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Ending Gender-Based Violence: Organization Capacity for Effective Prevention

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Organizing to End Gender-based Violence:

Advocacy organization capacity and development for effective prevention

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Abstract

There is sufficient data available on the risk and protective factors relevant to effective prevention strategies for reducing gender-based violence among youth, however implementation by organizations designed for advocacy is widely varied and inadequate. Multiple barriers exist for advocacy organizations attempting to conduct prevention activities, and little research or guidance exists on the necessary organizational structure and components to support a fully functioning prevention program. This paper synthesizes research on comprehensive prevention strategies with youth and conducts research on advocacy organizations in two states to draw conclusions and recommendations on structural development within agencies for improved youth prevention programs.

Introduction

While research over the past thirty years has provided promising insight for effective prevention education strategy to end gender-based violence, implementation has been slow to follow. The infrastructure exists for advocacy organizations across the country with decades of experience and wisdom learned from advocating with survivors of violence, however many have struggled to transition advocacy work into successful prevention. One component may be that technical assistance has largely focused on individual activities and/or educators, rather than providing more comprehensive support for organizational capacity building in support of prevention. Organizations that were not designed to implement prevention are therefore relying on packaged curricula, individual staff people, or are unable to consistently implement programming at all. Shifting and including technical assistance on organizational structure to support prevention work within advocacy organizations would be a more comprehensive approach.

Drawing upon organizational development models from closely related fields, and using the Principles of Effective Prevention offered by Nation Crusto, Wandersman, Kumpfer, Seybolt, Morrissey-Kane, & Davino (2003) as well as research on risk and protective factors to end violence, this research will begin to establish the components of development and capacity for advocacy organizations to assess and build structural support for comprehensive gender-based violence prevention education with youth. I will identify themes, and opportunities to better support a sustainable framework for prevention strategies in advocacy organizations. Recommendations will be made for further inquiry, technical assistance, and organizational practices to better foster prevention as a core component of the mission to end violence. Future

research may validate a model or tool for organizations, and assess the correlation between components of organizational structure and effective prevention practices.

Literature Review

Context

In ten years of participation in state and national networks of practitioners, it's been clear that efforts to build technical assistance around individual activities and educators has had limited success. There is convincing evidence, discussed below, on the elements of comprehensive and effective prevention practice in gender-based violence and intersecting risk factors. There is less research on the necessary elements of organizational practice, design and infrastructure in crisis and advocacy centers which would be necessary to support and sustain effective prevention with youth. This gap leaves management without practicable tools and guidance for intentionally developing robust prevention programs, and results in unnecessary pitfalls and waste of already limited resources. The literature review provides an overview of relevant research to define elements of comprehensive and effective prevention strategies, as well as organization design concepts which may be helpful in suggesting connections for the support of programs.

Scope of Inclusion

There is a significant body of research, particularly over the course of the past thirty years, studying various aspects and emerging trends in dating and sexual violence (and related fields) prevention. Research for the purposes of this paper was selected to be recent enough to reflect current standards of comprehensive prevention. Papers where the primary research was outside of the United States, or focused specifically on a single curriculum were excluded to focus the literature in the most relevant terms for comparison with advocacy organizations

included in the data sample. The literature was also most heavily sampled around sexual

violence, although direct and sometime explicit connections and overlaps exist between dating

violence and the more broadly inclusive term gender-based violence (GBV). Finally, this review

is specific to research primarily with young adults in school based settings. While research is

being done on general population and community settings, it is less prolific and defined. College-

age populations were the most common found in the research, and are best adapted to the youth

specificity within my research which will be discussed further.

Gender-based Violence

Gender-based violence is pervasive. The World Health Organization (WHO) estimates

that more than one in three women worldwide has experienced domestic or sexual violence, and

in some countries as much as 70% of women are victimized (WHO, 2013). In the United States,

a third of women experience some form of physical sexual violence, 1 in 5 women and 1 in 71

men have been raped (Black, Basile, Breiding, Smith, Walters, Merrick, Chen, & Stevens, 2011),

and a quarter of women who attend college report experiencing sexual assault or misconduct

during matriculation (Cantor, Fisher, Chibnall, Townsend, Lee, Bruce, & Thomas, 2015).

Almost half of victims experience their first completed rape before the age of 17 (Black et al.,

2011), and early victimization is a high indicator of multiple experiences of gendered violence

(Lalor & McElvaney, 2010). The impacts of violence are well documented, long lasting and far

reaching (UN Women, 2013; Bekhouche, Hausmann, Tyson, & Zahidi, 2015)

Sexual violence is one form of gender-based violence, which is a broader conceptual

framework used within this paper, however it is relatively non-distinct from GBV in its usage for

the purposes of this paper. Stephanie Montesanti (2015) defined GBV as having "shifted the

focus from women as victims of violence to gender and the unequal power relationships between

women and men that are created and maintained through gender stereotypes. A gender perspective on violence against women addresses the similarities and differences in the violence experienced by women and men in relation to vulnerabilities, violations and consequences." Prevention, therefore, must acknowledge and seek to redress gendered imbalance reinforced through stereotypes, threats, and use of violence; not just individual attitudes or incidents.

Prevention

In the 30 years since the groundbreaking study by Koss, Gidycz and Wisniewski (1987) on the scope of rape on college campuses, researchers have been working to understand the experience, root causes, risk factors and predictors, and critically, effective prevention mechanisms for the problem of sexual violence specifically and gender-based violence more broadly. The Center for Disease Control and Prevention (CDC) has been a primary source of both funding and research using a public health model for intervention. The public health model converts research into practice through a four-step process: (a) Define the problem; (b) Identify risk and protective factors; (c) Develop and test prevention strategies; (d) Ensure widespread adoption (DeGue, Simon, Basile, Yee, Lang, Spivak, 2012). In this model, "primary prevention" are those activities which prevent the perpetration of sexual violence before they occur, and "emphasizes reducing rates of sexual violence at the population level, rather than focusing solely on the health or safety of the individual" (DeGue, et al, 2012).

