Alaska Prevention Summit 2013

Evaluation Report

By

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TABLE OF CONTENTS

INTRODUCTION

Alaska's Council on Domestic Violence and Sexual Assault hosted their second annual Prevention Summit on December 3-5, 2013. The goal of the 2013 Prevention Summit was to support the growth of local community primary prevention work.

Summit topics included:

- Building blocks for prevention
- Assessing capacity for prevention within your agency, coalition and community
- Implementing your prevention efforts
- Evaluation to measure the impact of your work
- Prevention programming currently underway in Alaska

Summit workshops were designed to build knowledge in the area of primary prevention work specific to domestic violence and sexual assault. Day one workshops had beginning and advanced tracks and participants chose the workshops that best fit their needs. Workshops offered on days two and three highlighted many of the barriers to health and safety that are linked to the root causes of domestic and sexual violence.

Time was set aside each day for community teams to either begin building a prevention plan to implement in their home community or to enhance an existing plan. Community teams that were new to prevention work, used the time to begin a dialogue and identify key strategies that they could continue to build upon following the summit. Communities with a developed prevention plan used the community time to review how their plan was working and explored areas that they wanted to emphasize and/or change.

DEFINITIONS

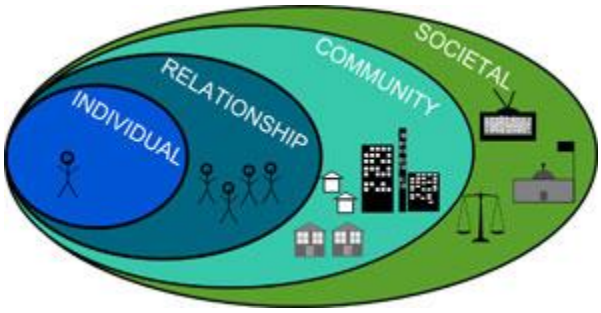
In order to have a shared understanding of key concepts, the following definitions were discussed in-depth at the Summit and are used in this report:

- **Prevention:** Public health classifies prevention efforts into three levels (see CDC's Beginning The Dialogue http://www.cdc.gov/violenceprevention/pdf/svprevention-a.pdf):
    - Primary prevention approaches aim to stop domestic violence and/or sexual violence before it occurs; preventing initial victimization and perpetration.
    - Secondary prevention approaches are immediate responses to domestic violence or sexual assault to deal with short-term consequences.

- Tertiary prevention approaches are long-term responses to domestic violence and/or sexual assault to deal with lasting consequences.

While it is important to work across the levels of prevention, historically prevention has occurred at the secondary and tertiary levels. Primary prevention efforts address the root causes of domestic violence and sexual assault. In line with public health, this approach shifts the responsibility of prevention to society and off victims (http://wcsap.org/prevention-concepts). These efforts seek to bring about change in individuals, relationships, communities, and society to work against the root causes of domestic violence and sexual assault.

- **Social Ecological Model:** A multi-level model that suggests human behavior (e.g., violence) is the result of the complex interplay of individual, relationship, community, and societal factors.



People perpetrate domestic violence and/or sexual assault for a wide variety of reasons and as a result of many different influences on their lives. The social-ecological model provides a framework for understanding those different influences and their relationship to one another (http://wcsap.org/social-ecological-model). The Social Ecological Model is one of the most commonly used models for comprehensive prevention programming.

- **Comprehensive Prevention Programming:** Interconnected prevention strategies that include multiple types of activities, across multiple settings, with multiple different audiences, in multiple doses, over long periods. True comprehensive prevention programming takes a concerted investment of resources at all levels.

METHODOLOGY

A pre-test survey link was sent out on November 20th by Council staff to participants registered for the Prevention Summit. A second email to registered participants to remind them to take the pre-test survey was sent out by staff on November 25th. Sixty-five registered participants completed the survey. The Prevention Summit was held December 3-5, 2013. The post-test survey link was sent out by staff on December 17th to Summit participants. A second email was

sent out by staff on January 17th to remind participants to take the post-test survey. Fifty-six participants completed the post-test survey.

This report includes results from the pre- and post-test survey data.

LIMITATIONS

There were limitations to the collection and analysis of data that the reader should take into account when reviewing the findings presented in this report. First, to encourage participation and ensure anonymity, respondents were not tracked individually at pre-test and post-test. This means that the respondents to the pre-survey were not necessarily the same as the respondents to the post-survey, thereby making it impossible to analyze pre-post changes at the individual level.

