Needs and Resource Assessments:

A Guidance Document for Alaskan Communities Preventing Domestic Violence and Sexual Assault

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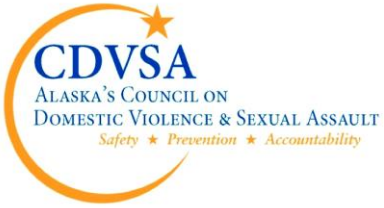
STRATEGIC PREVENTION SOLUTIONS

Bringing Communities to Wellness Through Research, Evaluation and Training



Guidance Document

Adapted from the Alaska Partnerships for Success Guidance Document produced by the State of Alaska, Department of Health and Social Services, Division of Behavioral Health, Section of Prevention and Early Intervention for the Strategic Prevention Framework Partnerships for Success Grant Program. The PFS document was prepared by Claire Schleder, Division of Behavioral Health Program Coordinator, with assistance from evaluators of the UAA Center for Behavioral Health Research and Services (CBHRS).

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PREFACE

This Guidance Document is intended to benefit and support anyone working to prevent domestic violence and sexual assault in Alaska. It was developed in collaboration with Alaskan communities and Council on Domestic Violence and Sexual Assault (CDVSA) grantees in mind, including Community Readiness and Capacity (CRC) and Community-based Primary Prevention Planning (CBPPP) grantees. This Guidance Document was adapted from the Strategic Prevention Framework-Partnerships for Success Grant Guidance Document created by the State of Alaska Division of Behavioral Health.

CDVSA seeks to support programs, coalitions, and communities to build their readiness and capacity to coordinate efforts, work cooperatively, and identify and implement primary prevention strategies that address **sexual assault (SA**), **intimate partner violence (IPV)** and/**or teen dating violence (TDV)**.

Typically, it can take 3 to 5 years with dedicated prevention funding for an agency to start implementing comprehensive prevention programming. CDVSA supports and funds programs that are specific to primary prevention and are intended to support communities to build their agency's readiness and community capacity to support SA, IPV, and/or TDV primary prevention programming.

Organization of this Document

The information in this guidance document is intended to help you understand, plan, and complete a community needs and resource assessment to inform comprehensive prevention programming in your community. This guidance document may be viewed as having three distinct sections that, altogether, provide the necessary information and supportive resources to assist your efforts to address the primary prevention of SA, IPV, and/or TDV in your community.

Section 1: Introduction and Overview defines various forms of violence including power-based violence, SA, IPV, and TDV. This section also provides information related to CDVSA grant program(s). Lastly, a review of intervening variables relevant to SA, IPV, and TDV is provided.

Section 2: Needs and Resources Assessment provides guidance on the Needs and Resource Assessment process from how to conduct one in your community to using the information to inform your prevention planning. This section includes information related to planning, implementing, and evaluating evidence-informed, culturally appropriate, sustainable SA, IPV, and TDV prevention strategies.

Section 3: Appendices encompass a range of tools and resources

Section 1: Introduction and Overview….

CDVSA seeks to create a system of statewide crisis intervention services, perpetrator accountability programs, and prevention services. Their mission is to promote prevention and provide safety for Alaskans victimized or impacted by DV/SA. As part of CDVSA's responsibilities, they help dispense state and federal money and award grants and contracts to qualified local community entities. This section briefly outlines two of CDVSA's grants (i.e., CRC and CBPPP). Learn more about CDVSA on their website.

CRC Grantee Responsibilities

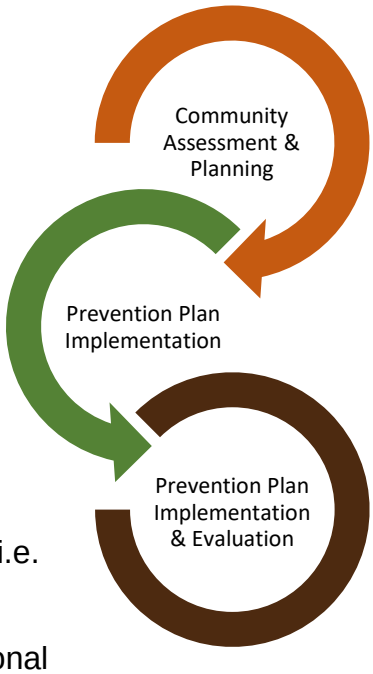
The CRC Grant recipients are responsible for the following:

1. Developing a community prevention team, (communities with existing wellness coalitions will expand to include primary prevention programming for SA, IPV, and/or TDV;
2. Conducting a needs and resource assessment that will determine community specific gaps between your current level of readiness to support primary prevention programming and desired conditions pertaining to IPV/TDV and/or SA prevention;
3. Using the results of the needs assessment to improve the community's capacity to support primary prevention.

CBPPP Grantee Responsibilities

The purpose of the CBPPP was to strengthen and enhance existing, community based, coalition driven, strategies that address the primary prevention of SA, IPV, and/or TDV. CBPPP grant recipients were expected to implement activities specific to primary prevention and focused on achieving comprehensive prevention programming. Outcomes of each grantee's prevention strategies are organized into categories of programming:

1. Capacity building
2. Policy
3. Youth protective factors
4. Bystander engagement
5. Other (e.g. engaging men, cultural connectivity, social emotional learning, etc.)



Expectations for Grant Funding by Year

These prevention grants are intended to support communities in reducing violence across Alaska. This is accomplished by enhancing the readiness and capacity of agencies and coalitions to coordinate efforts, work cooperatively, identify, and implement primary prevention strategies that address the primary prevention of SA, IPV, and/or TDV (i.e. grant priority areas).

CDVSA ("The Council") has tasked grantees with enhancing organizational capacity and community readiness to coordinate efforts and plan for comprehensive prevention

program implementation.

CDVSA recognizes that some communities are at a more advanced level of capacity to implement and evaluate comprehensive primary prevention efforts. Therefore, the CRC and CBPPP grants have slightly different deliverables and expectations, as follows:

Grant Year	CRC	CBPPP
Year 1	The first grant year is to be used in preparing yourselves, agency, collaborative partners, and community for the implementation of a comprehensive prevention plan to address SA, IPV, or TDV in the second and third years of funding. This first year is a readiness, capacity building, and planning year. There will be an emphasis placed on establishing prevention staff, developing collaborative partnerships, and accessing the needs, resources, and readiness of your community for primary prevention.	In year 1, build on your existing community prevention plan by adding a new area of focus (setting and population) to an existing strategy so that the work becomes more comprehensive. Note: All CBPPP grantees need to have a recent rationale for their chosen goals and strategies. If you do not have a needs assessment completed, this is the time to complete one.
Year 2 **Year 3**	Years 2 and 3 of funding will continue to support organizational capacity and community readiness building, in addition to the implementation of strategies. It is the expectation that at least one primary prevention strategy will be implemented and evaluated in at least one population and setting during years 2 and 3.	Years 2 and 3 will emphasize the continued implementation of a more comprehensive prevention strategy, as identified in Year 1 of funding. Process and outcome evaluation data must be collected to assess the implementation and impact of prevention programming.

Please note that CDVSA advises that no grantee should implement programming without first understanding the community conditions in which the program will be implemented. In other words, all communities (CRC grantees, CBPPP grantees, or any other community) should complete a needs and resources assessment prior to implementing prevention programing. This is an essential step in building a foundation for comprehensive and sustainable prevention programming.

What is Sexual Assault, Intimate Partner Violence, and Teen Dating Violence?

Sexual assault (SA), intimate partner violence (IPV), and teen dating violence (TDV) impact and affect all levels of the social ecology – with complex individual to societal implications However, each community has unique challenges with regard to the magnitude of IPV, SA, and TDV and how the problems affect different subpopulations. There are also differences across communities as to the risk factors that promote SA, IPV, and TDV. Just as the context and environment will contribute to unique challenges and barriers to prevention work, there are also protective factors present. Protective factors act as a buffer, or protection, against perpetration and victimization of SA, IPV, and TDV.