Feminist theory is the other major framework for understanding gender-based violence (and is more likely to use this term than more health-based language like "intimate partner violence" or "sexual violence") which understand the disproportionate perpetration of men's violence against women as based in gendered oppression. Feminist theory articulated the concept of rape culture and understands sexual violence as "a continuum of behaviors instead of an

isolated, deviant act" (Lee, Guy, Perry, Sniffen, & Mixson, 2007). Social change from this model is tied to second wave ideology of liberation, revolution, and social justice. Importantly, advocacy organizations, descendants of rape crisis centers established by the feminist movement in the United States in the 1970s to support women escaping from intimate violence are primarily the homes for current prevention practice, albeit somewhat altered from their original conception (WCSAP, 2016). Feminist theory is concerned with the interaction between individuals and cultural contexts, as summed up in the edicts of "the personal is political" and "the means are the ends." There remains some tension between the two philosophies which is largely a matter of aims: Does one work to undermine an oppressive system of social power, and thereby eliminate the violence used to maintain said system? Or does one focus on the immediate problem of violence as one would a disease within individuals? Ellen Pence (2010) asks us if we are concerned with violence or justice. Largely, however, these two perspectives blend and are informed by each other. Both are concerned with larger social systems that inform and are made up of individual behaviors and experiences.[1]

The CDC has sponsored and convened a number of reviews (Tharp, DeGue, Valle, Brookmeyer, Massetti, Matjasko, 2013) and comprehensive overviews of prevention programs aimed at reducing perpetration rates (DeGue, Valle, Holt, Massetti, Matjasko, & Tharp, 2014) which have been undertaken to connect research with practice and federal funding. In addition, "existing [sexual violence] literature and that of other areas (e.g., youth violence, sexual health) provide a strong foundation for improving primary prevention efforts" (Tharp, et al., 2013). While we have significant indicators of what causes sexual violence, translation into primary

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[1] For profit marketing of purportedly prevention focused tools (nail polish, apps, etc.) are rarely theoretically or philosophically grounded, nor are they based in research or evidence. They will not be discussed in this paper.

prevention programs and scientific evaluation remain extremely limited (Tharp, DeGue, Lang, Valle, Massetti, Holt, & Matjasko, 2011). Tharp and her colleagues (2011) point to the responsibility of practitioners, "the onus is on practitioners to be informed consumers of programs and to hold research to the strictest standards of evidence to increase the chance of creating behavioral change through implementing effective strategies." This seems to be simplistic at best. Raynor, York and Sim (2009) argue that "skills are implemented within a structure. If the skills change, but the structure remains the same, there is only limited space for the new skills to operate and other activities are not prepared to leverage the new skills." Without tools for structural organizational analysis to support prevention, technical skills for educators will have limited impact. Currently there are no formal professional or education tracks for prevention practitioners, and as a member of the profession myself with over a decade of experience in the professional field, both the technical assistance and practically applicable research methods are severely lacking.

Within these overviews there are themes to categorize the bodies of research that have been conducted to support youth violence prevention. Studies have identified risk factors for victimization, including being female, and past sexual victimization (Lee, et al, 2007) which do not provide much room for implementing activities to reduce these risks on individual levels. Risk factors for perpetration include being male, hostility towards women, and a sense of entitlement and superiority to women (WHO, 2010), masculine competition among boys to demonstrate dominance (Fahlberg & Pepper, 2016) and to affirm their status as men, protecting themselves from the judgement of male peers (Pascoe, 2007). Peer groups and perceived norms of aggressive drinking and hostility to women also increase risk of perpetration (Lisak & Miller, 2002; Smith, Parrott, Swartout, & Tharp, 2015; Fahlberg, & Pepper, 2016; Kaczkowski, 2017)

and these risk factors provide suggestions for interpersonal and environmental interventions to reduce threat. Work has been done to understand prevention and interventions at different stages within the socio-ecologic model[2] and within specific settings (Lundgren & Amin, 2015). Evaluators have attempted to validate specific curricula and/or strategies for prevention. For example, Bystander Intervention is a strategy; Bringing In the Bystander, Green Dot, and others are curricula which have been evaluated and demonstrate promise at reducing risk factors, if not actual offending behavior[3] (Senn & Forrest, 2016; Tharp, et al, 2011). This category seems least helpful. Demonstrating evidence at reducing perpetration rates is a threshold of research unattainable by most programs implementing prevention activities; thus far there are only two validated youth prevention programs which meet this standard (Taylor, Stein, Mumford, & Woods, 2012; DeGue, et al, 2014). Individual curricula which are evaluated and deemed evidence based must then be implemented elsewhere to fidelity in order to retain the expectation of efficacy, however, Banyard (2014) notes that prevention strategies and impact work

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Societal   Community   Relationship   Individual

[2] https://www.cdc.gov/violenceprevention/images/X-social-ecologicalmodel.jpg

[3] Bystander Intervention is a particularly popular methodology, and has become a bit of a buzz word, especially for college campuses. The intervention methods, developed from social science research stemming back to the rape and murder of Kitty Genovese in 1964, are debatably primary prevention. Theoretically an intervention may prevent an individual assault before it happens, although risk behaviors have already taken place, and the potential perpetrator could reasonably just move on to a more vulnerable victim. More to the point, developing engaged communities committed to safe environments have shown some evidence of successfully reducing perpetration (see: Shifting Boundaries; Taylor, Stein, Mumford, & Woods, 2012).

differently depending on the group, individuals, and setting. Therefore, inflexibility in implementation is contrary to research on effective programs. According to DeGue, et al (2014), "The majority of sexual violence prevention strategies in the evaluation literature are brief, psycho-educational programs focused on increasing knowledge or changing attitudes, none of which have shown evidence of effectiveness on sexually violent behavior using a rigorous evaluation design. The dearth of effective prevention strategies available to date may reflect a lack of fit between the design of many of the existing programs and the principles of effective prevention identified by Nation Crusto, Wandersman, Kumpfer, Seybolt, Morrissey-Kane, & Davino (2003)."

Principles of Effective Prevention

The synthesis by Nation et al. (2003) may be the most valuable review thus far, and is widely cited by other researchers for having provided an evidence base for effective youth risk prevention generally and across issues. They identified nine principles in three categories in order of importance; five principles related to programming, two principles matching programs with audiences, and two principles related to implementation and evaluation. Of these nine, three were identified as most important for influencing positive results: Comprehensive, varied teaching methods, and appropriate timing.

- Program principles: Programs should be **comprehensive** which dictates that there must be both multiple interventions and settings within the preventions strategy (validated by Lundgren & Amin, 2015). Programs should include **varied teaching methods** and specify that the common practices of knowledge and information exchange or group discussion are not recommended; sessions should emphasize active, participatory learning and skill building. There should be a **sufficient dose** which includes the quantity

and quality of contact hours, as well as follow up 'boosters' to reinforce the lessons (Tharp, et al, 2011 specify that effective sexual violence prevention programs should be at least ten sessions). Lessons should be **theory driven** with etiological theories for understanding the causes of the behaviors, and intervention theories for the best methods to change or undermine the risk. And programs should provide opportunities to build **positive relationships** both with peers and adults, which builds protective factors and safety.