Second, some of the questions on the survey are complicated to interpret from pre to post-test due to the fact that terminology within the question was one of the increases in knowledge that the Summit targeted. Specifically, questions asking about how much time an individual spends on "primary prevention" activities, or how "primary prevention" is prioritized in an agency may differ from pre to post-test partially due to respondents having a different understanding of how "primary prevention" is defined from pre to post-test. For example, if a respondent stated in the pre-survey that they spend 50% of their time on primary prevention activities, but in that 50%, they include one-time awareness activities such as school assembly presentations, then when responding to the post-survey, they may decrease the amount of time they state that they are spending on primary prevention activities since one-time awareness activities are not considered primary prevention. This is a common challenge when evaluating increases in knowledge related to prevention; scores often show decreases from pre to post as people improve their understanding of what prevention truly entails.

Finally, it should be noted that survey respondents were asked several questions about organizational capacity and prioritization of prevention in both the pre- and post-surveys, but we did not present these findings across both surveys. It can take years and many resources to change an organization's capacity and prioritization of prevention programming. We would not expect to see dramatic changes in these areas in the short time between the pre- and post-survey. This data will be more helpful when looking at organizational changes across years, as more and more communities adopt comprehensive primary prevention plans.

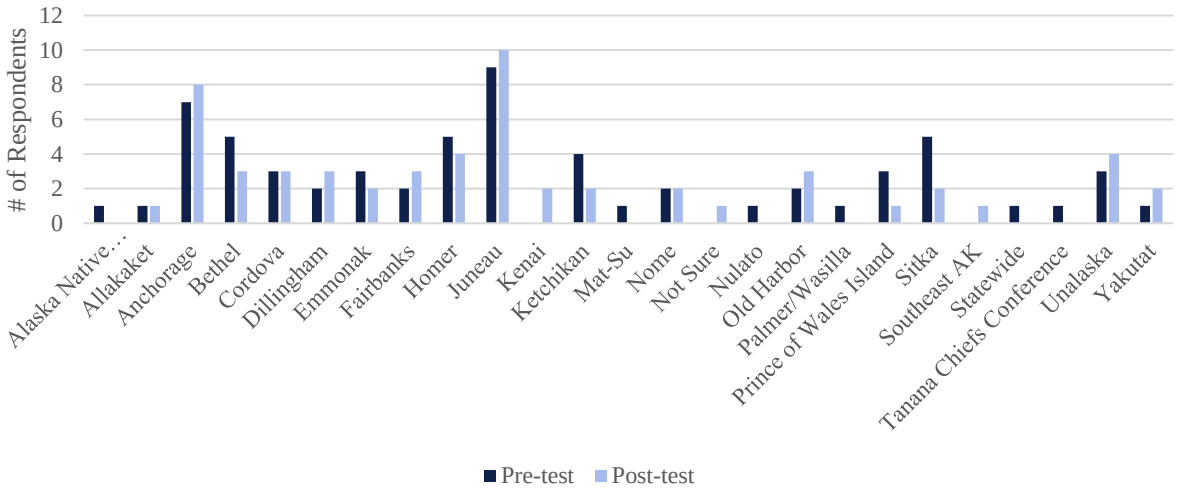
FINDINGS

DEMOGRAPHICS

RESPONDENTS

One hundred and thirty-two people attended the Alaska Prevention Summit 2013, with 65 responding to the pre-test survey and 56 responding to the post-test survey. Participants gathered from all over Alaska, representing various communities and disciplines. As expected, most respondents came from Anchorage and Juneau, with fewer respondents coming from more remote locations around the state (CHART 1).

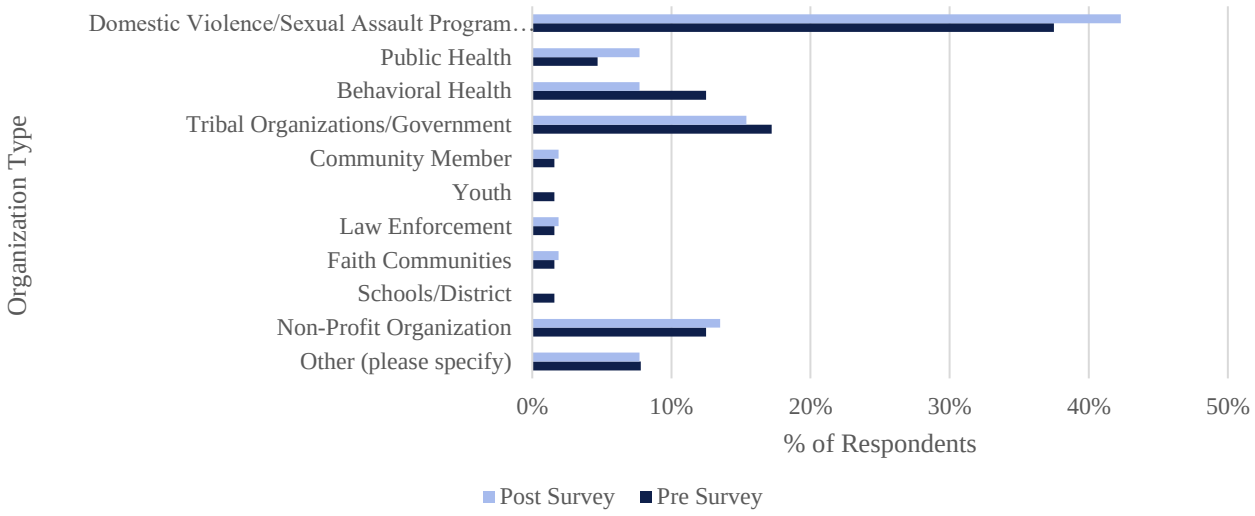
Chart 1: Communities That Completed Pre and Post Survey of 2013 Alaska Prevention Summit
Pre n=65; Post n=56