Terminology Refresher

Sexual Assault (SA) is a significant problem in the United States. Sexual assault is any type of forced or coerced sexual contact or behavior that happens without consent. Sexual assault includes rape and attempted rape, child molestation, and sexual harassment or threats.

Intimate Partner Violence (IPV) is a serious, preventable public health problem that affects millions of Americans. The term “intimate partner violence” describes physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner.

Teen Dating Violence (TDV) is defined as the physical, sexual, psychological, or emotional aggression within a dating relationship, including stalking. It can occur in person or electronically and might occur between a current or former dating partner.

Power-Based Violence is a form of violence in which someone uses power, control, and/or intimidation in order to harm another. These acts may be committed by strangers, friends, acquaintances, intimates, or other persons and could include dating/partner violence, sexual assault, stalking, and other uses of force, threat, or harassment of an individual.

Addressing SA, IPV, and TDV: Risk and Protective Factors

When planning efforts to reduce and prevent SA, IPV, and/or TDV, it is critical to identify the personal and contextual factors, as well as any consequences associated with these issues. By identifying the factors associated with the occurrence or risk of SA, IPV, or TDV, you identify opportunities for intervention.

You will be further introduced to the concepts of risk factors and protective factors in Section 2 of this guidebook. In order to prevent the first-time perpetration and first-time victimization of SA, IPV, and/or TDV, it is necessary to reduce risk factors that are associated with heightened risk of perpetration and victimization and to increase protective factors that are associated with lowered risk of perpetration and victimization. To do this, you need to be familiar with what risk and protective factors are relevant to SA, IPV, and/or TDV. Additionally, you will want to consider what specific factors might be present within your community and most relevant to strategize around. The table below summarizes known risk and protective factors across multiple forms of violence including SA, IPV, and TDV.

Risk factors are characteristics of school, community, and family environments—as well as characteristics of youth and adults and their peer groups—that are known to be related to an increased likelihood of SA, IPV, and TDV.

Table 1: *Risk Factors for SA, IPV, and TDV across the Social Ecology:*

		TDV	IPV	Sexual Violence
Societal	- Cultural norms that support aggression	X	X	X
	- Media Violence			X
	- Income Inequity		X	X
	- Harmful masculinity & femininity norms	X	X	X
Community	- Neighborhood poverty		X	X
	- Community Violence			X
	- Poor neighborhood support & cohesion		X	
	- Availability of alcohol/drugs	X	X	
Relationship	- Negative parent-child relationship	X	X	X
	- Lack of social support	X	X	
	- Family conflict	X	X	X
Individual	- Low educational achievement	X	X	
	- Lack of healthy problem solving	X	X	X
	- Impulsiveness	X	X	X
	- History of victimization	X	X	X
	- Loss of cultural identity & connection		X	

Table adapted from the publication: Connecting the Dots, CDC, 2016.

Protective factors exert a positive influence or buffer against the negative influence of risks and are related to a reduced likelihood of SA, IPV, and TDV.

Table 2: *Protective Factors for SA, IPV, and TDV across the Social Ecology:*

		TDV	IPV	Sexual Violence
Community	- Resource & service coordination		X	
	- Community connectedness		X	X
Relationship	- Family support & connectedness	X		
	- Connection to a caring adult	X		
	- Pro-social peers	X		
	- School connectedness	X		X
	- Cultural connectedness	X		
Individual	- Healthy problem-solving skills	X		

Table adapted from the publication: Connecting The Dots, CDC, 2016.

Risk and protective factors fall into two categories: (1) those that cannot be modified (i.e., immutable), and (2) those that can be modified. Factors that cannot be modified are useful for identifying the *focus population* for prevention strategies (i.e., individuals or groups that may be at disproportionate risk). For example, a persons' sex or gender may increase the risk they experience a type of violence, but you cannot modify or change this. You may however, target this group with an increased risk for an intervention to provide them knowledge or skills.

Factors that can be modified are generally the focus of prevention strategies (i.e., the setting, behavior, or characteristic that prevention activities are attempting to change). For example, you might implement strategies that address cultural identity or societal norms.

Primary prevention strategies (that is, strategies that are implemented *before any* violence has occurred to prevent initial perpetration and victimization) can be directed toward either a "Universal" or "Selected" population. Universal prevention strategies are aimed at everyone in the population of interest, independent of risk. Selected prevention strategies are aimed toward those in the population at increased risk for SA, IPV and TDV perpetration or victimization.

Section 2: Needs & Resources Assessments…….

The first step in your journey is to systematically gather and analyze local data related to SA, IPV, and TDV. This information will help you better understand how SA, IPV, and TDV manifests within your community and, ultimately, identify appropriate strategies to address the issues. Assessment is a critical first step in prevention planning; without quality assessment, communities risk selecting strategies that **do not** adequately or appropriately address the problem within their community.

Completing a community needs and resources assessment (N&R assessment) will allow your community to target its resources and maximize its impact on SA, IPV, and TDV. This is because you will have first sought to understand what is and is not present to support your efforts (resources), which factors might be a barrier or contribute to increasing risk for those in your community (risk factors), what strengths are present to support the efforts or that make the community strong (strengths), and what gaps exist between the ideal community and present situation (needs). For example, are there certain geographic areas within your community on which you should concentrate? Are you focusing on the appropriate groups? Are there certain community conditions that are of greater concern than others? These questions are especially important given a fiscal climate in which scarce resources are often expected to produce measurable results.

The N&R assessment process itself functions as a tool to strengthen your community's capacity. A N&R assessment should be as inclusive as possible and is not intended to be completed by a sole individual or agency. Rather a N&R assessment should be completed with as much community involvement as possible. Often a coalition will conduct a N&R assessment, soliciting feedback and information from as many voices as is feasible. This process fosters reflection and critical thinking about the specific strengths and needs within the community and will serve to engage those within the community as to how to best address the issues. The process will ultimately assist your community in exploring and making choices as to the evidence-informed strategies that best fit your community's needs. This is possible through launching new initiatives or strategies and/or reenergizing existing efforts.

What is a Needs and Resources Assessment?

A N&R assessment is a systematic process of gathering and critically interpreting information (i.e., data) about a given problem—in this case the problems of SA, IPV, and TDV—and the resources available to address the problems within a defined community or state.

The N&R assessment takes you through a process of:

- identifying the primary prevention needs of your community
- identifying potential selected populations to target with strategies
- identifying strengths of the community
- identifying the gaps in services or support that address SA, IPV, and TDV

Assessing the needs of selected populations as well as the needs of the State and community ensures that the systems and conditions that influence the occurrence of SA, IPV, and TDV in each community are given adequate attention.

Assessing the needs of universal and selected populations as well as the needs of communities requires data. Data can come in many forms. Some data are in the form of numbers, which are called quantitative data. The percentage of adults with a high school education is an example of quantitative

data. Data that are not based on numbers are known as qualitative data. Attitudes and opinions of community members or a list of assets in your community are examples of qualitative data. It is important that your N&R assessment include a balance of quantitative and qualitative data because neither form of data alone can provide the whole picture of a given community.

There are also many possible sources of data. Data can come from existing databases, conversations with people, observations made of the environment, or surveys to name a few. Data can be gathered at the national, state, and/or local levels*. It is critical that a N&R assessment be based on multiple sources of data*. Existing research-based information is useful because it gives you valuable information that otherwise would require extensive time and resources to collect on your own. However, knowledge from inside your community is also essential to fill in the gaps of what existing research cannot tell you about your own community.

N&R assessments should reflect a balance of strengths possessed by and challenges faced by a given community or state. It can be easy to slip into focusing only on problems when doing a N&R assessment. Be sure to devote time specifically to the consideration of the assets in your community or state. Knowing both the needs **AND** the resources in your community are essential to setting your priorities for the rest of your planning process.

