

# Ohio's Primary Prevention Capacity

 A State of Prevention: Exploring Ohio's Prevention Landscape Report




# Introduction

Sexual violence is a pervasive public health concern that affects millions of people each year (Smith, 2018). Because this violence affects so many people, coalitions and local rape crisis centers must robustly respond through comprehensive prevention programming that reaches even the smallest communities. To provide this comprehensive prevention programming, local rape crisis centers must have the capacity to do so. A statewide capacity assessment was performed to understand better if OAESV's local programs have adequate knowledge, tools, structures, and processes to meet this need.

This assessment is preceded by a 2013 assessment by the National Sexual Violence Resource Center (NSVRC) and informed by the Rape Prevention Education (RPE) funding stream available to all states and territories. NSVRC's Prevention Assessment found that only 40% of local rape crisis programs consistently defined prevention accurately with the CDC, and 25% of programs described prevention using terms related to awareness rather than prevention.

Throughout NSVRC's three-year project, public and organizational policy work, changing norms, and systems change work decreased, pointing to potential structural and organizational capacity gaps rather than preventionist tools or knowledge.

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# Introduction

The RPE funding stream available through the Violence Against Women Act provides necessary stable funding for sexual violence prevention programming to all states and territories. RPE is a formula-based grant offering millions for prevention programming; however, even with this grant, almost half of state programs have had to reduce prevention efforts due to budget needs, according to the National Alliance to End Sexual Violence (NAESV).

Despite the consistency with RPE, the limited funds and budget shortfalls in prevention can lead to smaller prevention teams and limited tools and resources in local rape crisis programs.

In Fall 2021, 11 of 17 invited local programs participated in semi-structured interviews that explored the strengths that local centers have in providing comprehensive prevention programming, as well as the barriers inhibiting progress. Topics explored included leadership, structures, staffing, partnerships, resources, and climate.

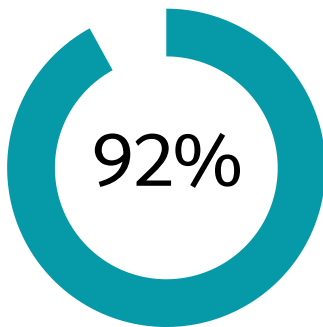
As Ohio's statewide coalition, OAESV uses an anti-oppression lens to advocate for comprehensive responses and rape crisis services for survivors and to empower communities to **prevent sexual violence.**

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# Leadership

This section was only asked to Director/Executive Director participants. It's key to note that in this section, it was highlighted that board members are not given consistent if any training on prevention but that non-board agency leadership does participate in prevention training. One Program Director highlighted that being a part of a larger agency that does more than sexual assault services may be the barrier for board education: "Because we're such a larger agency sexual assault is such a small component of everything that gets done. It's not typically on board minutes, unless something pretty big is coming up."

Even when asking Directors or Executive Directors about their prevention training, it was difficult for them to recall if they had attended a recent prevention training.



of programs indicate agency leadership is motivated to ensure prevention strategies succeed



Only 1 program identified a board member with prevention expertise or experience.

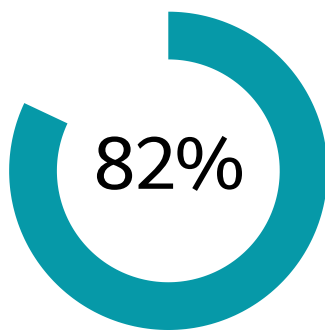
## Recommendations

- Meet voiced support with regular knowledge building for both executive positions and board members.
- Select board members with prevention experience or expertise.

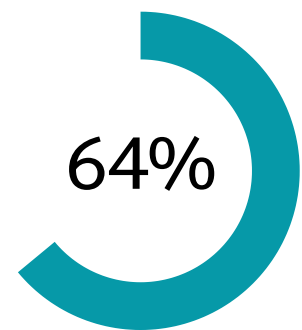
# Structures and Processes

Many programs do have prevention language in their mission statements and have Executive Directors that visibly promote prevention. However, searching for prevention funding may fall on prevention staff and some local programs may rely on limited definitions of prevention on their website and other external messaging.