- Principles matching programs to audience: Lessons should be **appropriately timed**, such that the information and skills are able to "affect the developmental trajectory of the problem behavior" (Nation, et al, 2003); as it relates to gender-based violence prevention, the emphasis on college students and statistics of youth experiences and perpetration of violence may demonstrate that the interventions should happen much earlier. Information must also be developmentally calibrated, which is related to the next principle. **Sociocultural relevance** should "structurally reflect the beliefs and norms of the population." (Ibid.) Again, this is in direct opposition to canned programs, especially those which require fidelity. Beyond inefficacy, programs which are not relevant to the target population may actually be harmful and undermine the intended purposes.

- Principles related to implementation and evaluation: All prevention should incorporate **outcome evaluation**, lest organizations continue to implement well intentioned programs that are wastefully ineffective or even counterproductive. Finally, quality implementation relies on **well-trained staff** who are able to incorporate these principles into actions.

The transition into thinking about prevention strategies by their components rather than curricula increases the potential for success. With an intentional and secure structure for prevention,

organizations that understand the particular risk factors for their own community, and are able to utilize prevention principles can develop their own activities which would adapt over time and in different audiences for lasting success. DeGue, et al (2014) applies these prevention guidelines directly to the research within current prevention programs to demonstrate success that some have, and challenges of others had at integrating the principles of prevention into programming. They use this as a measurement from which to gauge the efficacy of strategies, even when formal and scientifically rigorous evaluation is not practical. Those programs which demonstrated close adherence to the principles showed promise, those that didn't were less useful.

What's missing from this analysis is that of course, prevention programs don't happen in a vacuum. Little research has been done to determine the appropriate organizational structure necessary to provide the foundation for quality prevention to be developed and maintained. Most of the organizations doing this work were not created for prevention, but for advocacy. Founded out of the feminist rape crisis movement in the 1970s, there are strong arguments to be made that prevention informed by the wisdom and lived experience of survivors, and accompanied by a dedication to being survivor-centered is the most appropriate. Advocacy organizations are also the best suited to respond to disclosures that may come when youth learn about unacceptable behaviors and community resources available to them. However, researchers have found that capacity in these organizations for anything other than this central mission of advocacy can be scarce. Advocacy organizations often focus on individual survivors, rather than the community and population level emphasis of the public health model of prevention (DeGue, et al, 2014). Furthermore, their assessment found that resource scarcity was more complex than an issue solely of funding. Only a quarter of studied interventions were conducted by professional (well

trained) staff; three-quarters were made up of single sessions, with a full half that were less than an hour. Fewer than ten percent contained any strategies beyond the individual. This may be the result of a sense of tension or even competition when allocating resources which may be diverted away from individual advocacy support with survivors in order to build robust prevention work.

There is a desire to reduce the incidents of violence in our communities, and prevention has become a trendy topic, if often ill-informed. Without sustainable organizational structure to support quality work, good intentions will continue to provide lack-luster results, despite the wealth of research that could inform practice. This organizational barrier creates a gap between what we know works and what practitioners are able to access, develop and implement.

Connecting Prevention to Organization Capacity

I hypothesize that by creating and conducting a capacity assessment within organizations and subsequently prioritizing prevention in organizational development and planning activities, agencies will be better positioned to implement effective prevention. This has been supported by the work of Saunders, Sabri, Huberman, Klaus, & Davis, (2011) in their study of organizations working to prevent teen pregnancies. Their study found that organizational capacity needs ran the gamut from "underdeveloped strategic, operational and financial sustainability plans, inadequately trained staff," as well as the need for stronger leadership, including at the board level, and better developed partnerships. They also reviewed literature which found insufficient basic infrastructure including human resources, management capability, evaluation and planning capacity, down to the need for better technology and/or sufficient computers and office supplies. Considering all the connections between the research of Saunders et. al (2011) and this current research of my own, it is reasonable to expect that similar barriers will show up in my interviews with programs working to implement gender-based violence prevention. While funding will

likely continue to be a significant barrier for capacity development, it is an inadequate descriptor of what is missing, and what organizations should be building towards. The question remains: if the money was available, would programs have the necessary resources to implement prevention that would align with research on effective practices? If not, funding will both be more difficult to secure, and less relevant to the question of ultimate impact.

To understand what organizational practices shape and provide a platform for employee behavior, Pence and Sadusky (2005) identified Eight Methods Institutions Use to Coordinate Workers. They posit that individuals are not at liberty to conduct their work as they see fit, but are instead guided by the parameters of their institutions. The methods include (a) Administrative Practices; (b) Rules and regulations; (c) Linkages; (d) Resources; (e) Education and training; (f) Concepts and theories; (g) Mission, purpose and function; and (h) Accountability. These can be superimposed with the guiding principles of effective prevention by Nation et al. (2003) where education and training lead to well trained staff (which in turn are better able to use varied teaching methods, provide appropriately timed and sufficient dosages, and increase relevance). Accountability corresponds with evaluation; mission, purpose and function support theory driven work; linkages build positive relationships, and so forth. While the Eight Methods were developed to better equip advocates to work with outside institutions, organizations may benefit from turning the analysis inward to assess how prevention practitioners in the organization are shaped by the Eight Methods, and for planning to create more supportive shifts.

Raynor, et al (2009) developed a tool using the Core Capacity Model for organizations to analyze and build advocacy capacity. They are defining advocacy differently, as an activity within (primarily) non-profit organizations to lobby and influence public policy; not advocacy in addressing gender-based violence. While not specific to the organization type of member-

programs directly, nor regarding prevention activity capacity, this assessment could provide a very useful outline for future researchers to follow with shifted focus to prevention in GBV organizations. The authors note that the structure of an organization shapes the skills developed by employees, and provides the space for necessary skills to flourish. Like with GBV prevention organizations, there is often a sense that the direct advocacy work feels more pressing, and can be used as an excuse to ignore the systematic structuring of organizations for more obviously applicable technical skill building, but this is short sighted and ultimately ineffective. They advise that for work that requires philanthropic funding and may to conduct compelling outcome metrics, demonstrating strong organizational capacity can be established as a predictor of success, and thereby fill gaps in evaluation (Raynor et al, 2009).