Purpose of Needs and Resources Assessments

The data you collect as part of the assessment processes will help you do the following:

- Identify the nature and extent of SA, IPV, and TDV and related consequences among different groups, including those defined by age, gender, race/ethnicity, or other demographic characteristics
- Identify existing health disparities related to SA, IPV, and TDV
- Determine whether your community is ready to address these issues and what additional resources may be needed
    - Note: Determining readiness can be done as an activity imbedded within a N&R assessment or can be a separate activity that is later integrated with information obtained by a N&R assessment.
- Identify community level risk and protective factors that contribute to, or protect against, SA, IPV, and TDV

When you develop goals for your state or community based on data and through an inclusive community process, you will be better able to select the appropriate strategies to prevent SA, IPV, and TDV perpetration and victimization. By knowing the existing resources, you can develop goals and address the prevention capacity (i.e., resource) needs of your community. These goals can address the development of new resources that complement rather than compete with existing resources or the strengthening of resources that already exist so that they work optimally.

N&R assessments are also useful as a baseline measure of your community before a new prevention strategy or capacity building activity is initiated. Later, after you implement your primary prevention strategy or your capacity building activity, you can collect the same information again and compare the new data with your baseline data. This will show you how your community changed over time, possibly as a result of the implementation your strategies and activities.

Another benefit of conducting a N&R assessment is that it can foster community ownership and a sense of commitment and connectedness among those involved in the process (i.e., stakeholders). These stakeholders include individual community members as well as public and private agencies and organizations working through a N&R assessment together, providing opportunities to educate one another about SA, IPV, and TDV primary prevention issues facing the community. It also assists in developing a unified vision or plan for using this information to move forward with prevention planning.

Conducting an Assessment

There are three main tasks to a N&R assessment:

Task 1. Assess the nature and magnitude of SA, IPV, and/or TDV and related consequences

Task 2. Understand and assess the community risk and protective factors that influence SA, IPV, and/or TDV and their consequences

Task 3. Assess capacity: the existing resources and readiness of the community to address SA, IPV, and/or TDV

During the assessment phase, it is recommended that you begin by assessing the nature and extent of SA, IPV, and TDV and related consequences within your community (Task 1). Doing so will give you a better understanding of what these problems look like in your community. Beginning your assessment with an examination of the nature and extent of the issues will help you to focus your assessment on key factors (Task 2) and capacity (Task 3) that are most relevant to the local manifestation of SA, IPV, and TDV. Please see **APPENDIX A: Community Assessment Framework** for further instruction on conducting a N&R assessment in greater detail.

Task 1: Assess the Magnitude of the Problem and Related Consequences

Before you begin to collect or analyze data, you should establish a workgroup or committee to oversee and conduct the N&R assessment for your community. Representatives from your collaborating organizations or coalitions are typically involved on this committee. The key is to ensure you have a diverse and representative group which includes members who have an array of backgrounds and experiences. This consideration is necessary to ensure your work is informed by the represented voices of your community and conducted with cultural humility.

One of your first agenda items should be to agree on a decision-making process for the committee and to determine an acceptable timeline for activities. You will also need to establish roles and communicate who will be responsible for making sure each portion of the N&R assessment is completed. Make sure that these agreements are recorded and that everyone understands the goals and objectives of the N&R assessment. This will help the process run as smoothly as possible and

assist with accountability. Steps should also be taken to provide the information to anyone joining the coalition or workgroup later.

Since SA, IPV, and TDV have already been identified as the main issues to address, the next step is to create a descriptive profile of the extent of the problem and related consequences as they manifest within your community.

Understanding the magnitude of IPV, SA, and TDV is about answering the question '*who* is affected and to *what* extent?' No single data source will tell you what the true magnitude of SA, IPV, and TDV is among populations in your community. Therefore, a recommended practice is to *estimate* the magnitude of SA, IPV, and TDV among universal and selected populations based on multiple sources of information. Sometimes you may need to extrapolate (i.e., to infer or predict an unknown value from other known data) the results of national research to your community.

Within the public health field, the two most common ways to describe the magnitude of IPV, SA, and TDV are lifetime prevalence and annual prevalence. Lifetime prevalence is the number of individuals who have ever experienced a given illness or event—in this case, an act of IPV, SA, or TDV—in their lifetime. National systematic, standardized surveys such as the National Violence Against Women survey include a lifetime prevalence estimate. A limitation of lifetime prevalence figures is that they are not very sensitive to change over time that may result from primary prevention efforts. To illustrate this point, consider a woman who is currently 31 years old who was raped when she was 17, her rape would still be included in a lifetime prevalence figure (assuming that her rape was recorded in a data source) for the rest of her life, regardless of any changes in the number of new rape incidents that occur in her community or state. Annual prevalence is the number of individuals who have experienced or perpetrated IPV, SA, or TDV within the past year. Police reports over the past year are an example of annual prevalence data. Annual prevalence figures are more likely to show the effects of primary prevention efforts.

Task 2: Understand and Assess Risk and Protective Factors

Examples of some risk factors specifically linked to SA, IPV, or TDV include:

- Cultural norms that support aggression;
- Negative parent-child relationship;
- Lack of healthy problem-solving skills.

Specific protective factors include:

- Community connectedness;
- School connectedness;
- Healthy problem-solving skills.

In order to prevent first-time perpetration and first-time victimization of SA, IPV, and TDV it is necessary to reduce risk factors that are associated with heightened risk of perpetration and victimization and to increase protective factors that are associated with lowered risk of perpetration and victimization. To do this, you need to know what risk factors and protective factors are relevant to IPV, SA, and TDV in your community.

Research evidence on risk and protective factors for IPV and SA is in the very early stages of development. So far, we know more about risk factors for victimization than we do about risk factors

for perpetration. Additionally, we know more about risk factors for both perpetration and victimization than we know about protective factors for perpetration and victimization. Finally, we know more about individual level risk factors than we do about community or societal factors. Although the social ecological perspective regarding IPV and SA asserts that these two forms of violence result from the interplay of individual, social, and socio-cultural factors, we do not yet know which factors are most important. Additionally, we do not know which risk and protective factors combine most frequently to lead to an occurrence of IPV, SA, or TDV.

With regard to IPV, the World Health Organization (WHO) released a list of risk and protective factors associated with a man's risk for abusing his partner. These factors should not be considered complete as many other factors have been studied but are not included here.

World Health Organization Factors Associated With a Man's Risk for Abusing His Partner

Individual Factors	Relationship Factors	Community Factors	Societal Factors
• Young age • Heavy drinking • Depression • Personality disorders • Low academic achievement • Low income • Witnessing or experiencing violence as a child	• Marital conflict • Marital instability • Male dominance in the family • Economic stress • Poor family functioning	• Weak community sanctions against domestic violence • Poverty • Low social capital	• Traditional gender norms • Social norms supportive of violence

With regard to SA, the WHO published a list of factors increasing men's risk of committing rape. As in the case of IPV risk factors, the research on risk factors for SA is heavily biased towards offenders who have been convicted of a crime and male college students who have been studied largely in the U.S. Therefore, these factors should also be interpreted with caution.

World Health Organization Factors Increasing Men's Risk of Committing Rape

Individual Factors	Relationship Factors	Community Factors	Societal Factors
• Alcohol and drug use • Coercive sexual fantasies and other attitudes and beliefs supportive of sexual violence • Impulsive and antisocial tendencies • Preference for impersonal sex • Hostility towards women • History of sexual abuse as a child • Witnessed family violence as a child	• Associate with sexually aggressive and delinquent peers • Family environment characterized by physical violence and few resources • Strongly patriarchal relationship or family environment • Emotionally unsupportive family environment • Family honor considered more important than the health and safety of the victim	• Poverty, mediated through forms of crisis of male identity • Lack of employment opportunities • Lack of institutional support from police and judicial system • General tolerance of sexual assault within community • Weak community sanctions against perpetrators of sexual violence	• Societal norms supportive of sexual violence • Societal norms supportive of male superiority and sexual entitlement • Weak laws and policies related to sexual violence • Weak laws and policies related to gender equality • High levels of crime and violence

Examining Risk and Protective Factors in Your Community

Before you start to explore risk and protective factors in your community, it is important to establish appropriate expectations for examining risk and protective factors at the community level. First, you are not being asked to discover or test new risk and protective factors of SA, IPV, and TDV perpetration as part of your local planning process. Just as it would be unnecessary for every community in the U.S. to assess whether smoking causes cancer, your needs assessment does not need to confirm that certain gender norms are associated with IPV, SA, and TDV. Rather, your needs assessment should focus on examining how gender norms are manifested and reinforced within your specific community. For instance, the manifestation of gender norms in a rural region in Alaska may be very different from how gender norms are manifested in New York City, NY. Reinforcement for adhering to gender norms in a region of Alaska may also look different than reinforcement for adhering to gender norms in New York City, NY.