One CEO pointed to the effect of historical underfunding on the ability to grow programs enough to provide specific sections in external communications: "It's been such a small portion of our activities, because it's so underfunded historically. I wouldn't say it gets its own section."



of programs include primary prevention in their mission statements



of programs include primary prevention in their organization's strategic plan

## Recommendations

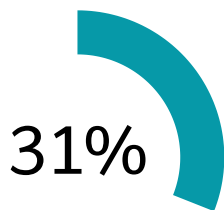
- Increase staff, including Director, understanding of what is in organizational strategic plans
- Integrate prevention into organization strategic plans
- Develop annual prevention-specific strategic plans

# Staffing

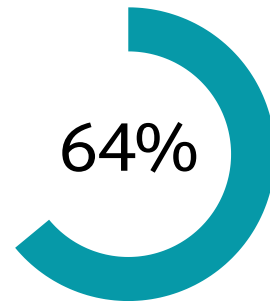
Most programs identified prevention staffing shortages, with more than half identifying turnover as a barrier to success. One Assistant Director highlighted the crucial need for funding, “Even just one more body, but we can't, we have no funding for that. Not even for part time.”

Both Directors and Prevention Staff also offered perspectives on the need for deliberate growth that does not lead to more work for existing staff. One Program Director offers: “I mean, I'm always like, for I'm always about growth. But I wanted to be intentional and to be very well thought out..I don't know if we're quite there yet.”

Some of these concerns for more work may be connected to prevention staff being pulled into intervention roles as well. Almost half do not have protected prevention positions, and many do not include prevention in other staff job descriptions or development plans. Importantly, this could be due to funding that prohibits prevention work.



of programs said that prevention was sufficiently staffed



of programs have at least one staff person devoted 100% to prevention

## Recommendations

- Federal or state advocacy to increase prevention funding and to reduce funding prohibitions for prevention programming
- Team mentalities should extend to all departments, rather than just to intervention

# Partnership Development

One of the biggest takeaways from this section is that most non-RPE-funded prevention programs do not use the CDC's STOP SV Technical Package. This highlights a potential gap in knowledge and tools that may be present in local programs that do not receive this funding. Additionally, this highlights a systems-wide lack of access to prevention tools.

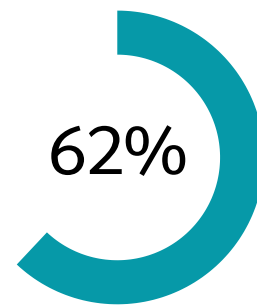
For those who do use STOP SV, “provide opportunities to empower women and girls” and “create protective environments” were the least implemented strategies. These strategies are focused on community and societal-level impact, which may require less individual effort and larger population effects.

The section also highlighted that most prevention programs do not have the necessary community support for success in implementation of these outer level strategies.



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only three programs said they had fertile ground for external prevention efforts



62%

of programs use the CDC's STOP SV technical package to inform prevention program

## Recommendations

- Invest in building relationships with community members
- National advocacy to decrease barriers to evidence-based prevention programming tools

# Ohio STOP SV Activities

STOP SV Strategy	Example Programs
<p><b>Promote social norms that protect against violence</b></p> <p>(e.g. bystander intervention, mobilizing men and boys)</p>	<ul style="list-style-type: none"><li>• Volunteer program for men</li><li>• Engaging men through healthy sexuality classes</li><li>• Bystander intervention programming in school-based education</li><li>• Green Dot community</li><li>• Social messaging to include social norms</li><li>• My Brother's Keeper</li><li>• Photovoice</li></ul>
<p><b>Teach skills to prevent sexual violence</b></p> <p>(e.g. social-emotional learning, teaching healthy dating skills, healthy sexuality, empowerment)</p>	<ul style="list-style-type: none"><li>• Middle and high school educational programs (including Safe Dates, consent, bystander)</li><li>• Healthy sexuality classes</li><li>• Boys' and girls' empowerment groups</li></ul>
<p><b>Provide opportunities to empower and support girls and women</b></p> <p>(e.g. strengthening economic supports for women and families, strengthening leadership opportunities for girls)</p>	<ul style="list-style-type: none"><li>• Middle school girls' peer leader program</li><li>• LGBTQIA youth group</li></ul>
<p><b>Create protective environments</b></p> <p>(e.g. improving safety and monitoring in schools, workplace policies, environmental approaches)</p>	<ul style="list-style-type: none"><li>• Evaluating school policies and city government legislation</li><li>• Involvement in Community Health Assessments</li><li>• Community conversations</li></ul>

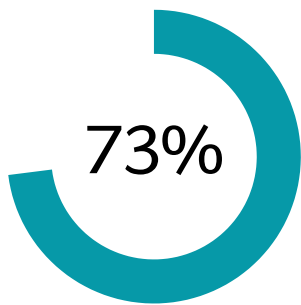


# Resource Development

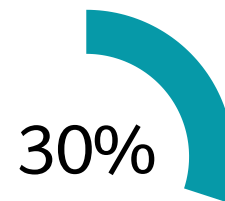
Most programs identified having sufficient materials, space, and funding for their staff. However, more than half of participating programs do not have a budget that contains a proportional amount of funding for prevention.