Finally, the Missouri Coalition Against Domestic and Sexual Violence (2012) put together guidance technical assistance for programs on building organizational capacity for prevention, almost exactly the focus of this paper. They assert that "building the capacity of an organization to fully incorporate the social change of primary prevention includes organizational assessment and evaluation, strategic planning, resource development, communication strategies, succession planning, and Board and staff development." By virtue of fully integrating prevention across the organization, there is less reliance on one individual or teach which limits the impact of prevention and puts the organization at risk should the individual leave. While the document has helpful suggestions and considerations, it is the product of best thinking, and has not been evaluated by research.

Overall, here is a dearth of research or guidance on organizational structure or assessment for advocacy organizations that address gender-based violence. This gap is surprising because while this may be a professional niche, there are federally recognized coalitions in all 50 states as

well as some territories, and subsequently many member programs from which to draw from, and that would benefit from targeted research. There is also a clear investment in research, and requirements for proof of efficacy, on the prevention of gender-based violence, and a recognition that technical skills for practitioners are not sufficient in isolation. We know that the structure and management of organizations shape employee behavior and program success, yet have failed to make the connections in the support of developing organizations. The importance of this was recognized in 1972 when the first rape crisis center published a pamphlet to support other similar organizations develop by sharing their process (Rape Crisis Center Washington DC, 1972) but has seemingly been neglected since. In relying on research or management guidance that does not take the nuance of this particular work into consideration, we may be doing a disservice to our own efforts and impact. By analyzing anticipated barriers alongside opportunities for agency decisions within this paper, suggestions can be made for any individual organization to develop space and strategies for prevention.

Summary

The literature is relatively significant on elements of proven efficacy for comprehensive prevention programs to prevent gender-based violence, or at least risk factors of violence, with youth. While themes and correlations are strong between organization development and capacity structure and prevention activities, there is a dearth in the literature making these connections directly and supporting agencies to implement strategic, structural shifts towards prevention. This article attempts to narrow the gap between by providing insight on the connections between organizational leadership and prevention practices measured against what research has shown to be effective. Assuming that effective programs will have different organizational structures, comparisons will provide suggestions for infrastructure assessment and development such that

future research may be able to create a validated tool for use in organizations committed to ending gender-based violence. The conclusion and recommendations should provide some resources towards answering the question: What infrastructure and organizational capacity needs to be in place for advocacy organizations to deliver quality gender-based violence prevention programs for youth? In the next section, I will provide a first step in addressing these questions by outlining my methodology for first person accounts of organizational structure and youth violence prevention efforts in advocacy organizations from two states.

Research Methods

Participants

The literature provides a working definition of comprehensive prevention, as well as components of organizational structure which may impact employee and program efficacy. In order to identify and test the existence of and connections between these two bodies, interviews were conducted with both prevention practitioners and managing directors (Executive or Program) of advocacy organizations. Participants were recruited as member programs in federally recognized state coalitions against domestic and sexual violence in both New Hampshire and Vermont (Appendices II.). These programs are primarily tasked with providing advocacy for survivors of domestic and sexual violence, so programs were only included if they also identified some component of their work as prevention education with youth. Programs' interpretation of this work was wide ranging, and terms were understood differently across programs, the distinctions are discussed below.

Interviews were conducted with eleven organizations (out of twenty-seven member agencies in the two states), and included eight directors, seven practitioners and one state coalition employee responsible for youth program support. The hope was to interview directors

and practitioners from the same organization in order to look for themes or distance in response based on role. Ultimately most organizations were only able to provide one or the other for interview participation, only four organizations (one-third) provided interviews from both employee roles. One program included is the organization at which I am currently employed as a prevention practitioner, the interviews were conducted with the Executive Director, and Prevention Manager. Another interview was conducted with my sister, who works for a quazi-member program emphasizing advocacy with LGBT youth. Finally, the interview with a coalition staff member specializing in youth technical assistance provided a broad, state-wide view of the prevention work and variation across member programs in that state. This also provided information on the current funding and technical assistance available through the coalition to member programs, and a historical sense of the development and implementation of prevention within advocacy organizations.

Instrument

Qualitative data was collected from these interviews via questions (Appendices III.) developed to draw out indicators of effective prevention programming, especially as defined by Nation, et al. (2005) as well as structural systems which may support or create barriers to prevention, as suggested by Pence & Sadusky (2005), Saunders et al. (2011) and DeGue et al (2014). Information was also solicited from organizational documentation available publicly from participating organizations, such as strategic planning documents, job descriptions, and mission and/or vision statements. These documents were not available across the board, and so represent a smaller sample.

Informed Consent and Confidentiality

All participants signed an informed consent form (Appendices I.) documenting that they understood the risks, benefits, and confidentiality of the information collected during interviews in advance of our conversation. Participants were also offered an opportunity to ask questions, clarify, or request accommodations at the start of the interview, throughout the duration, and anytime in advance of publication. Risks and benefits were both minimal for this study, however assurances were made, especially in the event that interviews occurred between employees and their supervising directors, that information would not be shared or identified. Findings in this paper will be presented in aggregate, and neither individuals nor programs will be identified by name in order to preserve the anonymity required to foster candid responses. Written documentation of interviews will be destroyed within six months of publication.

Analysis

A thematic analysis was conducted on collected interviews and supplementary source materials to identify themes related to prevention and organization capacity, and to synthesize practical examples demonstrating confirmation or distinctions from the literature. Findings from this analysis were consistent with the hypothesis, but were more nuanced and varied among programs than anticipated, these results will be presented in depth in the following section.

Commented [r3]: Seems weak but not sure how to transition any better?

Results

Mission and Vision

Mission and vision statements were available for most, but not all participating organizations. Of these, seven mentioned prevention (3) and/or education (5) by name; six highlighted a mission to end or eliminate violence; and eight included "social change" and/or descriptions of the kinds of communities that would exist in the absence of violence (e.g. "to promote a culture…" or "We imagine a world…"). Arguably, prevention efforts are appropriate

Commented [r4]: I think probably that some of my subheadings here are not quite right…
It also seems like perhaps some of the results section blends with the discussion? Is this appropriate?

for organizations with missions that aim to end gender-based violence, so developing programs, departments or strategies for this would not constitute mission drift or require major philosophical restructuring. Interestingly, many of the programs interviewed had recently gone through a process of re-creating and re-stating their missions, and many had made a point to explicitly emphasize prevention and/or education as part of their core focus. Relatedly, many of the respondents did not have their mission statement memorized or at the forefront of their program designs; others referred often to their mission as rationale for their prevention work. Engaging a broad swath of invested stakeholders including staff, volunteers, Board members and community partners in mission revisions is one way in which programs had capitalized on an opportunity to talk about prevention as deeply connected to the work of ending violence, and articulated value in having had conversations about the role of both prevention and advocacy work within the aspirations of the organization.