In addition, it is generally not necessary or feasible to measure risk and protective factors across your entire community. Focus groups and singular administration of surveys to individuals can assist with this task. Both of these data collection activities can help identify individual, relationship, and community level risk and protective factors.

Measuring risk and protective factors at the local level can be challenging even with extensive resources and expertise. Therefore, local communities are not expected to do sophisticated data collection and data analysis about risk and protective factors. Communities are expected to explore risk and protective factors using qualitative methods of data collection such as key informant interviews, community forums, and focus groups and supplement this community or state specific data with research data. The key is to be systematic and to collect information so that you make informed interpretations of the multiple sources of data available to you.

Collecting and Interpreting Existing Data

National studies of SA, IPV, and TDV are useful data sources for developing an understanding of the problems of SA, IPV, and TDV. Sources like the National Violence Against Women Survey (NVAWS) and the National Crime Victimization Survey (NCVS) provide estimates of the prevalence of violence based on nationally representative samples. In addition, these sources include information on the occurrence of IPV and SA that were otherwise unreported (in contrast with many data sources on IPV and SA which rely on reports to police or other service providers). These sources do not provide information broken down by state or community. However, it may be possible to estimate the prevalence of SA, IPV, and TDV at the state or local level by extrapolating from these national level sources of data.

When using national level data as part of your needs and resources assessment, your community should think critically about what that data can contribute to your needs and resources assessment. Some questions to consider include:

- What does national data tell us about our state or community? What does it not tell us about our state or community?
- What does this data source tell us about perpetration and victimization among universal and selected populations? What does it not tell us, and what assumptions might be made based on this data?
- What selected populations are not represented in this data?

- How was this data gathered? How was prevalence estimated?

State and local level data sources are another important component of your N&R assessment. Some of these data sources (like the Uniform Crime Reports compiled by the FBI) are collected at the national level, but are also broken down by state and some regions. Other sources are collected by state or local agencies or universities and may be compiled at the state level. These data sources can be used to develop estimates of the prevalence of SA, IPV, and TDV in your state. It may be possible to break these data sources down by region or community within your state. In addition, some of these data sources may analyze the data according to selected populations. As with all data sources, you should consider the strengths and weaknesses of each type of data you examine. Some questions to consider when working with state level data sources include:

- What does this data source tell us about perpetration and victimization? What does it not tell us, and what assumptions might be made based on this data?
- What selected populations are not represented in this data?
- How was this data gathered? How was prevalence estimated?
- What does this data source tell us about differences across regions or counties within the state (if applicable)?
- What are possible explanations for the differences between regions or counties? (e.g. lack of data collection in some areas, problems with data entry, etc.)

Please see **APPENDIX E: Resources for Community, State, & National Statistics** for information and examples about different databases that can assist you in gathering information.

Once you have compiled data from existing sources, your N&R assessment team or coalition will need to review the data that has been collected, and to compare what has been learned about the prevalence of SA, IPV, and TDV in your community with what was learned from your community profile (geographic area, demographics of population). Comparing what you know about your community based on your community profile to the data you have gathered on the prevalence of SA, IPV, and TDV may help you to more clearly define your focus populations. It will also likely lead to the identification of gaps in the data that you have so far, particularly for some groups which are often not included in traditional data collection. It is important at this point to look for areas where the information from multiple data sources converges, and where there are discrepancies that suggest different things. It is important to identify areas where you need more data. Some questions to consider include:

- How does information on SA, IPV, and TDV fit with data from the state/regional profile?
- What are possible explanations for discrepancies between the state/regional profile and data on SA, IPV, and TDV?
- What does this comparison tell us about the gaps in the existing data on SA, IPV, and TDV?
- How are annual and lifetime prevalence rates distributed across age groups? Do certain age groups show a higher rate of SA, IPV, and TDV perpetration and victimization than others?
- How are specific populations represented in the data? For example, persons with disabilities, LGBT populations, Native populations—is there evidence that these groups are disproportionately affected by SA, IPV, and TDV? Are they even represented adequately in the available data?

- Where did the acts of violence occur – Were they clustered in certain areas of the community? Are prevalence rates higher in certain zip codes, school districts, or neighborhoods?
- What percentage of perpetrators is male? female?

Once you have identified the gaps in the data you have, you can begin looking for information to fill in those gaps. One place to start is by looking for existing research studies on SA, IPV, and TDV in underrepresented populations. In addition, you may learn about special studies or reports that have been written in your state related to the needs and resources of specific populations of interest. You may be able to estimate the magnitude from information from either of these sources to get a better understanding of SA, IPV, and TDV in specific populations of interest who are underrepresented or unrepresented in the data you have. These sources of data should also be considered carefully. Some questions that might be useful ask include:

- What does the information from these studies tell us about our state? What does it not tell us about our state?
- What does this information tell us about perpetration and victimization? What does it not tell us, and what plausible interpretations that coincide with a social justice perspective might be made based on these data?
- What populations of interest are not included?
- How was this data gathered? How was prevalence estimated?

Collecting and Interpreting New Data

Once you have looked at the information gathered from existing data sources, your N&R assessment team needs to assess where your team is in the development of a comprehensive picture of SA, IPV, and TDV in your community. At this point you need to determine whether more information is needed to better understand the problems of SA, IPV, and TDV in your community. If so, you will have to decide how to get that information. This task will probably require your team to collect some new data. Earlier in this section, a variety of methods for collecting data were described, such as surveys, interviews with key informants, and focus groups. The methods your group chooses should fit both the types of information that are most needed and the resources that your group has available. In addition, it is important to consider:

- What can be learned from the methods used?
- What are limitations of the methods used?

Another strategy is to consider if there are new partners to approach who have access to some of the missing data or may be able to add questions to existing data sources that are regularly collected. Adding questions to ongoing data collection may not help you now, but it will help build Alaska's and your community's prevention capacity, which will pay significant dividends later.

Task 3: Assess Capacity – Resources and Readiness

Assessing your community's readiness to address SA, IPV, and TDV and the existing resources that may be dedicated to this purpose should occur during your community assessment. This will help you prepare for strategic planning.

Assessing resources. Identifying and assessing the resources that exist to address the prevention or reduction of SA, IPV, and TDV in your community will help you identify potential resource gaps, build support for prevention activities, and ensure a realistic match between identified needs and available resources.

The word *resources* often connote staff, financial support, and a sound organizational structure. However, prevention resources may also include the following:

- Existing community efforts to address the prevention and reduction of SA, IPV, and TDV
- Community awareness of those efforts
- Specialized knowledge of prevention research, theory, and practice
- Practical experience working with specific populations or groups
- Knowledge of the ways that local politics and policies help or hinder prevention efforts

It is important to focus your assessment on relevant resources (i.e., those related to community-level factors). A well-planned and focused assessment will produce far more valuable information than one that casts too wide a net. At the same time, keep in mind that useful and accessible resources may also be found outside the SA and IPV system in your community, including among the many organizations in your community that promote health and wellness.