Of the 56 respondents who completed the post-test survey, nearly half represented their local domestic violence or sexual assault program (including Tribal advocates). Respondents from Tribal organizations or governments and other non-profit organizations represented the next largest groups of respondents who completed the survey. No respondents representing schools, school districts or youth participants completed the post-test survey (CHART 2).

For 68% of the respondents, this was the first time they attended the Prevention Summit. Half of the respondents have worked in prevention for more than two years, and considered experienced in the prevention field. The other half of the respondents were almost equally split between people who are new to prevention (less than one year of experience), and people who are somewhat experienced in prevention work (1-2 years of experience).

Chart 2: Organizations Represented in Pre and Post Survey
Pre n=65; Post n=56

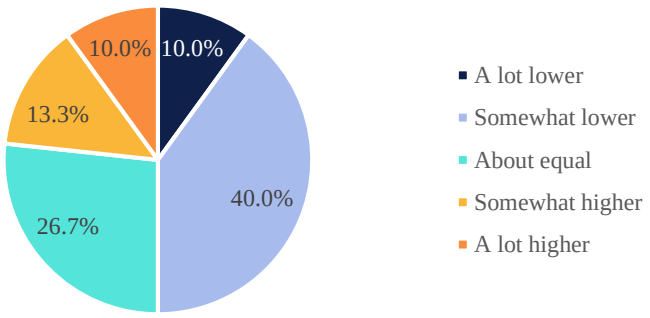


ORGANIZATIONAL CAPACITY

Of the 22 respondents working at DV/SA agencies, 45% stated they were able to somewhat make time for prevention, but that their home organization prioritized advocacy response over their prevention activities. Only slightly more than 20% of DV/SA staff were able to dedicate more than 75% of their time to primary prevention-based activities. Even though few DV/SA staff can spend more than three-quarters of their time on prevention activities, 64% stated their organization prioritizes prevention efforts over other issues. This is not a surprising result as primary prevention work has historically been underfunded, even if the organization places a high value on prevention programming.

The 30 respondents who worked in organizations other than DV/SA agencies, half had less than 25% of their time available to work on prevention-related activities. Fifty percent of these respondents also stated that they perceived their organization prioritized DV/SA prevention work a lot lower or somewhat lower than other issues (CHART 3).

Chart 3: How much does your organization priortize efforts to prevent dv/sa compared to other issues?
n=30



PRE- POST-TEST COMPARISONS

KNOWLEDGE CHANGE

In the pre- and post-test, respondents were asked to identify whether seven strategies that some programs may implement to address domestic violence and sexual assault are considered "primary prevention" on a scale of 1 to 4, with 1 being "not at all primary prevention" and 4 being "very much primary prevention." The seven strategies listed were:

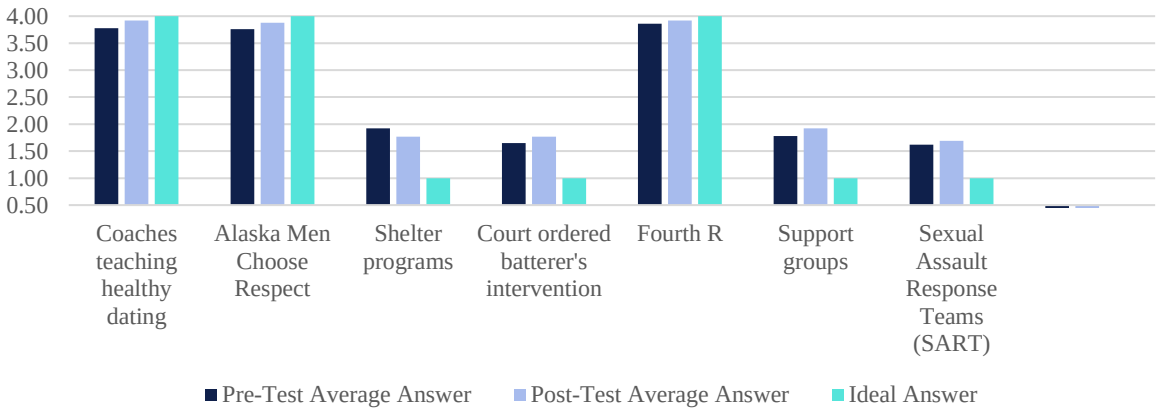
A. High school coaches throughout Alaska are incorporating teachings about respect for women and healthy dating relationships into male athletic team practices.
B. The Alaska Men Choose Respect Campaign is a public education campaign that promotes adult men mentoring young men and boys on healthy masculinity and how to have healthy relationships. Campaign promotes men as teachers and mentors to young men and boys and models healthy communication through demonstrations.
C. Services provided for victims/survivors and their children at domestic violence and/or sexual assault shelter programs.
D. A man is court ordered into a batterer intervention program after being charged with assaulting his wife/girlfriend.
E. Schools in Alaska are implementing the Fourth R curriculum. The curriculum is designed to include parents, teachers, students and the community in discussions and activities around safe decisions and healthy dating relationships.
F. Support groups and education programs for survivors of violence.
G. Sexual Assault Response Teams (SART).

