Strongly agree	15	20.8%
Agree	37	51.4%
Disagree	13	18.1%
Strongly disagree	1	1.4%
Don't know	6	8.3%
Answered	72	

21. Most staff members see evaluation activities as an essential part of our organization's work.

	% of Answered	
Strongly agree	20	27.8%
Agree	40	55.6%
Disagree	9	12.5%
Strongly disagree	1	1.4%
Don't know	2	2.8%
Answered	72	

22. Have you received any training related to primary prevention of sexual violence in the past year?

Multiple Choice: Select Only One

	% of Answered	
Yes (if yes, please indicate the sources in the space below)	52	75.4%
No	17	24.6%
Answered	69	

Sources of training:

Multiple Choice: Select All That Apply

	% of Answered	
State health department	12	22.6%
State coalition	40	75.5%
Other	16	30.2%
Answered	53	

Other sources of training

Webinar
 Stockton Police Department, Teen Triumph, Valley Community Counseling Services, Mental Health, Narika
 Prevention Connection
 personal training, national institute
 Office on Violence Against Women
 local and international workshops/conferences
 inter-organization training
 BHCS Oakland; CA Victim Assistance Academy, Fresno
 We hosted Ben Atherton-Zeman
 via the writing of grant proposals (research) and the involvement with MyStrength Campaign through our own training programs
 State Health Department training refers to my participation in work Nancy Bagnato is doing. I am not sure about our RC staff.
 Research
 Internet Resources
 In service training
 Family Justice Center Strategic Planning
 Conferences

23. Have you received technical assistance related to primary prevention of sexual violence in the past year?

Multiple Choice: Select Only One

	% of Answered	
Yes (if yes, please indicate the sources in the space below)	17	25.0%
No	51	75.0%
Answered	68	

Sources of technical assistance:

Multiple Choice: Select All That Apply

	% of Answered	
State health department	6	31.6%
State coalition	12	63.2%
Other	3	15.8%
Answered	19	

Other sources of technical assistance

UC Davis
 Livermore, Dublin, and Pleasanton Police department for SART Training
 Only advise from David @ CalCasa and re: My Strength
 I am not sure about whether the staff has received technical assistance from EPIC this year, but if so it has been informally.

What barriers have you experienced doing primary prevention of sexual violence in the past year?

24. Trainings/meetings are offered too far away

	% of Answered	
Very much a barrier	17	24.6%
Somewhat a barrier	42	60.9%
Not at all a barrier	10	14.5%
Answered	69	

25. Training/meeting times are not convenient

	% of Answered	
Very much a barrier	4	5.9%
Somewhat a barrier	36	52.9%
Not at all a barrier	28	41.2%
Answered	68	

26. My organization does not have funding for trainings/meetings

that require lodging and travel costs

	% of Answered	
Very much a barrier	35	50.7%
Somewhat a barrier	22	31.9%
Not at all a barrier	12	17.4%
Answered	69	

27. My organization does not provide time off from regular work duties to attend trainings/meetings

	% of Answered	
Very much a barrier	1	1.4%
Somewhat a barrier	5	7.2%
Not at all a barrier	63	91.3%
Answered	69	

28. Limited access to technology (Internet, e-mail, computer programs, etc.)

	% of Answered	
Very much a barrier	5	7.4%
Somewhat a barrier	2	2.9%
Not at all a barrier	61	89.7%
Answered	68	

Survey of RPE-funded Agencies

29. Limited access to libraries and publications to review research

	% of Answered	
Very much a barrier	3	4.4%
Somewhat a barrier	12	17.6%
Not at all a barrier	53	77.9%
Answered	68	

30. I do not have colleagues within my agency or at other agencies with whom I can collaborate on sexual violence prevention

	% of Answered	
Very much a barrier	3	4.3%
Somewhat a barrier	12	17.4%
Not at all a barrier	54	78.3%
Answered	69	

31. My job description does not include work related to planning, implementing, and/or evaluating sexual violence prevention

	% of Answered	
Very much a barrier	3	4.4%
Somewhat a barrier	6	8.8%
Not at all a barrier	59	86.8%
Answered	68	

32. I have not received adequate training on how to plan, implement, and evaluate primary prevention programs

	% of Answered	
Very much a barrier	7	10.1%
Somewhat a barrier	27	39.1%
Not at all a barrier	35	50.7%
Answered	69	

33. Not enough time in my schedule to participate in trainings/meetings

	% of Answered	
Very much a barrier	16	23.2%
Somewhat a barrier	37	53.6%
Not at all a barrier	16	23.2%
Answered	69	

Survey of RPE-funded Agencies

34. I do not have adequate access to the data I need for planning prevention activities

	% of Answered	
Very much a barrier	5	7.2%
Somewhat a barrier	25	36.2%
Not at all a barrier	39	56.5%
Answered	69	

35. Other

	% of Answered	
Very much a barrier	4	21.1%
Somewhat a barrier	2	10.5%
Not at all a barrier	13	68.4%
Answered	19	

Other barriers

Limited time do to limited funding for staff!

the schools themselves can often be a barrier...