Assessing community readiness. An assessment of community readiness will help you determine your community's level of awareness of, interest in, and ability and willingness to support SA, IPV, and TDV prevention initiatives. There are many resources available to measure community readiness, and most of them acknowledge that readiness occurs in stages. The Community Readiness Assessment (CRA) involves interviewing key stakeholders in your community and asking them questions about five dimensions of readiness, including community knowledge of efforts, leadership, community climate, community knowledge of the issue and resources. *We strongly encourage the use of the Tri-Ethnic Center's Community Readiness Model*, which has identified nine stages of community readiness:

Stage 1: *Community Tolerance/ No Knowledge*	Community tolerance/no knowledge. SA, IPV, and TDV are generally not recognized by the community or leaders as a problem. "It's just the way things are" is a common attitude. Community norms may encourage or tolerate the behavior in a social context. SA, IPV, and TDV may be attributed to certain age, sex, racial, or class groups.
Stage 2: *Denial*	There is recognition by at least some members of the community that the behavior is a problem, but there is little or no recognition that it is a local problem. Attitudes may include "It's not *my* problem" and "We cannot do anything about it."
Stage 3: *Vague Awareness*	There is a general feeling among some in the community that there is a local problem and that something ought to be done, but there is little motivation to do anything. Knowledge about the problem is limited. No identifiable leadership exists, and leadership is not encouraged.

Stage 4: *Pre-planning*	Many people clearly recognize that there is a local problem and that something needs to be done. There is general information about local problems and some discussion. There may be leaders and a committee to address the problem, but there is no real planning or clear idea of how to progress.
Stage 5: *Preparation*	The community has begun planning and is focused on practical details. There is general information about local problems and about the pros and cons of prevention approaches, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources (i.e., time, money, people, etc.) are being sought and allocated.
Stage 6: *Initiation*	Data are collected that justify a prevention approach; however, decisions may be based on stereotypes rather than data. Action has just begun. Staff are being trained. Leaders are enthusiastic, as few problems or limitations have occurred.
Stage 7: *Institutionalization/ Stabilization*	Several planned efforts are underway and supported by community decision-makers. Strategies and activities are seen as stable, and staff are trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered.
Stage 8: *Confirmation/ Expansion*	Efforts and activities are in place and community members are participating. Strategies have been evaluated and modified. Leaders support expanding funding and scope. Data are regularly collected and are used to drive planning.
Stage 9: *Professionalization*	The community has detailed, sophisticated knowledge of the magnitude and severity of the problem and related risk and protective factors. Universal, selective, and indicated efforts are in place for a variety of target populations. Staff are well- trained and experienced. Effective evaluation is routine and used to modify strategies. Community involvement is high.

Obtaining community readiness scores (overall and by dimension) will help communities focus on needed readiness-building efforts. Typically, your efforts should be aimed at increasing readiness for the dimensions that have the lowest scores.

Task 4: Prioritize Community Risk and Protective Factors

Prioritizing community risk and protective factors is a critical part of the assessment process. It is unlikely that you will have the resources and readiness to address all community needs simultaneously, which is why prioritization and selection are important.

Coalitions should prioritize community risk and protective factors identified in the needs assessment related to SA, IPV, and TDV, and should develop strategies for addressing these factors later. There are many ways to organize and compare the data you gather to help you prioritize them.

While different criteria can be used to prioritize risk and protective factors, communities often consider two criteria when making this decision:

- ***Importance****:* The extent to which various risk and protective factors have the potential to have meaningfully impact

IMPORTANCE	CHANGEABILITY		
		High	Low
	High		
	Low		

- ***Changeability****:* How easy it would be to change the risk and protective factor given existing time, resources, and readiness. Whenever possible, it is recommended that you select factors that are high in both.

Importance

When weighing the importance of risk and protective factors, consider the following:

- *How much does the community risk and protective factor directly influence the issue?*
- *Does the community risk and protective factor impact other behavioral health issues or other identified problems*?
- *Do the community risk and protective factors directly impact the specific developmental stage of those experiencing the problem?*

Changeability

When assessing the changeability of a risk and protective factor, you may want to consider the following:

- *Whether the community has the capacity—the readiness and resources—to change a particular risk or protective factor*
- *Whether a suitable evidence-informed strategy exists that has been shown to impact the risk or protective factor*
- *Whether change can be brought about in a reasonable time frame (i.e., changing some factors may take too long to be a practical solution within certain grant cycles)*
- *Whether the changes can be sustained over time*

If the community has ample resources and sufficient readiness to address a community risk and protective factor, a suitable evidence-informed strategy exists, and sustainable change can occur within a reasonable timeframe, then the factor would be considered high in changeability. If there are not adequate resources or if the community is not ready to address the factor, the changeability of the factor may be low.

Putting it All Together: Identifying the Needs of Your Focus Population and Your Community

Now it is time to bring all the information you have collected to form specific need statements. **Need statements** represent your interpretation and conclusions about the data you collected for your N&R assessment. The needs that you choose to address will directly shape the goals that you set.

Simply put, a need statement describes a gap between a current state or condition (the way things are) and a desired state or condition (the way things should be). Needs statements should offer sufficiently detailed information to allow committee members and others to understand the needs well enough to prioritize them. Needs statements do not offer solutions, describe the cause, or include what a committee would like to see happen; they are simply descriptive statements of the information provided by the data. Finally, needs statements will often include a reference to potential priority groups.

Example of Needs Statements

Women within Alaska reported experiencing IPV 2.5 times more than the national average, according to Alaska's 2016 Behavioral Risk Factor Surveillance System (BRFSS). The vast majority of men in Alaska are nonviolent and many Alaskan men express interest in ending violence. Yet the local needs and resource assessment indicates male participation in domestic violence prevention remains low.

The findings from the local needs and resource assessment suggest that the circumstances the community faces enable rather than dissuade sexual violence, making community-specific prevention strategies crucial to reducing and prevention sexual violence in our community. Additional resources need to be allocated for data collection for forms of violence that have overlapping risk and protective factors. There is no current coordination or integration with these other systems and the sexual violence system in the community.

Alaska's 2016 Behavioral Risk Factor Surveillance System reports that men perpetrate the majority of all incidents of IPV and SV in the state. According to the findings of the local community needs and readiness assessment, social norms and policies reinforce the idea that men should be strong and in control, and that violence and anger are acceptable. There is a need for a community social norm campaign that reinforces messages of equitable and respectful (healthy) relationships between men and women, boys and girls.

Once needs statements and potential priority groups have been written/identified, your entire planning committee should be included in the process to prioritize the needs so that you can choose what to address with the remainder of your planning process. If your planning committee lacks representation of important groups or stakeholders in your community, you may want to include others outside of the committee to weigh in on the discussion.

Your planning committee should choose a method to prioritize the needs based on a set of selected criteria. Three criteria are suggested here to get you started, although you may add additional criteria to this list.

1. Is the need feasible to address at this time? Rank the needs in terms of their feasibility; needs that already have some resources available to address them may be more feasible to address

than needs that have no resources already available. Eliminate needs that are clearly not feasible to address within the next 5-8 years.

2. Does the need already have sufficient resources available to address the need? Is the need already being met? Rank the feasible needs so that those that have fewer resources already applied to them are prioritized first. Eliminate needs that already have enough resources available to meet the need as to avoid duplication of efforts.

3. Is the need of sufficient importance or significance at this time? Which needs appear to be the most critical or of greatest importance at this time? Some needs may reflect a crisis that simply cannot be ignored. On the other hand, eliminate needs that do not carry much significance.

The needs that are ultimately chosen will likely reflect a combination of these criteria. Your committee may elect to discuss each of these criteria as a group until reaching consensus about what the priority needs should be. You may also decide to individually rank the needs and then choose the needs that received the highest rankings from the group. It will be important to select a feasible number of needs to address.

The information you gather with N&R assessment will help you write your goals for your comprehensive community prevention plan and develop and tailor prevention strategies that will to culturally relevant and appropriate for your community. How you share results will both depend on your current partnerships and be a strategy for developing deeper partnerships.

Section 3: Appendices……..……..

Appendix A: *Community Assessment Framework*

A community needs and resource assessment (N&R assessment) is a tool that can be used to understand a community's needs based on available resources and readiness to address community concerns, issues, problems, or challenges. In short, it tells an objective story about the conditions and characteristics of a community. By collecting primary and secondary data, the tool begins to take shape and helps to describe SA, IPV, and TDV within a community, as well as the consequences of these issues, current prevention activities already being used, and gaps in community resources. This information can be used to educate community members and stakeholders, dispel misconceptions, review current prevention efforts, and prioritize strategies to address the most pressing concerns identified during the assessment process.