Ideally, we would have seen strategies A, B, and E identified as "very much primary prevention" and strategies C, D, F, and G identified as "not at all primary prevention." We expected respondents to have more correctly categorized strategies in the post-test, compared to the pre-test. The actual results show how hard it is to categorize strategies that are not primary prevention.

Chart 4 shows the pre- and post-test comparison of respondents across all disciplines. The three strategies that are primary prevention all showed a very slight increase towards their ideal answer. Respondents seemed to struggle more with strategies that are not at all primary prevention strategies. Some of these strategies, depending on how they are implemented, can be categorized as secondary or tertiary prevention strategies; or may not be considered prevention at all; rather they're violence response strategies or strategies that focus on survivors' healing.

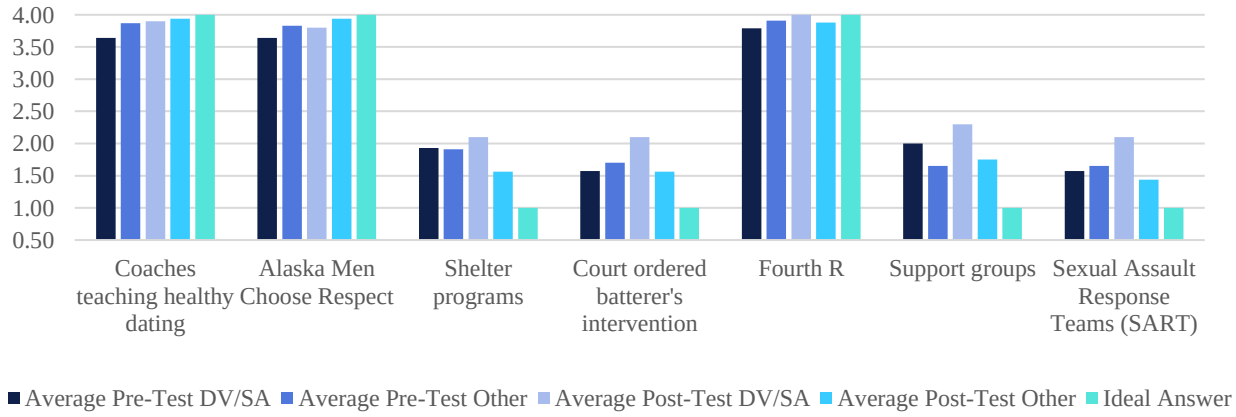
We then wanted to see if there was a difference in how respondents categorized these strategies

Chart 4: Pre- Post-Test Comparison of All Respondents Identifying Primary Prevention Strategies
pre- n=37 ; post- n=26



based on their discipline. Chart 5 shows that respondents, regardless of discipline, overall correctly identified the three strategies that are primary prevention.

Chart 5: Pre- Post-Test Comparison of Respondents Identifying Primary Prevention Strategies, by Discipline
pre dv/sa n= 14; pre other n=23; post dv/sa n=10; post other n= 16



This time, we see a breakdown, by discipline, of how respondents categorized the other strategies. Keeping in mind that the number of respondents to each answer is small, which can inflate percentages quickly, this chart shows an interesting difference in how respondents answered these questions based on discipline. Respondents working in DV/SA organizations seemed to have a harder time correctly categorizing the strategies that are not primary

prevention compared to the respondents working in other disciplines. This resonates with the authors' experience working to build prevention capacity within the context of advocacy-based DV/SA organizations. It can take years for individual staff to shift their understanding of prevention to mainly rest with the construct of primary prevention activities. Charts 6 and 7 show that indeed, staff who had been working within the field of prevention for a longer period of time, had an easier time identifying strategies correctly as "primary prevention" compared to staff who were newer to prevention.