Definitions of prevention and education

The distinctions in mission/vision language filtered into the organizational conception of prevention work. Where "end/eliminate/educate/prevent/change" all set up organizations towards different work and goals, so did they shape the way that prevention was understood in terms of activities and strategies. Organizations had vastly different definitions and language to describe their prevention work with youth. While this was not specifically asked of each individual (an oversight in retrospect), this became clear quickly as programs were asked to describe their prevention programs and planning. Some organizations described their prevention programs largely as education and/or outreach regarding the issues of domestic and sexual violence, with the primary goal to raise awareness within their communities. Prevention activities are those which have direct learning objectives related to influencing risk and/or protective factors for

preventing perpetration or victimization. Education/Outreach and Prevention are therefore related but distinct activities.

Some also described their prevention work as largely (or wholly) targeted at adults in attempts to improve adult response and support for youth in their lives. This approach speaks to the attempt to the need to implement multiple and varied activities across audiences, but was more often done instead of, rather than alongside of, prevention strategies engaging youth themselves. These could also be seen as attempting to bolster adult responses to youth who are already at risk of or experiencing violence, and would not be considered primary (before violence) prevention, although obviously important work. Programs that did work directly with youth did so mostly through school relationships, and often those relationships were with individual educators and could shift with personnel changes, rather than becoming institutionalized between the school and agency. There were only a few programs that had long-term, multi-session programs embedded in school curricula regularly over the course of years. None had done so successfully across every school in their respective areas.

Organization structure for prevention

The most common challenge among advocacy organizations that implemented prevention was a sense of tension or resource imbalance between the advocacy and prevention programs. Some articulated that there was a real sense of competition between the two; the sense that to allocate more resources to prevention would be directly taking from already scarce resources being used to support victims of violence. Programs that experienced this undercurrent expressed a sense of guilt and divisiveness, as if there was an accusation that lobbying for prevention resources undermined the survivor-centered ideals of the agency. Others didn't articulate the emotional complications, but clearly recognized the inequality in available funding and/or

immediacy for advocacy versus prevention. While employees may desire equal emphasis on both sides, federal and state funding actively and significantly prioritize advocacy (and disallow prevention). Organizations without significant fundraising capacity struggled to find funding enough to develop long-term prevention plans. Those that did have distinct prevention funding and staffing still could express some challenge in holding prevention work as a priority when advocacy demands were high – ignoring the crisis line or doorbell in order to properly plan a lesson seemed nearly impossible.

Funding was discussed at length in most interviews, but findings were much more nuanced than what one would assume about the barriers of resource scarcity. While it is, of course, the case that programs on the whole are underfunded and make difficult decisions within an under-resourced landscape, funding also shaped the prevention work in other ways. One interesting theme that deserves further inquiry suggested that organizations which developed fundraising efforts to support prevention – especially direct donor requests (as opposed to general community/fundraising events) – as a result seemed to build and shape management's articulation of prevention and solidify its place within the strategic plan. These organizations had more nuanced and integrated frameworks for prevention, and were more likely to have greater buy in. Board members were more likely to be mentioned as supportive and invested in prevention work, directors had more complex language and descriptions of the prevention programs and importance of prevention for the organization's mission, and of course, the funding supported more staffing and resources for intentional programming.

Staffing strategies varied by organization, sometimes intentionally and other times dictated by limited funding. A few programs funded prevention staff through federal sources which limited prevention to 30% of the scope of work. Other programs valued a mix of advocacy

and prevention within an individual's job description as a way to keep close connections for learning from survivors and working with youth. Organizations with the largest prevention education programs had specific and multiple employees whose work was exclusively prevention related. All programs – even those with one or fewer prevention FTEs – highlighted the importance of multiple people on staff engaging in prevention work. Isolating prevention to a single staff person created programs which relied heavily on individuals rather than organizational capacity, and were susceptible to dramatic shifts depending on the individual fulfilling the role. It was also seen as less sustainable and integrated, and more tokenized work without multiple staff. Some agencies organized themselves to have multiple employees doing prevention part-time, others had the resources to have multiple full-time educators. These tended to have the most sustained relationships with schools and youth organizations, and were more likely to experience staff transition with less impact to the overall program. Again, this seemed to be a cyclical relationship; more staff created a more stable program with richer and more entrenched relationships with youth based organizations, this was seen as an attractive and more vibrant, easy to understand pitch to donors and funders which in turn supported the resources necessary to maintain staffing.

Barriers for prevention

Barriers to comprehensive prevention with youth seemed to evolve based on the position and stage of prevention development. Organizations that were more recently working to build prevention capacity (or were fitting it in as possible) were more likely to find access to youth a barrier. Some experienced school administration and/or parents as resistant to the content and/or more difficult to work with. More stable or robust prevention programs no longer articulated this as the biggest barrier, and many noted a shift away from the time when talking with youth about

violence prevention was seen as controversial or inappropriate. Some of this shift may be a result of national conversation on especially sexual assault on campus or harassment by famous figures. Agencies with established youth violence prevention programs more often cited capacity as a barrier – not enough staff to respond to all of the requests for workshops and/or not enough funding to hire more[4]. A possible extrapolation from this finding is that community knowledge of the organization as a prevention resource, and community perception that the organization's work was reputable reduce barriers for entry. Programs that are more likely to be seen as solely support for survivors may have less credibility, and definitely fewer relationships with educators, to facilitate collaboration.

Staff turnover was also a significant barrier. Most programs cited that their education/prevention staff were the most likely to guide planning and implementation of prevention, in some organizations they were the only individual with this responsibility. This increased the likelihood that institutional knowledge could be lost during staff turnover, program content would vary widely depending on individual strengths, interests, and access to information, and high turnover also negatively correlated with the professional strength and quality of the program. Most programs also had relatively vague requirements and qualifications for hiring new staff. Because there is not a clear career trajectory for this profession, and professional development opportunities are not well defined or universally accessible, the

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[4] Only one program had a practice of asking schools or youth organizations for money in support of the prevention programming. Federal funding requires that services be offered free of any fees, which prevents charging for work even when the cost is significantly higher than the funding received can support. Most programs saw this also as an ethical mandate to provide prevention education accessibly and regardless of ability to pay, even if this hampered quality and quantity due to capacity. One program had responded to this challenge by publicizing acceptance of donations from schools or institutions in support of their work, but not requiring financial contributions.

professional background of educational staff varied widely. Many programs hired from within and staff transitioned from other roles into prevention without a related background. Others hired from loosely related fields or with some experience working with youth. The most widely cited professional development resources were the internet and technical assistance from state coalitions. Without a framework for critical analysis, interpreting the value of various resources would be impossible, and programs or staff may end up implementing what they find most readily, rather than what would have the most impact or are the most philosophically and empirically sound. This also lead to highly adapted content dependent on the school, request, or opportunity. Many agencies did not have consistent programming which they offered to schools, but were more likely to engage with the schools around their content requests. This further distances prevention programming from research and expertise but allowing implementation to be led by individuals without any professional connection to the field. Programs will not be comprehensive or consistent, students will have different access to information based on chance, and evaluation cannot be reliable and compared to identify themes or areas for improvement.