The following framework is intended to be a resource to help communities think critically about data collection and how that data can be used to develop an assessment process from which appropriate strategies and actions can be identified and developed.

Which questions should be answered in a community needs assessment?

Assessments should be developed to meet the needs of the community. The following framework consists of seven key questions that can be answered by compiling primary and secondary data. Suggestions for potential sources of data are included in this framework.

Note: The framework on the following page is not meant to be a fill-in-the-box type of worksheet. Instead, it is meant to frame the community assessment in such a way as to guide you through data collection and analysis. The topic areas and examples presented here are not exhaustive but rather reflect only a handful of considerations for data collection.

COMMUNITY ASSESSMENT FRAMEWORK

1. What are the characteristics of the community?

Provide descriptive information about the community. This includes information about the geographical location and size of the community, demographic characteristics of residents, number of schools and graduation rates, employment and economic considerations (unemployment rate, distributions of wealth/ socioeconomic status), home ownership rates, and other information. This is used to "paint a picture" of the community.

Topic Area	Examples of data that can be used	Data collection options
Demographic characteristics of community residents	Gender, age, cultural characteristics of community residents, including trends over time	Secondary data review (Census/American Community Survey data, student demographic information through school districts)

2. What concerns about SA, IPV, and TDV have brought stakeholders to the table?

It is important to understand the concerns and priorities of those in your community (i.e., stakeholders). Recent local events, recurrent topics highlighted in the news, or theme revisited by stakeholders can raise awareness or concern about the issue. This information is useful, not only in understanding current community concerns, but in recognizing potential priorities or biases within the community. Potential concerns may include: protecting the most vulnerable from harm towards self or others; the economic, political, and socio- cultural issues associated with behavioral health conditions and the impact they have in our communities; or the consequences that SA, IPV, and TDV has on individuals, families, and communities.

Topic Area	Examples of data that can be used	Data collection options
Local events or circumstances that have led to community mobilization around IPV, SA, TDV	Qualitative data describing major issues/ concerns Newspapers and electronic journals	Key informant interviews Facilitated discussion Review of local media reports, journal articles

3. What is known about SA, IPV, and TDV in your community?

To fully understand how these issues are affecting your community, it is imperative to examine local data and information that will reveal the current and historical circumstances of the condition. In your analysis, include information on any of the following: prevalence rates, specific populations most impacted, changes in trends over time, or any other relevant information that would describe the extent SA, IPV, or TDV affecting your community.

Topic area	Examples of data that can be used	Data collection options
Extent of the problem in the community	Current prevalence rates– adults and youth	Secondary data review (i.e. YRBS, etc.) Community surveys, Focus groups

4. What are the perceptions of residents about SA, IPV, and TDV in the community?

While existing data sources can provide information about these issues in the community, it is also important to understand how they are perceived by community members. Remembering to balance quantitative data (rates, statistics) with qualitative data (narratives, stories, perceptions). Opinions and beliefs about concerns may vary based on the age, socioeconomic status, or racial/ethnic background of residents. Therefore, efforts should be made to ensure feedback is gathered from a diverse and representative sample of residents, not just those who are coalition members.

Topic area	Examples of data that can be used	Data collection options
Perceptions of community regarding SA, IPV, TDV	Factors that encourage/discourage problems Qualitative/quantitative description of level/degree of resident concern	Focus group/ Key informant Interviews/ Written/online Surveys

5. What are the unique community risk and protective factors that are contributing to SA, IPV and TDV?

In order for communities to be able to reduce SA, IPV, and TDV, and to promote positive behaviors through their local prevention efforts, they must identify the key factors that are contributing to these issues in their community. These key factors are weighted and prioritized. This prioritization process asks coalitions to identify, define, and justify specific community risk and protective *factors for which they can demonstrate actual effects in reducing harm.*

6. Is the community ready to make change?

Community readiness is important to consider before identifying potential prevention/intervention strategies. When considering readiness, it is critical to consider whether the community is prepared and ready to act on the areas of concern identified through the needs assessment process. The readiness assessment should focus on each specific form of violence and key intervening variables. Readiness is an important factor to consider because if you select a strategy that is inappropriate for their level of readiness your efforts are likely to not be as effective. For example, if a community has not yet recognized the issue as a problem, your attempts to coach or mentor community members in being a bystander to interceded on behalf of others may not garner much participation. Why would someone volunteer to learn how to intervene in a situation they do not perceive a problem?

Topic Area	Examples of data that can be used	Data collection options
Perceptions of community capacity to implement prevention activities	Descriptions of stakeholder concerns + perceptions	Written survey Focus group Key informant interview
Level of support among key stakeholders and community residents for prevention activities	Rating of “readiness” using the Tri-Ethnic Center Model	Readiness survey tool

7. What are the community strengths, assets, weaknesses, and challenges (i.e., resources) should be considered when working on IPV, SA, and TDV issues?		
While working with a community as the assessment is conducted, you may want to ask about other factors or important issues to consider when addressing SA, IPV, and TDV in the community. When gathering information, consider what a reader would need to know to understand the community's assets, strengths, and challenges. Describe any tools that were used in assessing community resources and why they were selected. List people involved in conducting the resources assessment and their roles.		
Topic area	**Examples of data that can be used**	**Data Collection Options**
Resources and gaps identified in the community's prevention efforts	Number, type, and description of resources currently available for SA, IPV, and TDV and intervening variables Relationship between community-based organizations, law enforcement, school personnel, and other organizations Past prevention efforts and their results Factors in the success or failure of past or current prevention efforts, and how lessons learned might be incorporated into future prevention efforts Current policies, environmental attributes, and social norms, and how these affect efforts	Asset mapping Interviews Focus groups Facilitated discussion

Appendix B: *Tips for Successfully Completing Your Assessment*

Interpreting the Results

After the data has been gathered, it is important for the coalition to step back and figure out what it means and how it applies to your community. The following questions can help interpret the results from the data that has been collected:

- What patterns and themes emerge in the results?
- Are there any deviations from these patterns? If yes, are there any factors that might explain these deviations?
- Do the results make sense?
- Are there any findings that are surprising? How can these findings be explained?
- Are the results significant from a clinical or statistical standpoint? Are they meaningful in a practical way?
- Do any interesting stories emerge from the responses?
- Do the results suggest any recommendations for improving prevention efforts in the community?
- Do the results lead to additional questions about community needs, readiness, and resources? Do they suggest that additional data may need to be collected?

Reporting the Findings

The results from the community assessment should be shared in a way that provides clear information that can be used to help guide next steps. The approach used to report key assessment findings may vary based on the desires of the coalition and community. While a PowerPoint presentation may be appropriate for some audiences, others may want to read a formal report and have opportunities for discussion. Coalitions should determine the best means for reporting their assessment findings back to their own community. Regardless of the approach, the following tips should be taken into account when reporting information:

- Share the most important take-away points and highlight key pieces of data that support these findings. If there are surprising or potentially controversial findings, it may be necessary to report additional supporting data in the appendix or an expanded section of the report.
- Consider using graphs, charts, and bulleted lists to present information in a clear, concise way. In written reports, bold font or bulleted lists can be used to clearly identify key points to the reader. Graphs and charts can be used to simplify data and may be a more meaningful way to report information to audiences who are visual learners.
- There are strengths and limitations associated with all types of data collection approaches, and some information can be challenging to gather and interpret. Be forthcoming with the limitations of the assessment so the audience can interpret the data in the appropriate context.

Appendix C: *Sample Report Outline*

I. Introduction

In one to three sentences, identify the purpose of the community assessment, who participated in the development of the assessment, and how this information will be used. Report any concerns that brought local stakeholders to the table to discuss the prevention of SA, IPV, or TDV.

Briefly describe the community, including demographic characteristics of residents and changes in community growth observed over time. It may also be useful to include the number of schools in the community, types of major employers, and other information that describes key aspects of the community.

II. Methods

Describe the methods used to collect data and information for the needs, readiness, and resources assessments, including the names of any instruments that were used. Include the response rate for written surveys or number of key informants/focus group participants, and methods used for transcribing and scoring readiness surveys. Identify limitations of the data collection methods (e.g., surveys were not translated into other languages), when necessary.