Chart 6: Pre- Post-Test Comparison of Respondents **New to Prevention** Identifying Primary Prevention Strategies
pre- n=14; post- n=13

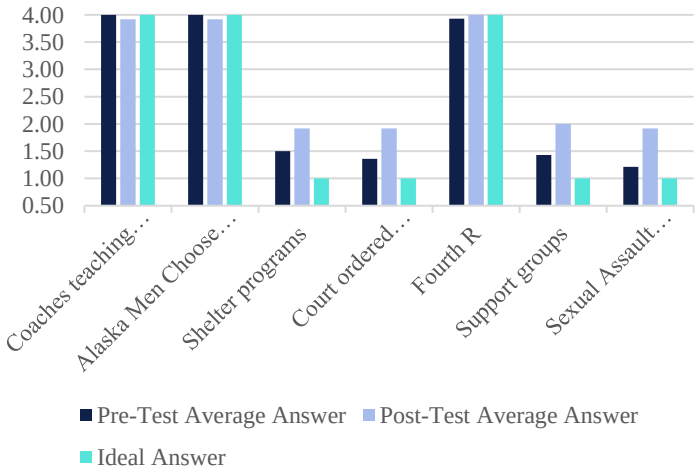


Chart 7: Pre- Post-Test Comparison of Respondents **Somewhat Experienced** to Prevention Identifying Primary Prevention Strategies
pre- n=23; post- n=13

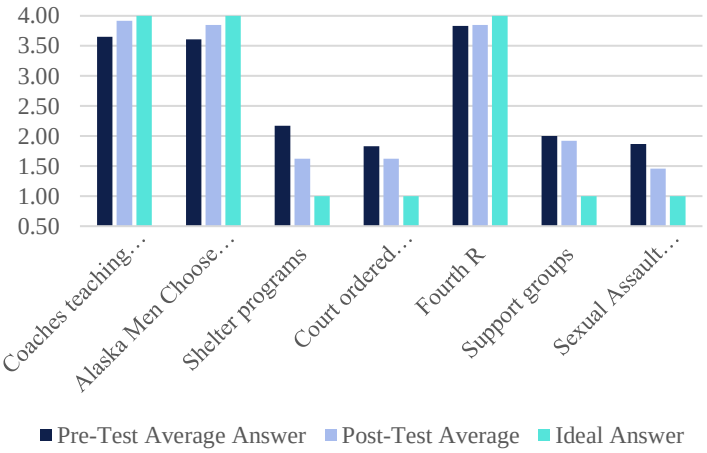


Chart 6 displays answers to the identification of primary prevention for respondents categorized as "new to prevention." In this instance, "new to prevention" meant that the respondent had been working to prevent violence in their community for less than one year. Where this becomes most interesting is when you compare Charts 6 and 7. Respondents in Chart 7 are categorized as "somewhat experienced" in prevention. That is, they've been working to prevent violence in their communities for 1-2 years. The knowledge change we see in Chart 7 is what we expected to see across all respondents. The results of Chart 7 shows that it takes more than one training opportunity to fully grasp what primary prevention means. Moving forward, Alaska should continue holding annual prevention summits to ensure there is a broad, shared understanding of what primary prevention means across the state. These results also suggest that community-wide prevention teams should be made up of individuals with a range of experience to allow for mentor/mentee-like relationships to form among team-members and ensure knowedge change continues between annual prevention summits and other prevention-based professional development opportunities.

Domestic violence and sexual assault organizations work each and every day to create legislation, community awareness and support for the safety and healing of those seeking services. It has only been in the past ten years that public health models and practices of comprehensive primary prevention programming have been introduced in these arenas. Its introduction asks these organizations to grow their understanding of prevention beyond secondary and tertiary responses and expand their vision and strategic planning to include primary prevention concepts. As primary prevention work in the domestic violence and sexual assault arenas continue to grow it is vital that DV/SA staff, management, and organizations have support to fully understand what comprehensive primary prevention looks like and their organizational role in the work. Building this capacity will enable DV/SA organizations to successfully organize their communities, implement comprehensive programming and secure funding intended to support primary prevention work. These results show us that on-going technical assistance that defines primary prevention work and comprehensive practice would benefit these organizations in achieving these goals.

When a community is just starting their violence prevention efforts and team members have little prevention experience or there are very few people working on prevention issues, it may help to create mentor/mentee relationships across the state to ensure activities are comprehensive. It is also important to ensure there is a strong technical assistance system in the state to provide the necessary support to new teams and activities, enhance existing strategies, and keep strategies evolving as communities become more prepared to tackle the root causes of domestic violence and sexual assault.