Finally, and relatedly, most programs did not have scientifically based evaluation methods for prevention activities or strategies. Without dedicated resources, this was often seen as impossible beyond perhaps pre- and post- experience surveys. Even these were largely relegated to only multi-session programs with older youth. Evaluation was also not seen as a core component of staffing qualifications, and was further complicated by the mix of professional backgrounds of staff and inconsistencies in prevention programs. Curricula available for purchase which had been scientifically validated was often not seen as a suitable alternative because of cost, or because fidelity to the program would be irrelevant or impossible in the local setting.

Discussion

The very first rape crisis center understood the centrality of prevention in what they were attempting to accomplish, and the organized themselves accordingly when allocating time and resources. "When a woman calls us after she has been raped, it's too late for 'rape prevention tactics'…speaking to groups of women, therefore, and emphasizing rape education, not only allows us to reach more women, but to be more effective to each individual woman. It allows us to reach women before they are raped, and, perhaps, prevention some rapes" (Rape Crisis Center, W. D., 1972). Since then, some connection has been lost between advocacy and prevention in the ways that advocacy organizations have been designed. Prevention is only newly being re-recognized as central to the work of ending violence.

Prevention activities and capacity across member organizations in Vermont and New Hampshire were enormously varied, which is not ideal for large-scale movement to end gender-based violence. Working independently within service area silos necessarily limits a collective response to a global issue. While there are potential benefits to smaller-scale work to more closely identify socio-cultural relevancy, this was not identified in program interviews as such. Instead, practitioners were relying on outside entities for activities and approaches, and their own experience and style for implementation. There is an additional burden for this work in relying on such well-intentioned but unevaluated suggestions for strategy and activities: beyond wasting time and resources on ineffective approaches, there is risk of harm from activities that reinforce victim-blaming or rape-acceptance norms rather than undermine them. Programs with good intentions and already scarce resources could actually implement programming that utilized time and money to unwittingly reinforce risk of perpetration. Because this is a global issue, this would not only be dangerous for one service area, but would undermine the prevention work across the state and in the field. Knowing that the issue of dating and sexual violence is not contained by

service area, nor is the popular culture and messages which reinforce risk factors for harm, and that the consequences are beyond net neutral for getting prevention work wrong, programs could do more to leverage scarce resources and more collectively and collaboratively share strategies for implementing comprehensive work through the networks available via the state coalitions. Instead, feedback was mixed about the value of professional development through the coalitions, identifying such vast diversity in the programs and therefore technical assistance which wasn't universally applicable.

The research review conducted by Nation et al (2003) more than a decade ago on effective practices in prevention should have served as a functional platform for organizations to have based their prevention work, however responses from this research demonstrates that implementation is still widely varied and inconsistent. Starting with the three most critical components of effective prevention practice identified: that the teaching be comprehensive; involve varied teaching methods; and be appropriately timed within the population's developmental stages, survey responses are considered within the Principles of Effective Prevention. Comprehensive, varied methods and appropriate timing suggests that prevention activities would necessarily be multi-sessions, across the age-span of youth but critically initiated early. Responses from programs varied about the current status of meeting these ideals. While most were successful in implementing varied teaching methods, almost all were within one setting (i.e. a classroom), and almost all articulated an emphasis on changing knowledge and attitudes rather than on building skills, despite there being limited evidence that knowledge or awareness of an issue will meaningfully change behavior.[5] Programs struggled more to be

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[5] "Attitude is merely a risk factor for sexual violence, and a successful change in attitudinal measures does not necessarily suggest an impact on behavior. There is a meaningful difference

comprehensive, often relying either on external factors for access (i.e. were limited to fewer class times than would be ideal because of the school schedule) or capacity (too few staff to meet the demands of ideally implemented programs). Finally, the development and timing at which a program was able to access youth seemed more a matter of chance than intention. While most programs recognized the importance of early exposure to information for youth, and the evolving issues and relevance for youth at different developmental stages, most programs specialized in one level or another. For example, one program was wildly successful with elementary school programming and had significant access across schools for this age range, but struggled to reach high school aged youth. Other agencies had the opposite experience and found high schools much more open to collaboration than were younger grades. Only one program had consistent programming for students from elementary through high school, and reported that even this had not met demands for sufficient dose.

Limited access to youth regularly and across environments hampers other Principles of Prevention; sufficient dose, as mentioned, but importantly it also inhibited the positive relationships developed between adults, peers and youth. A number of programs cited the positive relationships they developed with schools, educators, and young people as one of their most important goals and/or indicators of success, yet the limited access and temporary nature of programming (invited guests to schools) hampers meaningful and lasting relational support. This is exacerbated by staff turnover or inconsistent programming across years.

Programs articulated various, and sometimes absent, theory bases for their programming. While most used some form of public health and/or feminist theories for social change, some did

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in how success is defined between these two approaches: one is to impact a contributing factor, while the other is to impact the behavior itself" (Parker, 2017).

so unintentionally or without a firm grasp on how where and why those theories were guiding their work. Some practitioners talked about moving away from even a gendered understanding of violence in attempts to be more well received in their communities, but struggled to identify how then the program could address risk factors directly associated with gendered stereotypical beliefs and behaviors, or how to realistically portray the enormous gender gaps in perpetration and victimization by merely changing the pronouns used in case examples. Many programs seemed to struggle with competing interests of presenting programs as non-controversial and/or widely accessible while maintaining a comprehensive etiological and interventional theoretical framework. Different programs made different compromises between the two – some holding more stridently to theory at the risk of some backlash, others eliminating potentially essential foundational premises in favor of being more likeable. Some of this was unintentional, perhaps, and based on the background and impulses or experience of the prevention staff and/or management.