Lack of staff is the number one barrier in attending trainings/meetings.

Lack of prevention training opportunities relevant to my program. Lack of staffing is the largest barrier; we have one staff person conducting all outreach, awareness, and prevention activities.

In the following topics, please rate the information and skill-building needs of the staff at your organization:

36. Developing and implementing culturally relevant primary prevention strategies

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
	% of Answered		% of Answered	
Very much needed	14	20.9%	9	15.8%
Needed	48	71.6%	36	63.2%
Not at all needed	5	7.5%	12	21.1%
Answered	67		57	

37. Data collection methods and strategies

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	18	26.5%	14	24.1%
Needed	33	48.5%	29	50.0%
Not at all needed	17	25.0%	15	25.9%
Answered	68		58	

38. Theories related to primary prevention of sexual violence

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	7	10.3%	5	8.8%
Needed	48	70.6%	32	56.1%
Not at all needed	13	19.1%	20	35.1%
Answered	68		57	

39. The social ecological model and the Spectrum of Prevention as they relate to sexual violence prevention

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	15	21.7%	10	17.5%
Needed	44	63.8%	31	54.4%
Not at all needed	10	14.5%	16	28.1%
Answered	69		57	

40. Evidence-based practices for primary prevention of sexual violence

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	18	26.5%	11	19.3%
Needed	43	63.2%	33	57.9%
Not at all needed	7	10.3%	13	22.8%
Answered	68		57	

Survey of RPE-funded Agencies

41. Differences between primary prevention of sexual violence and campaigns to raise awareness

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	14	20.6%	8	14.0%
Needed	33	48.5%	26	45.6%
Not at all needed	21	30.9%	23	40.4%
Answered	68		57	

42. Strategic planning of primary prevention programming

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	13	18.8%	12	20.7%
Needed	42	60.9%	26	44.8%
Not at all needed	14	20.3%	20	34.5%
Answered	69		58	

43. Creating a prevention program logic model

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	15	22.1%	13	22.0%
Needed	45	66.2%	34	57.6%
Not at all needed	8	11.8%	12	20.3%
Answered	68		59	

44. Process and outcome evaluation of prevention strategies

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	18	26.9%	14	23.7%
Needed	44	65.7%	37	62.7%
Not at all needed	5	7.5%	8	13.6%
Answered	67		59	

Survey of RPE-funded Agencies

45. Increasing sustainability of prevention strategies

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	29	42.6%	20	34.5%
Needed	31	45.6%	27	46.6%
Not at all needed	8	11.8%	11	19.0%
Answered	68		58	

46. Planning and conducting a community needs and resources assessment

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	18	26.9%	17	29.3%
Needed	39	58.2%	31	53.4%
Not at all needed	10	14.9%	10	17.2%
Answered	67		58	

47. Community mobilization

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	13	19.4%	10	17.9%
Needed	48	71.6%	34	60.7%
Not at all needed	6	9.0%	12	21.4%
Answered	67		56	

48. Changing social norms

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	19	29.2%	10	18.5%
Needed	39	60.0%	32	59.3%
Not at all needed	7	10.8%	12	22.2%
Answered	65		54	

Survey of RPE-funded Agencies

49. Policy change and development

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	13	19.7%	9	16.7%
Needed	38	57.6%	30	55.6%
Not at all needed	15	22.7%	15	27.8%
Answered	66		54	

50. Making the shift to primary prevention

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	9	13.4%	6	11.5%
Needed	33	49.3%	24	46.2%
Not at all needed	25	37.3%	22	42.3%
Answered	67		52	

51. Media advocacy

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	11	16.7%	10	17.5%
Needed	43	65.2%	29	50.9%
Not at all needed	12	18.2%	18	31.6%
Answered	66		57	

52. Social marketing campaigns

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
		% of Answered		% of Answered
Very much needed	12	17.6%	10	18.2%
Needed	43	63.2%	32	58.2%
Not at all needed	13	19.1%	13	23.6%
Answered	68		55	

Survey of RPE-funded Agencies

53. Building and strengthening partnerships and collaborations

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
	% of Answered		% of Answered	
Very much needed	7	10.8%	5	9.1%
Needed	35	53.8%	20	36.4%
Not at all needed	23	35.4%	30	54.5%
Answered	65		55	

54. Other areas

	Staff needs Information and/or Training:		Staff needs Technical Assistance:	
	% of Answered		% of Answered	
Very much needed	2	10.0%	3	16.7%
Needed	6	30.0%	4	22.2%
Not at all needed	12	60.0%	11	61.1%
Answered	20		18	

Other areas needed for information and skill-building

I marked needed because we can always use more of anything and can improve Youth Peer Faciliated Prevention Programs
 most important:: how to find time for and fund all of the above
 More funding due to 07-09 RPE grant cuts.
 Difficult to do all these things with current staffing and funding levels.