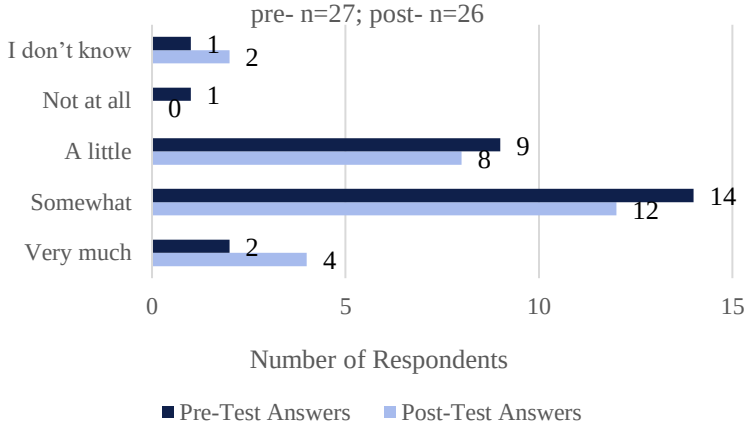
COMPREHENSIVENESS

The Prevention Summit included workshops that defined "comprehensive," as it relates to community prevention planning. This piece was vital to ensure that community team members have a shared understanding of what "comprehensive" actually means (we provided a brief definition in the introduction to this report), and so they could accurately assess their own plan. By being able to assess their own prevention plans for comprehensiveness, the teams were able to figure out what areas needed strengthening and which areas were already solid. We asked respondents to rate how "comprehensive" their organization's programming is to prevent violence. We asked this question in the pre- and post-tests with anchored answers to ensure that the shared definition of "comprehensive" was used by the respondents. The answer options for this question were:

- *I don't know*: I honestly do not know enough about the variety of prevention programs offered by my organization to be able to answer this question.
- *Not at all*: We mainly implement awareness activities, one-time prevention awareness talks, and/or programs that address only one population within one setting.

- *A little*: Prevention strategies are implemented in the same setting or population (e.g., a school), but reinforce the same message across those settings.
- *Somewhat*: Prevention strategies are implemented in different settings or populations (e.g., students, teachers, parents), but reinforce the same message across those settings.
- *Very much*: Prevention strategies are implemented in different settings or populations (e.g., students, teachers, parents), across most or all levels of the social ecology (includes community and societal levels).

Chart 8: As a whole, how comprehensive is your organization's programming to prevent violence in your community?
pre- n=27; post- n=26



Overall, the majority of respondents categorized their organization's prevention programming as "A little" or "Somewhat" comprehensive (CHART 8). These results are not surprising, but it is encouraging to see that most of the post-test respondents' organizations are moving towards comprehensive prevention programming. The results of this question reiterate points made earlier in this report about the ongoing need for community-wide work, funding, training, and technical assistance be available to programs working on the primary prevention of domestic violence and sexual assault. The work of the community teams will only be as successful as their respective organizations' infrastructure allow. To see dramatic shifts in the comprehensiveness of communities' and organizations' prevention programming, it's important to engage the upper levels of management to ensure that they also have a strong foundation in what comprehensive primary prevention programming looks like. The type of organizational capacity required to provide comprehensive prevention programming includes buy-in and support from directors and managers.

QUALITY OF PREVENTION TEAM DISCUSSIONS

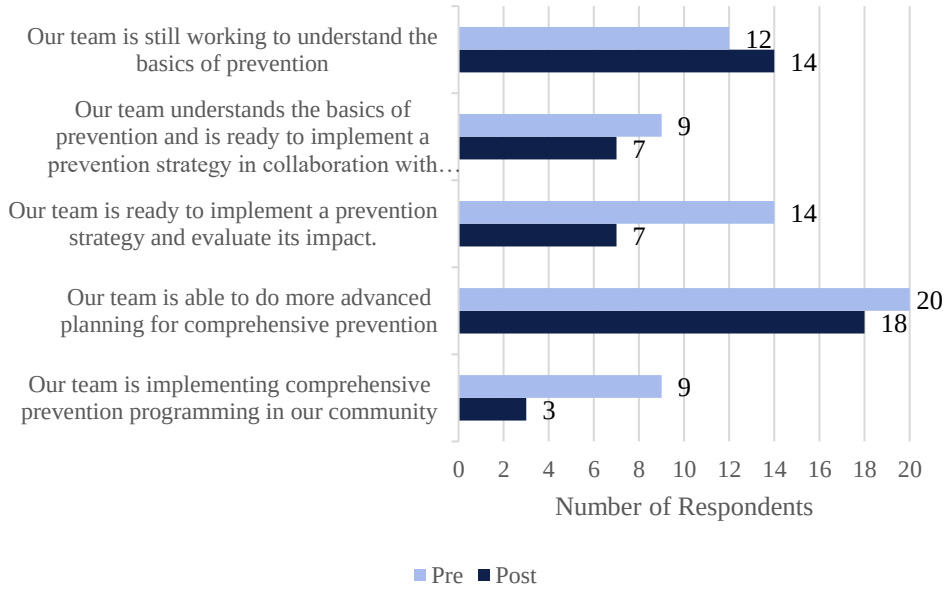
It is apparent that Prevention Summit attendees came with a broad range of experience in collaborating to do prevention programming (CHART 9). Similar to previous results, we suspect that reductions seen from pre to post test in this category are actually a reflection of an *increase* in prevention capacity due to attendance at the Prevention Summit. For example, after attending the Prevention Summit, fewer respondents stated that their team was ready to implement and evaluate prevention strategies. Similarly, fewer people stated that their community team was implementing comprehensive prevention programming.