Additionally, more than one program identified having no prevention funding, as described by this Program Director, despite having prevention advertised on their website and integrated into mission statements: “No, there's currently no money devoted to prevention.” Additional gaps included succession planning, cross-training to non-prevention staff, and growth opportunities built into agency structures.

Grant funders may require activities and definitions that conflict with each other, which could contribute to programs choosing not to apply for specific funding or make it difficult to create a cohesive prevention plan, as described by one CEO: “I think the biggest thing that like we are challenged by is just how to meet all the different funder demands because they don't necessarily like all like, align with each other.”



of programs have applied for prevention funding outside of RPE in the last year



of programs have a plan in place to sustain prevention programming if key prevention staff were to leave

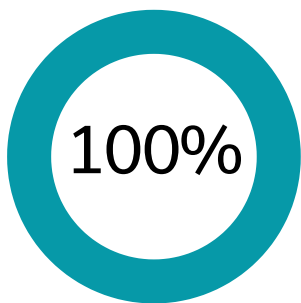
## Recommendations

- Invest in stable prevention funding that is sufficient for the organization's goals and proportional to its externally-communicated support
- Begin sustainability and succession planning within prevention departments

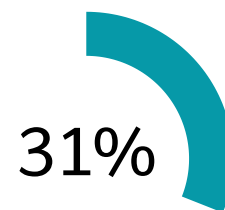
# Climate

Prevention staff described supportive climates where they have autonomy and feel listened to. However, non-prevention staff may not know what their peers do and may inaccurately describe agency functions to stakeholders. One Program Director stated, “I think there's support for prevention as a concept. And I think the majority of them have no idea what we do with our day or misunderstand what we do with our day.”

Despite having a pleasant workspace where staff feels supported, there may still be unmet values, as described by one Prevention staff when asked about their personal commitment to prevention: “So prevention in general, I would say I’m at a nine. At [my organization], I’m gonna say an eight. So, love prevention, love my job, love what I get to do. We just don't have like, super great funding, so I don't get paid very well. We have no opportunity for remote at all...nothing against the agency itself. And that's sort of like, if you would have asked me that, like, two years ago, like, obviously, that was like, remote work wasn't even a thing really, too much. But now, I feel like you know, pandemic has shifted things.”



of participants indicated supportive staff attitudes towards prevention



of participants indicate that 100% of staff could understand and articulate what a preventionists job is

## Recommendations

- Ensure staff fully understand their peers' roles and how each fits into the mission
- Training and support in building cultures that are supportive and where all staff feel like their roles are understood and important

# Conclusion

Notably, the NSVRC's 2010 assessment results are similar to this 2021 assessment, with 11 years difference. This highlights that structures and systems that could make large population-level changes may not have moved much in this time. Violence prevention requires a significant will to push for these changes and state entities, like funders and coalitions, are critical in making this happen.

To decrease the prevalence of sexual violence, local centers must begin to integrate prevention into their organizational structures more than they currently do. Staff professional development opportunities may do little when funding, strategic plans, and turnover reduce opportunities for robust prevention. State entities must advocate for broad, stable funding for prevention that allows for access to tools, full departments, and fewer activity restrictions.

Overall, it is recommended that local centers put in place:

- Board members with prevention backgrounds
- Organizational funding that is proportional to prevention goals, organizational values, and overall organizational mission
- Sustainability through succession and annual strategic planning within prevention departments

# Conclusion

Additionally, it is recommended that state coalitions and federal partners address the following priorities:

- State prevention funding advocacy to increase unrestricted funds
- Training and technical assistance in sustainability, partnership development, and strategic planning
- National advocacy for increased access to CDC tools in violence prevention
- National advocacy for federal funding that does not prohibit prevention activities