Well trained staff is difficult to quantify in a field without professional training standards, and is the prevention principle most obviously tied to organizational capacity. Staff need to be well selected, trained, and supervised, but there is a dearth in guidance for the essential qualities of each of these to maintain qualified individuals. Furthermore, high turnover, low morale, uncompetitive wages and low organizational buy-in all counteract even competent staff. One prevention practitioner who spoke most strongly about the disappointment they felt as the sole representative of prevention work in an organization that they felt more strongly valued and prioritized advocacy quit after nearly a decade in the profession before the publication of this paper. Many organizations talked about uncertainty about available research or evidence on what works in prevention, and those were more susceptible to implementing adaptations requested by

schools or others without an appropriate gauge for the benefit or harm that may result from these variations. Programs weren't able to frame themselves as experts that could provide guidance to schools, and instead were responsive to educators who generally had even less available information about what works for the prevention of gender-based violence.

Of course, without well trained staff, a clearly articulated theoretical foundation or consistent and meaningful access to youth, outcome evaluation becomes moot if not impossible. This absence of evidence for programs themselves and the field at large on the impact of gender-based violence prevention with youth is an enormous disservice to the movement and a barrier to expanding potentially successful interventions. It's exasperated by other barriers including funding requirements for evaluation but not financial support for such, insufficient staff training on evaluation measures, etcetera. One program in the study had gone to great lengths to evaluate the impact of youth programming and had successfully solicited funding for the project, hired a reputable evaluation consultant, and outlined an evaluation plan only to have the state legislature pass a bill which requires affirmative parental consent for any youth evaluation measures – which drastically undermines the likelihood of a representative or large-scale response. This in turn stalled the IRB process which has now been held up in committee for five months.

Recommendations

Recommendations for more comprehensive, accessible and collaborative capacity building within advocacy organizations for prevention strategies are centered around leveraging existing research on effective prevention practice to provide support to individual advocacy organizations for program development. Perhaps mirroring the work of Raynor et al (2009), guidance for hiring qualifications, evaluation, and professional development opportunities

connecting research to practice would go far to bolster the efforts already underway to varying degrees across agencies.

Further research to establish a validated capacity assessment for organizations and their community would provide a necessary tool for planning and strategy that integrates stakeholders, Board members, and staff across departments. At minimum, organizations should be able to articulate and share the resource allocation between advocacy and prevention work and assess the comparison as it relates to the shared mission and goals of the organization. Likely programs that want to increase capacity for prevention will need to allocate both prevention specific staff as well as fundraising and development. Agencies could also benefit from a shared vision about the interconnectedness and reliance on both advocacy and prevention to reduce or eliminate potential tension. Some programs have been creative with ways of organizing to undermine the sense of competition that could exist around resource scarcity. A few have shifted language to reduce the sense of distinct departments to instead articulate different roles within the mission to end violence; others have created more specific programs to break down the binary sense of labor division within the organization.

Organizations should have clear objectives for prevention activities and develop planning, hiring, resource allocation, and community positioning in support of those goals. Programs that rely on opportunity and invitation to implement prevention often end up executing ineffective activities, ultimately wasting already scarce resources. For example, Agencies are often invited to present to schools in large groups or assembly settings. Those with smaller prevention capacity were more likely to agree to these activities which meet none of the principles of effective prevention. Single session, large group, and lecture driven are least likely to have long term impacts, and yet most likely to be implemented by those who have fewest

prevention resources. An anecdote shared from a meeting of prevention staff at a state coalition meeting illustrated this point: practitioners had access to an evaluation consultant from a well known evaluation consultant for research on gender based violence, who was presenting on crafting prevention activities based on research on the theory of change. Practitioners expressed intense hesitation and doubt that their organizations had the resources or capacity to meaningfully incorporate the research into their work with youth. An example was then given of an assembly presentation that centered around a case scenario of sexual assault. Instead of building skills and critical assessment with young people on the dynamics and risk factors of perpetration, the students left further cemented in victim-blaming and myth beliefs. Organizations would be better served by carefully evaluating opportunities, rejecting those which are not likely to be successful based on research outlined in this literature review, and instead investing more in creating opportunities and activities that carefully align with best practices.

> **Commented [r5]:** This feels a little risky. I think it's hyper relevant but also may ruffle some feathers…

This work should be shared across the organization, and not centrally reliant on one particular staff member in order to maximize the likelihood that unintentional consequences from under-examined activities undermine success. Organizations can be intentional about transparent planning and objectives to develop shared vision including the board and all staff and volunteers with shared emphasis between advocacy and prevention. This can also temper the impact of staff transition. One state coalition in providing recruitment support for this research realized that nearly ½ of the member agencies in the state had either an empty prevention position for which they were currently hiring, or had no prevention position at all.

Technical assistance for education and prevention professionals that is accessible for resource scarce organizations and establishes a research and philosophical foundation, rather than activities focus. This would better prepare new hires or those interested in the field with a

certification process that builds flexible and applicable professional skills related to prevention. Prevention staff would be better able to establish programs that could assume impact based on available research being done, and would have higher critical capacity for assessing community needs and strategic impact. State Coalitions could be well situated to provide this support to programs by facilitating regularly updated literature reviews on emerging and promising practices in prevention; advocating with funders to prioritize prevention capacity building, establishing credibility for member programs as content experts, providing sample job description and hiring qualifications, and convening collegial resource and knowledge sharing. Coalitions have been challenged at this because of the diversity in skill, framework, capacity, and interest in prevention across member organizations. By focusing less on specific activities and more on foundational skill and philosophy as well as emerging research and development, coalitions would be better able to support the wide range of prevention positions.

Conclusion

Organizations produce the outcomes that they are designed for. When agencies that were designed for advocacy and support to survivors of gender-based violence leverage their knowledge and access to survivor insight into prevention activities, organizational structure must also be reimagined to fully support successful implementation. Skills and qualifications necessary for superior advocates are not necessarily the same for effective prevention practitioners, and similarly for policies, practices, and culture within the organization. For advocacy organizations to successfully implement a robust and comprehensive prevention program, the underlying structure must shift and be reimagined as well. Implementing prevention relies not only on the qualities and qualifications of well-trained staff (although this is critical) but also on the funding, management, and configuration of the organization. Advocacy

organizations to end gender-based violence are well suited to take on this role, but thus far many lack consistent and comprehensive technical assistance, organizational development strategies, and professional candidates to fully implement what research has demonstrated as effective and impactful. Further research and program development for technical assistance and capacity assessment would support organizations and eliminate wasted energy and resources of individual attempts to design prevention work in isolation.