We suspect that these results represent a respondents' *improved* understanding of what comprehensive prevention really entails. The Prevention Summit included training and emphasis on the importance of implementing comprehensive prevention programming. It appears that a number of respondents, after receiving information about what comprehensiveness looks like, changed how they categorized their teams' discussions. In the post-test, more respondents stated that their community team is still working to understand the basics of prevention.

> ***"We feel like we are all on the same page and want to provide more comprehensive prevention in our community. We are lacking the designated staff time and funds to get this going."***
>
> ***--Prevention Summit post-test respondent***

These findings underscore the importance of providing prevention practitioners with continued technical assistance and support that is focused on enhancing the depth of discussion about comprehensive prevention. It is viewed as a success in the prevention field to grow from an understanding that one-time awareness events are not comprehensive prevention. The findings from the Prevention Summit evaluation support the notion that people newer to prevention are embarking on a learning curve that is steep.

Chart 9: When your community team discusses prevention, what is the quality of team discussions?
pre- n=64; post- n=49



While a number of respondents mentioned the holidays as a factor in their teams' discussions being stalled or delayed, others saw immediate benefits from attending the Prevention Summit. One participant stated, "I think that since the summit we've been able to talk on the same plane, because our objectives are clearer and we have the benefit of that shared experience." Another participant discussed increased buy-in from their team, but also noted barriers, "We feel like we are all on the same page and want to provide more comprehensive prevention in our community. We are lacking the designated staff time and funds to get this going." With the Prevention Summit post-test coinciding with major holidays, it did not give respondents and community teams a lot of time to see changes in their community's discussion about comprehensive primary prevention. It would be interesting to ask this question again and quarterly or semi-annual intervals to get the teams' perspective on how the Prevention Summit created longer-term change in their violence prevention efforts.

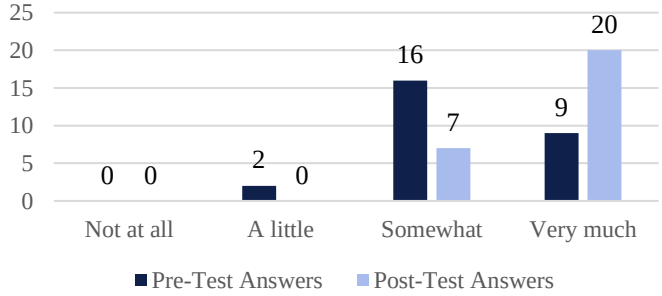
INCREASED CONFIDENCE

There was an increase in confidence among respondents, after attending the Prevention Summit, in their ability to plan violence prevention in their community (Chart 10). This gives us a sense that respondents had a broad understanding of what primary prevention was before attending, as discussed in the Knowledge Change section above, but weren't confident of all of the components needed for their community's prevention work to be categorized as "comprehensive" or "primary."

> ***"[The Prevention Summit] helped us to bring some clarity to our plan, to sharpen our focus. While more is needed, I feel like we're moving in the right direction."***
>
> - ***Prevention Summit post-test respondent***

Not only did post-test respondents mention that the Prevention Summit was useful in giving them a more thorough understanding of comprehensive primary prevention, but also that discussing concrete examples of strategies implemented at the Community and Societal levels of the Social Ecological Model was essential to their ability to understand and focus on their next steps. One respondent stated, "[The Prevention Summit] helped us to bring some clarity to our plan, to sharpen our focus. While more is needed, I feel like we're moving in the right direction."

Chart 10: How confident are you in your ability to plan programming to prevent violence in your community?
pre- n=27; post- n=27



Being able to create a comprehensive community team primary prevention plan that reaches the Community and Societal levels, and the intersections between levels, moves communities outside their early focus on secondary and tertiary levels of prevention that focus largely on individuals who have already been

victims of domestic violence and sexual assault. Summit post-test respondents showed an increase in how confident they are in their ability to work at the outer levels of the social ecology (CHART 11). However, almost half of the respondents still only categorized themselves as "somewhat confident" in their ability to work at the outer levels. Ongoing training, technical assistance, and professional development opportunities may move more respondents to feel very confident in their ability to work at the outer levels of the social ecology.

As we dig deeper into more nuanced ways of talking about comprehensive prevention programming, we see ongoing need to give respondents additional tools and training to be able to talk about their work. Just like it takes more than one dose of prevention programming to change attitudes and behaviors, so does making sure the prevention work being done in Alaska's communities need additional ongoing support from funders, technical assistance providers, and various levels of government.