III. Key findings

Report the most important information collected through the needs, readiness, and resources assessments, highlighting key findings and important trends to consider. When necessary, describe gaps in the data or limitations that the reader should consider when reviewing this information. Some of the key questions that may be answered in this section are listed below:

What is known about SA, IPV, and TDV in the community?

Using secondary and/or primary data sources, describe SA, IPV, and TDV in the community. When reporting the results, consider if there are specific populations (i.e., cultural groups, age groups, genders) that are most impacted and changes in trends/patterns over time. Consider including regional- or state-level data to put local information into a larger context.

What are the perceptions of residents SA, IPV, and TDV in the community?

After reporting existing data that clearly describe prevalence and areas of community concern, include information about how residents perceive SA, IPV, and TDV in the community. Consider whether the perceptions of residents align with what is indicated by the data.

What factors encourage/discourage SA, IPV, and TDV in the community?

Describe the factors that encourage or discourage (risk & protective factors) these issues in the community. Example areas of interest you can include in this section of the report are:

- Describe the policies that are in place (or are lacking in the community) related to SA, IPV, TDV
- Discuss concerns around social norms
- Resources and service coordination
- Neighborhood socioeconomic status

IV. Recommendations

The synthesis section of the report points out areas of concern in the community, as well as resources and assets that can help the coalition address SA, IPV, or TDV. The recommendations section should offer potential solutions that can be used to address challenges or build on strengths. The types of recommendations will vary depending on the needs and resources of the community. For example, an appropriate recommendation might be, “Focus future coalition meetings on identifying evidence-based models that can be used to address IPV among college students.” This section is also a place to suggest specific resources that may be helpful to the coalition as they work on prevention efforts in their community.

V. Needs Statements

Provide clear, concise prioritized statements of need.

Appendix D: *Other Resources about Needs and Resources Assessment*

The Domestic Violence and Sexual Assault Data Resource Center
Provides information on how data about domestic violence and sexual assault are collected and used in the states.
http://www.jrsa.org/dvsa-drc/index.html

The Community Toolbox
Includes a chapter on "Assessing Community Needs and Resources".
http://ctb.ku.edu/tools/en/chapter_1003.htm

Minnesota Department of Health
Includes "Community Engagement Needs Assessment Fact Sheets".
http://www.health.state.mn.us/communityeng/needs/needs.html

The Asset-Based Community Development Institute
Produces resources and tools for communities to identify, nurture, and mobilize community assets.
http://www.northwestern.edu/ipr/abcd.html

Get Organized: A Guide to Preventing Teen Pregnancy
Chapter 12 is "Tailoring a Program to Your Community Through Needs Assessment".
http://www.health.state.mn.us/communityeng/needs/needs.html

Needs Assessment Report Example
Anchorage Collaborative Coalitions Community Assessment Report
http://alaskainjurypreventioncenter.org/wp-content/uploads/2016/05/ACC-Assessment.pdf

Needs Statement Toolkit
Contains tips and tools to assist in the development of comprehensive needs statements.
http://www.theharvestfoundation.org/library/documents/Needs_Statement_Toolkit.pdf

Alaska Community Prevention Plan Examples
Juneau Violence Prevention Plan (2013):
http://www.andvsa.org/wp-content/uploads/2013/05/yellow-prevention-plan.pdf

Ketchikan Prevention Plan (2012):
http://www.andvsa.org/wp-content/uploads/2010/08/IPV-PLan-FINAL.pdf

Sitka Prevention Plan (2010):
http://www.andvsa.org/wp-content/uploads/2010/08/Pathways-Planfinal-SItka-20111.pdf

Appendix E: *Resources for Community, State, & National Statistics*

Gathering Supporting Statistics to Describe your Community and Issue

There are several statistics you can pull from local, state, and federal databases to help paint the picture of what your community looks like and experiences. Below is a table with examples of different statistics you could obtain from different agencies. Not all of the statistics will be pertinent or relevant to the issue you are addressing or to your community. It is best to find statistics specific to your community or region; however local statistics are not always available, in which case state statistics are acceptable, with national statistics being the least specific to your community. Consider reaching out to your community partners to get assistance gathering this information!

Local Agency / Domain Statistics Resources

Sexual Assault Agencies	• Number and types of assault (e.g., rape, sexual battery). • Number of victims served who reported to law enforcement. • Number of victims served who did not report to law enforcement. • Number of community referrals. • Information about victims' demographics (e.g., age, gender, ethnicity, disability). • Relationship of perpetrators to victims. • Number and types of services provided.
Law Enforcement	• Number and types of assault (e.g., rape, sexual battery, stalking). • Number of sexual assaults reported to law enforcement. • Number of service calls for domestic violence or interpersonal violence • Number of protective and/or restraining orders issued in past 12 months • Number of cases open. • Number of cases cleared by arrest. • Number of cases exceptionally cleared. • Number of cases unfounded (false). • Number of cases unfounded (baseless). • Number of cases suspended/inactivated. • Number of cases closed (no charged, no arrests). • Location of sexual assaults. • Information about victims (e.g., age, gender, ethnicity, disability). • Information about perpetrators (e.g., age, gender, ethnicity, disability). • Number of sexual assault forensic medical collection kits processed by crime labs.
Medical / Healthcare	• Number of forensic medical examinations performed. ○ Adults / Children • Information about victims (e.g., age, gender, ethnicity, disability). • Number and types of assault (e.g., rape, sexual battery). • Number of victims seen at Indian Health Services. • Number and types of services provided. • Number of child protective service referrals.
Criminal Justice / Prosecution	• Number of cases referred by law enforcement agencies annually • Number of cases charged by prosecution • Number of cases declined for charging by prosecution • Number of cases dismissed (after charges filed- at victim's request) • Number of cases dismissed (for other reasons) • Number of guilty pleas as charged and sentences (criminal sexual conduct charges). Number of guilty pleas to lesser criminal sexual conduct charges and sentences. • Number of guilty pleas (non-criminal sexual conduct charges) and sentences • Number of trials • Number of guilty verdicts and sentences (at trial on at least one criminal sexual conduct charge) • Number of guilty verdicts and sentences (at trial on at least one non-criminal sexual conduct charge). • Average and range of number of days from case filing to disposition.

Domestic Violence Agency	• Number of victims served. • Number of victims provided shelter. • Number of referrals made to other shelters. • Number of crisis calls • Number of repeat victimizations. • Number of cases with children involved. • Extent of abuse, fear, or threats. • Arrests- Dual, victim arrests. • Number of restraining (or protection) orders applied for. • Number of restraining orders received. • Number of restraining orders dropped within first six months. • Number of restraining order violations. • Number of stalking cases. • Number of community referrals. • Information about victims (e.g., age, gender, ethnicity, disability). • Relationship of perpetrators to victims. • Number and types of services provided. ○ Total, by gender, by age
Law Enforcement	• Number of dispatch 911/other calls for services. • Number of calls resulting in arrest. • Number of calls not resulting in arrest. • Number of dual arrests. • Proportion of male/female offenders. • Number of calls in which children are involved or observe violence. • Reasons for not arresting. • Number of calls with alcohol involved. • Number of cases assigned for investigation. • Number of cases submitted to the district attorney for review. • Number of cases prosecuted. • Number of domestic violence homicides. • Information about victims (e.g., age, gender, ethnicity, disability). • Information about perpetrators (e.g., age, gender, ethnicity, disability).

Prosecution	• Number of cases referred by law enforcement agencies annually.
	• Number of case filings.
	• Number of plea negotiations and sentences.
	• Enhanced sentences for repeat offenders.
	• Number of trials.
	• Number of cases by disposition (e.g., guilty, not guilty, no contest, mistrial).
	• Average and range of number of days from case filing to disposition.
	• Number referred to batterers' treatment or education program.
	• Number and severity of repeat offenses among those who have:
	  ○ Been referred.
	• Successfully completed treatment of repeat offenses among those who have:
	  ○ Been referred.
	  ○ Successfully completed treatment.