Partnerships

55. Does your organization participate in any local/regional coalitions or taskforces that work on primary prevention of sexual violence?

Multiple Choice: Select Only One

	% of Answered	
Yes (if yes, please specify below in #55a)	46	68.7%
No	21	31.3%
Answered	67	

55a. Name of coalition or taskforce:

- _____ CALCASA (26)
- _____ RPE Strategic Planning Taskforce (2)
- _____ Human Trafficking Coalition
- _____ Local Coordinating Council
- _____ CALCASA Regional
- _____ Mid Coast Region of CalcASA
- _____ Northern Calif. CALCASA Regional meetings
- _____ JSOM
- _____ Lake IPV Prevention Council
- _____ Local Youth Education Coalition that focuses on nonprofits providing health/violence-prevention related programming to teens
- _____ Valley Regional
- _____ Child Abuse Prevention
- _____ Domestic Violence Council (addresses SA also)
- _____ don't know of any in our area
- _____ Family Violence Prevention Committee
- _____ Los Angeles DV taskforce
- _____ PRICE Campaign
- _____ SART Review Committee
- _____ Sexual Assault Response Team and MDIC - -Multiiplinary Interview Center
- _____ Sexual Assault Task Force (SART)
- _____ SF Adult Sexual Assault Task Force
- _____ The taskforces in this community are multi-faceted youth violence prevention (not SA specific)...Children Services Council/Subcommitte, MAC (Multi-Agency Committee) Prevention
- _____ VPC, LACSAC, Girls Collaborative
- _____ Women's Safety Committee at Cal Poly State Univ

Survey of RPE-funded Agencies

**56. Whom does your organization work with on primary prevention of sexual violence?
(select all that apply)**

Multiple Choice: Select All That Apply

	% of Answered	
Criminal justice: prisons, police, judges, prosecutors, legal services, etc.	46	67.6%
Health care: hospitals, doctors' offices, clinics, etc.	41	60.3%
Mental health programs	34	50.0%
Addiction services	34	50.0%
Prevention for alcohol, tobacco and other drugs	31	45.6%
Schools (K-12)	62	91.2%
Colleges and universities	53	77.9%
Domestic violence agencies	50	73.5%
Sex offender management boards or treatment providers	11	16.2%
Youth organizations	57	83.8%
Faith community	40	58.8%
Business community	34	50.0%
Neighborhood associations	17	25.0%
PTA or other parent groups	23	33.8%
Organizations working with men and boys	32	47.1%

(continued from Page 19)

**56. Whom does your organization work with on primary prevention of sexual violence?
(select all that apply)**

Media	35	51.5%
Local social service agencies	45	66.2%
Housing authority	8	11.8%
Athletic organizations	16	23.5%
Charities or philanthropies	24	35.3%
Policymakers	14	20.6%
Public health: state, county or city departments of public health	36	52.9%
Child Protective Services	37	54.4%
Other state, county or city government agencies and officials (specify)	15	22.1%
Other (specify)	1	1.5%
Answered	68	

Other partnerships

OES, County Gov't - City Councils in both rural and Metro areas

Juvenile Probation

Community service groups: Lions Club

Local city councils within Fresno county.