Chart 11: How confident are you in your ability to work at the outer levels of the social ecology (in other words, the community and societal levels of the social ecology)?
pre- n=27; post- n=27

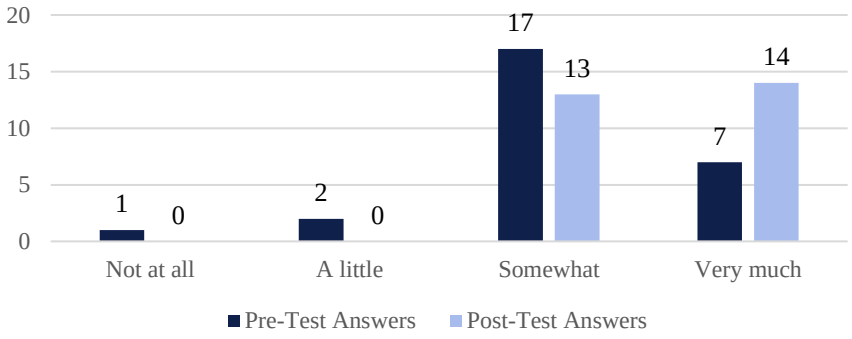
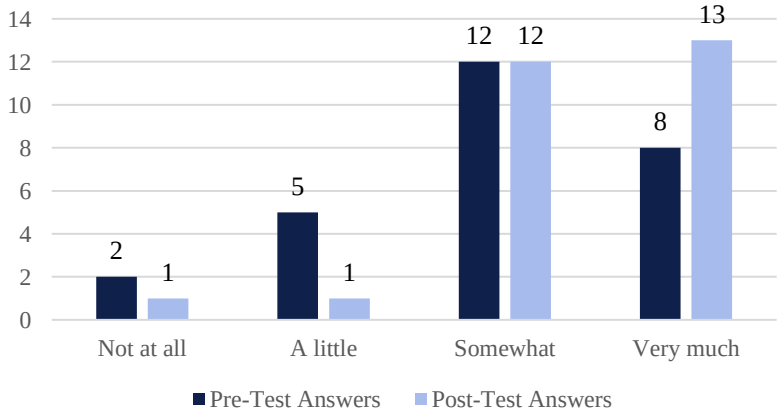


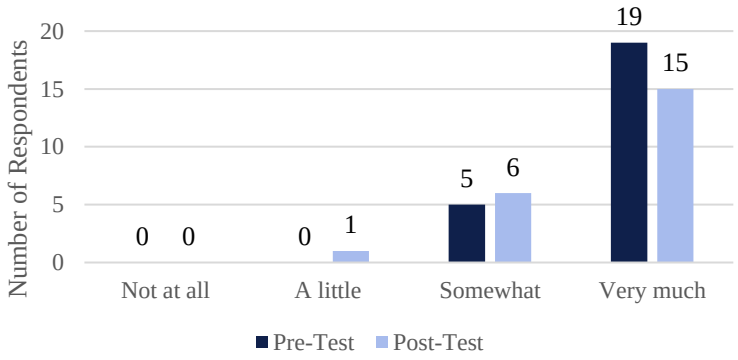
Chart 12: How well can you explain the connection between your current prevention programming and the outer levels of the social ecology?
pre- n=27; post- n=27



CHANGE IN TIME SPENT DOING PREVENTION

After participating in the Prevention Summit, we hoped to see an increase in the extent to which individuals prioritize their time towards doing prevention work. Interestingly, there was a slight drop in the number of respondents who said they "very much" prioritized prevention of violence compared to other issues at their organization (n=19 at pre, n= 15 at post)(CHART 13). This finding may partially be a result of different individuals taking the pre- and post-tests. Another consideration could be the change in how people define prevention after attending the summit (see limitations section at the beginning of this report), thereby changing how they personally categorize their time as "prevention."

Chart 13: How much do you personally prioritize the prevention of violence compared to other issues or responding to violence/advocacy (DV/SA staff)? pre- n=24; post- n=22



We see a similar finding among respondents who are housed at agencies other than DV/SA organizations (CHART 14). The reasons for the decline in time prioritization is suspected to be similar to the reason described above regarding respondents' change in their understanding of primary prevention.

It is expected that over time (years) there will be an increase in how much people working in prevention personally prioritize violence prevention. Of course, this will depend somewhat on their organization having a structure that supports the funding and staffing to ensure prevention receives a priority status within the organization. As noted earlier, this report did not examine organizational change from pre to post surveys, and it is expected that over time (years), we will see that as organizational support for prevention is increased, so will individual staff prioritization of primary prevention.

Chart 14: How much do you personally prioritize the prevention of domestic violence and sexual assault compared to other issues (non-DV/SA staff)?