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Appendices

I. Informed Consent Form

1. **Purpose of the Study:** This study is a graduate thesis for Kate Rohdenburg (WISE) which seeks to understand the connections between organizational development of anti-domestic and sexual violence non-profits and their prevention education capacity.

2. **Description/Procedures:** The use of human participants in this project has been approved in compliance with Granite State College's Guidelines for the Protection of Human Subjects in Research. If you volunteer to participate in this study, upon receipt of this signed consent form, you will be asked to participate in an approximately 30-minute phone interview with the researcher regarding your organization's prevention work with youth.

3. **Potential Risks:** This study is not an assessment or judgement of the quality of participating organizations. It is meant to understand how advocacy agencies are building structural support and organizational capacity to implement effective prevention of violence. However, many people doing this work are not yet able to implement programs to the extent that they would like. Participants may have feelings of regret, or overwhelm when thinking about challenges and barriers as a result of this research. Participants may also feel fearful that candid responses, if seen or identified by colleagues, may be detrimental to their relationships or even employment. Participants can be assured that no identifiable information will be shared with others. All reporting will be done in aggregate, and in relation to the greater research question and metrics, not specific to individual organizations. All data will be kept on a locked computer, and destroyed within 6 months after completion of the final report, no later than May 2018. Further accommodations can be made by request by contacting the researcher prior to participation, and participants can change or revoke their responses at any time prior to publishing.

4. **Potential Benefits:** Individual benefits are negligible, however organizations may benefit from aggregate recommendations by the researcher as a result of the data collected to support capacity building for prevention upon request. Participants will receive a final copy of the research report upon completion. Participants in the study will be contributing to benefit in the field by virtue of knowledge base, especially around evaluation methods for prevention.

5. **Participation and Withdrawal***:* Participation in this study is voluntary. If you volunteer to be in this study, you may withdraw or be withdrawn at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. No coercion of any kind is used in seeking your participation.

6. **Payment for Participation***:* No compensation is available for study participants.

7. **Confidentiality**: Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as is required by law. No part of this study will require disclosure of individual responses, nor will organizations be mentioned by name. Personal identities

won't be collected, individuals will be identified in the data by job title and organization, this information won't be included in public reports.

8. **Identification of Investigators**:

   The primary investigator is Kathryn Rohdenburg, k.rohdenburg@go.granite.edu.
   Supervising faculty is Kelly Clark, kaclark@go.granite.edu

9. **Rights of Research Subjects**: Information gained about you as a result of your participation will be provided at the conclusion of the research if you request. You may withdraw your consent or your data at any time and discontinue participation without penalty. If you have questions regarding your rights as a research subject, contact the Office of Academic Affairs at the GSC Administrative Center, 603-228-3000. Please contact the Kate Rohdenburg, k.rohdenburg@go.granite.edu, if you are interested in receiving a summary of the research results.

10. **Consent and Signatures**: I understand the procedures described above. My questions have been answered to my satisfaction. I have been given a copy of this consent form to keep. I consent to participate in this study.

_____

Age 18 and over research participant: Date:

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Investigator: Date:

Solicitation for participation in this study has been approved by the IRB.

II. Recruitment email

Hello,

In culmination of my Master's Degree in Management from Granite State College, I am conducting research on the impact of organization structure on advocacy organizations' capacity for effective prevention strategy. I am asking for Executive Directors and employees involved in prevention strategies at advocacy organizations to participate in my study by spending about 30 minutes by phone being interviewed by me. Questions will focus on current capacity, success, and challenges of prevention at your organization, as well as organizational infrastructure. All participation is voluntary, confidential, and would be enormously helpful to inform my thesis.

Participating organizations will receive a copy of the final study with recommendations for organizational development to support comprehensive prevention strategies, and my gratitude.

If you are interested in participating, please reply to this email with dates and times that are convenient for you to spend about 30 minutes on the phone with me. Please feel free to also contact me directly for any answers or information about the study to inform your participation decision.

Thank you,

Kate Rohdenburg

III. Interview Protocol

Date:

Program:

Position:

Time Started:

Time Finished:

Total Interview Time:

Introductory Statement

Thank you for agreeing to participate in this interview. The goal of this research is to propose connections between advocacy organization's structure and capacity to provide comprehensive prevention education with youth. My hypothesis is that there are components of infrastructure that can support effective prevention, and I hope that this research provides a first step towards further work that could create models or frameworks for organization assessment and development towards the prevention of gender-based violence.

This is a very preliminary research project, but I so appreciate your time and insight. You've read and signed the consent form, so you know that all notes will be recorded without names, and that my report will only contain themes and trends, no programs or individuals will be named. If you don't have an answer, or would prefer not to respond to any of the questions that's completely fine. Do you have any questions before we start?

There are two sections of questions: one set of general questions for everyone to respond to, and another that is more specific to your role at your organization. The questions should take about 30 minutes, although educators may take a bit longer. They are in no particular order, so may not seem sequential to you.

Universal questions

1. How, if at all, is prevention included in your organization's mission and vision statements?
2. Do you consider your prevention program sufficient? If not, what are the barriers?
3. How is your prevention program funded?
4. What are your organizations' required qualifications when hiring for prevention positions?
5. What are the practical goals and objectives of your prevention programs? How do you gauge when those goals are being met?
6. Who at your organization is involved in the development, structure, and implementation of your prevention programs?
7. Please share what you are most proud of in your prevention work, and what you most wish for to improve your work.

For Executive Directors

1. What are the primary factors influencing prevention work at your organization?
2. Does the organization have a strategic plan?
3. What are the priorities for prevention development in the next 1-3 years?

4. What specific resources would be helpful to your organization to develop comprehensive prevention programming (if it doesn't exist already)?

For Prevention Educators

1. Please describe your prevention program. Include topics and/or activities, audiences, number of interactions, who facilitates, etc.
2. What informs your prevention work? Where/from whom do you find inspiration and professional development?
3. What guides your prevention programming? Are there specific theories, strategies, or frameworks that shape the program?
   1. Root causes of violence
   2. Major areas of study for prevention
4. What are the learning objectives of your programs?
5. How do you adapt your prevention messages depending on audience?
6. How are most of your programs initiated?

Closing

Is there anything that you'd like to share about prevention education with youth that did not come up so far in this interview?

Thank you again so much for your time. All programs that participate will receive a copy of my final research report. Please let me know if you have any thoughts, questions or comments that arise later on.