Foster care youth

Appendix B

Organizational Support Comments

- We are a multi-service agency so "staff" refers to the staff within the SA/DV department which I oversee.
- Time constraints sometimes make it difficult to evaluate our activities, however this is something that we are committed to improve. We are aware of the importance of evaluating our activities.
- Those designated to do primary prevention, I feel are clear on all of these aspects. Others less directly involved in primary prevention, although doing prevention as part of intervention, I am less sure that they have an understanding re strategic planning, etc.
- I believe staff see the importance of evaluation, but feel they do not have enough time or resources to do this task. They talk to me about the amount of paper work they have
- Agency is in transition. Concepts like evidence-based practice and strategic planning were never introduced prior to the current leadership
- Hard to answer because not sure if responding for the entire agency or for the Rape Crisis Center staff only. Clearly all of our SA/DV and Child Abuse staff view primary prevention of SA as essential part of our work; I am just not certain if every staff in all other areas are as aware of what that means. The Agency is multi-service with tremendous demands on discretionary funds which have not typically gone to SA Prevention. Now that we have a serious funder, SA Prevention is increasing in priority. The agency is increasing fund-raising efforts and in the future will dedicate more funds to prevention.
- All staff has a concept of Primary Prevention - The counselors also feel that they are part of the primary prevention effort because their intervention and counseling help to prevent re - victimization.
- I think what's difficult about working in a small agency in a rural community is that our resources are spread very thin. We have to "wear many hats", including direct service for SA and DV clients, be Educators of ages Preschool to elderly, as well as conduct media/social campaigns during SAAM, Child Abuse Awareness Month and DV Awareness Month. We actually cover 2 counties, one being Inyo County, which is the 2nd largest in the nation. A lot of time is spent just REACHING places to teach, etc. I feel that we have a phenomenal staff that truly cares and actively works towards our vision a building a community of relationships based upon dignity, compassion, equality, and respect. The support and training that CALCASA provides is not only helpful but vital for us as a guiding light in knowing how to approach topics that remain as unpopular for a rural, closed, and isolated area to acknowledge the mere existence of. We depend on this support and guidance, as we unfortunately have little down time to research and implement comprehensive strategic prevention. We truly would like to work towards more strategic saturation of primary prevention. This has often been the biggest frustration for us conducting prevention...TOO THINLY SPREAD! If we could have a little time to take a breath and look at what we're actually doing, we can begin to build a tighter network in order to work with agencies in a more effective collaboration. Then, we could anticipate having a much better chance at true social change. Which, of course, is the key idea, along with intervention and primary prevention of SA.

Selected differences in responses, by agency type (dual agency providing shelter services, or only RCC)

17. All staff members see primary prevention of sexual violence as an essential part of our organization's work.		
	Dual agency	Not dual
Agree	36 78.3%	23 92.0%
Disagree	7 15.2%	2 8.0%
DK	3 6.5%	0 0.0%
Total	46	25

18. Primary prevention of sexual violence is regularly discussed in staff meetings.		
	Dual agency	Not dual
Agree	30 65.2%	24 96.0%
Disagree	16 34.8%	1 4.0%
Total	46	25

28. Limited access to technology (Internet, e-mail, computer programs, etc.)		
	Dual agency	Not dual
Very much a barrier	5 10.9%	0 0.0%
Somewhat a barrier	2 4.4%	0 0.0%
Not at all a barrier	39 84.8%	22 100.0%
Total	46	22

31. My job description does not include work related to planning, implementing, and/or evaluating sexual violence		
	Dual agency	Not dual
Very much a barrier	2 4.4%	0 0.0%
Somewhat a barrier	5 11.1%	1 4.6%
Not at all a barrier	38 84.4%	21 95.5%
Total	45	22

37. Data collection methods and strategies		
INFO	Dual agency	Not dual
Needed	32 71.1%	19 86.4%
Not at all needed	13 28.9%	3 13.6%
Total	45	22

37. Data collection methods and strategies		
TA	Dual agency	Not dual
Needed	27 71.1%	15 79.0%
Not at all needed	11 29.0%	4 21.1%
Total	38	19

40. Evidence-based practices for primary prevention of sexual violence		
INFO	Dual agency	Not dual
Needed	40 87.0%	21 95.5%
Not at all needed	6 13.0%	1 4.6%
Total	46	22

40. Evidence-based practices for primary prevention of sexual violence		
TA	Dual agency	Not dual
Needed	25 69.4%	18 90.0%
Not at all needed	11 30.6%	2 10.0%
Total	36	20

45. Increasing sustainability of prevention strategies		
INFO	Dual agency	Not dual
Needed	42 91.3%	18 85.7%
Not at all needed	4 8.7%	3 14.3%
Total	46	21

45. Increasing sustainability of prevention strategies		
TA	Dual agency	Not dual
Needed	32 84.2%	14 73.7%
Not at all needed	6 15.8%	5 26.3%
Total	38	19

46. Planning and conducting a community needs and resources assessment		
INFO	Dual agency	Not dual
Needed	37 80.4%	20 95.2%
Not at all needed	9 19.6%	1 4.8%
Total	46	21

46. Planning and conducting a community needs and resources assessment		
TA	Dual agency	Not dual
Needed	29 78.4%	19 90.5%
Not at all needed	8 21.6%	2 9.5%
Total	37	21

48. Changing social norms		
INFO	Dual agency	Not dual
Needed	40 93.0%	18 81.8%
Not at all needed	3 7.0%	4 18.2%
Total	43	22

48. Changing social norms		
TA	Dual agency	Not dual
Needed	28 80.0%	14 73.7%
Not at all needed	7 20.0%	5 26.3%
Total	35	19

50. Making the shift to primary prevention		
INFO	Dual agency	Not dual
Needed	30 66.7%	12 54.6%
Not at all needed	15 33.3%	10 45.5%
Total	45	22

50. Making the shift to primary prevention		
TA	Dual agency	Not dual
Needed	21 61.8%	9 50.0%
Not at all needed	13 38.2%	9 50.0%
Total	34	18