University / Education	• Number of victims seen at campus health services. • Number of students who did not go to school on one or more of the past 30 days due to feeling unsafe at school / or on to/from school • Number of students engaged in physical altercations or suspended due to physical assault • Number of students having felt physically coerced into sexual intercourse • Number of students who dated someone in the past 12 months who had been physically or emotionally hurt by their partner • Number of students who have been bullied on school property

National Web-based Statistics Resources	
Kids Count	http://datacenter.kidscount.org/?utm_source=bing&utm_medium=cpc&utm_campaign=Data%20Center&utm_term=kids%20count&utm_content=Data%20Center KIDS COUNT is a project of the Annie E. Casey Foundation to track the well-being of children in the United States. By providing high-quality data and trend analysis through its KIDS COUNT Data Center, the Foundation seeks to enrich local, state and national discussions concerning ways to secure better futures for all children — and to raise the visibility of children's issues through a nonpartisan, evidence-based lens. In addition to including data from the most trusted national resources, the KIDS COUNT Data Center draws from more than 50 KIDS COUNT state organizations that provide state and local data, as well publications providing insights into trends affecting child and family well-being. Through its National KIDS COUNT Project, the Foundation develops and distributes reports on important well-being issues. Much of the data from these nationally recognized publications, including the KIDS COUNT Data Book, are featured on the KIDS COUNT Data Center.
National Crime Victimization Survey (NCVS)	https://www.bjs.gov/index.cfm?ty=dcdetail&iid=245 The Bureau of Justice Statistics' (BJS) National Crime Victimization Survey (NCVS) is the nation's primary source of information on criminal victimization. Each year, data are obtained from a nationally representative sample of about 135,000 households, composed of nearly 225,000 persons, on the frequency, characteristics, and consequences of criminal victimization in the United States. The NCVS collects information on nonfatal personal crimes (i.e., rape or sexual assault, robbery, aggravated and simple assault, and personal larceny) and household property crimes (i.e., burglary, motor vehicle theft, and other theft) both reported and not reported to police. Survey respondents provide information about themselves (e.g., age, sex, race and Hispanic origin, marital status, education level, and income) and whether they experienced a victimization. For each victimization incident, the NCVS collects information about the offender (e.g., age, race and Hispanic origin, sex, and victim-offender relationship), characteristics of the crime (e.g., time and place of occurrence, use of weapons, nature of injury, and economic consequences), whether the crime was reported to police, reasons the crime was or was not reported, and victim experiences with the criminal justice system.
Census	https://www.census.gov/ The Census Bureau's *mission* is to serve as the leading source of quality data about the nation's people and economy. We honor privacy, protect confidentiality, share our expertise globally, and conduct our work openly.
American Community Survey (ACS)	https://www.census.gov/programs-surveys/acs/ The American Community Survey (ACS) helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.
American Bar Association Commission on Domestic & Sexual Violence	https://www.americanbar.org/groups/domestic_violence.html These charts summarize statutes from all 50 states regarding domestic violence, sexual assault, stalking, dating violence and trafficking. https://www.americanbar.org/groups/domestic_violence/resources/statutory_summary_charts.html Civil Protection Orders: Domestic Violence (8/2016) Civil Protection Orders: Elder Abuse (7/2014) Civil Protection Orders: Sexual Assault (4/2015) Overview of CPO Protections for LGBT Victims (6/2013)
Uniform Crime Reporting	https://ucr.fbi.gov/ucr The Uniform Crime Reporting (UCR) Program has been the starting place for law enforcement executives, students of criminal justice, researchers, members of the media, and the public at large seeking information on crime in the nation. Annual publications include: Crime in the United States, National Incident-Based Reporting

	System, Hate Crime Statistics, produced from data received from over 18,000 city, university/college, county, state, tribal, and federal law enforcement agencies voluntarily participating in the program. In addition to these reports, information is available the traditional Summary Reporting System (SRS) and the National Incident-Based Reporting System (NIBRS).

Specific State of Alaska Web Resources

Alaska's Behavioral Risk Factor Surveillance System (BRFSS)	http://dhss.alaska.gov/dph/Chronic/Pages/brfss/default.aspx The Alaska Department of Health and Social Services first implemented the Behavioral Risk Factor Surveillance System (BRFSS) in 1991. Working with the National Centers for Disease Control and Prevention (CDC), this survey gathers information about the health-related lifestyle choices of Alaska adults. With this knowledge, we can better plan and evaluate health promotion programs to prevent chronic disease and premature death. Today, the BRFSS is implemented in all 50 states and some territories as part of an ongoing data collection system. Each year, results are analyzed to improve our understanding of health habits and measure progress towards health objectives at the state and national level.
Youth Risk Behavior Survey (YRBS)	http://dhss.alaska.gov/dph/Chronic/Pages/yrbs/yrbs.aspx The Youth Risk Behavior Survey (YRBS) is part of an epidemiological surveillance system that was established in 1990 by the Centers for Disease Control and Prevention (CDC). The purpose of the Youth Risk Behavior Survey (YRBS) is to help monitor the prevalence of behaviors that put Alaskan youth at risk for the most significant health and social problems that can occur during adolescence and adulthood, in order to assist in prevention and intervention planning and evaluation. The YRBS survey is a school-based survey of high school students administered in cooperation with the Department of Education & Early Development. This anonymous survey examines a minimum of six categories of adolescent behavior, including: behaviors that result in unintentional and intentional injuries; alcohol and other drug use; and sexual behaviors that can result in HIV infection, other sexually transmitted diseases (STD's) and unintended pregnancies
The Office of Children's Services	http://dhss.alaska.gov/ocs/Pages/statistics/default.aspx The Office of Children's Services (OCS) collects data on children and families referred for child protective services and on providers for out-of-home placements.
University of Alaska Anchorage Justice Center Statistics	https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/ The UAA Justice Center is a teaching and research unit offering academic programs in Justice and Legal Studies. Faculty are engaged in cutting-edge research in justice issues including the courts, corrections, policing, recidivism, violence against women, and substance abuse. UAA Justice Center Alaska Victimization Survey: https://www.uaa.alaska.edu/academics/college-of-health/departments/justice-center/research/alaska-victimization-survey/
Alaska Dashboard	https://dps.alaska.gov/CDVSA/Resources/Alaska-Dashboard The 2017 Alaska Dashboard is a broad overview of population indicators on key issues impacting domestic violence and sexual assault in Alaska. The Dashboard looks at reported incidents, service utilization, protective factors, offender accountability and survey results.
Alaska School Climate & Connectedness Survey	https://aasb.org/2018-school-climate-and-connectedness-survey/ The SCCS is a voluntary statewide survey taken by students and staff since 2006, developed by the American Institutes for Research (AIR) in partnership with Alaska Association of School Boards (AASB) and Panorama Education. It measures positive school climate, how connected students feel to adults and peers, social and emotional learning, and observed risk behaviors at school or school events.

Alaska Specific Research on ACE's	http://dhss.alaska.gov/abada/ace-ak/pages/default.aspx "Adverse Childhood Experiences" (ACEs) are stressful or traumatic experiences, including abuse, neglect, witnessing domestic violence. This report, "Adverse Childhood Experiences - Overcoming ACEs in Alaska," provides more information about ACEs and ways to prevent them. The report summarizes medical research and compares Alaska with other states. The report also discusses social and economic impacts, and strategies to reduce harm. For more detail, see an overview of ACEs in Alaska with data from the 2013 Alaska Behavioral Risk Factor Surveillance System.
Healthy Alaskan's 2020	http://hss.state.ak.us/ha2020/ Healthy Alaskans 2020 (HA2020) brings together partners from many sectors across the state to improve health and ensure health equity for all Alaskans through shared understanding, united efforts, and collective accountability. Led jointly by the State of Alaska Department of Health and Social Services and Alaska Native Tribal Health Consortium, HA2020 is a framework of 25 health priorities for Alaska. Each priority has its own target for improvement to reach by 2020. This framework is based on the latest scientific evidence and the input of Alaskans from communities across the state.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