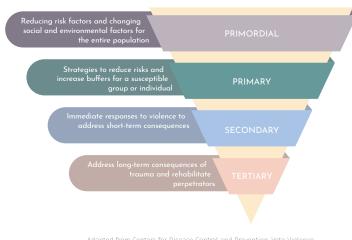
BEST PRACTICES AND THE PATH FORWARD FOR MEASURING PREVENTION OF INTERPERSONAL VIOLENCE

Key Findings And Lessons Learned

Performance Measurement

- Performance measurement should be informed by research and evidence.
- Data infoms a theory of change that outlines high-level strategy and a clearly-specified logic model of investments and expected outcomes.
- Data used in performance measurement should be high-quality, valid, reliable, and representative of the population of interest.
- Addressing disproportionality requires investments in training, attention to equity, capturing and reporting disaggregated data, and partnering with community members to recommend policy changes that promote equity and inclusion.
- Measures must be good proxies for the desired construct(s) and the sample needs to be appropriate to the questions being asked.



Levels of Violence Prevention

Adapted from Centers for Disease Control and Prevention, Veto Violence (http://vetoviolence.cdc.gov/levels-prevention)

Measuring Progress on Prevention

Recommendations for improving the quality and usefulness of prevention data include:

- Review and select outcomes that assess progress toward increasing resilience across all levels of violence prevention;
- Track risk and protective factors simultaneously;
- Elevate the voices and experiences of survivors of interpersonal violence;
- Ensure that all data collection activities are preceded by trigger warnings and followed by the offer of comprehensive debriefing;
- Use culturally- and behaviorally-appropriate language to operationalize measures of interest;
- Detect nuance through using frequency-based response rather than binary yes/no options;
- Use mapping to visualize how communities differ in regard to risk and protective factors, policies, and outcomes;
- Measure complex and interconnected traumas experienced by survivors;
- Assess perpetration and victimization concurrently for each respondent and increase the use of anonymous surveys to improve reliability of self-reported measures; and
- Conduct data collection and analysis that address dimensions that can illuminate inequitable outcomes across individual, interpersonal, organizational, community, and policy contexts.

To read the full report, go to www.spark-learn.com/prevention



Prevention Data Inventory* Topics Addressed by Existing Prevention Data

Domain	Торіс	
nfrastructure	Collaborative services (ATEA) Community outreach events (BL) Coordinated Community Response (ATEA) Multidisciplinary team meeting connections (FJC) Partnership survey (FJC) Staffing and funding maintained in grant reports, staffing matrices, and 990 forms Training (ATEA)	
Family/Early Child- nood Development and Resilience	Adverse Childhood Experiences (HS) Child care affordability, cost (DDK, COE) Child care capacity and unmet need (COE) Child Opportunity Index (DDK) Children with exceptional needs enrolled in preschool, transitional kindergarten, and child care settings (DOE) Early Start, Head Start, and Early Head Start enrollment (DOE) Head Start neighborhood availability (DDK) Multidisciplinary team meeting parent and children goal achievement (FJC) Nurse Family Partnership, Black Infant Health (HS) Preschool enrollment (COE, HPI) Preschool supply and demand (COE) Proximity to quality early childhood centers (DDK) School performance data (COE, ED)	
School/ Community Trust and Connectedness	Access to exercise opportunities, physical inactivity (CHR) Business registrations (IRS) Census participation (CB) Clean air, safe drinking water (HPI) County business patterns (CB) Disconnected youth (CB) Nonprofit organizations (IRS, NCCS) Park access, supermarket access, tree canopy, retail density (HPI) Poor mental or physical health days (CHR) School climate, connectedness, antibullying climate, safety, positive behavior (CSCHLS) School engagement and supports, social-emotional learning supports, caring adults, parental involvement, instructional equity, respect for diversity, fairness (CSCHLS) Social associations (CB) Youth substance use and mental health (CSCHLS)	
Economic Opportunity and Stability	Disconnected youth (CB) Employment of women, unemployment, weekly pay (BLS) Food insecurity (CHR) Health insurance coverage (HPI, CB) Home ownership, habitability, housing burden, uncrowded housing (HPI) Multidisciplinary team meeting safety net goal achievement (FJC) Pay and benefits for working parents (DDK) Poverty rate, housing insecurity, and other measures of economic stability (CB, HPI) Title X reproductive health services (HS) Working adults who are eligible for and can afford FMLA leave (CB) Youth education and employment rate, credential attainment, measurable skill gain (WDB)	
	* Acronyms:	
ATEA = Alliance to End Abuse BL = BayLegal BLS = Bureau of Labor Statistics CB = CB Bureau CDC = Centers for Disease Control CHR = County Health Rankings COE = Contra Costa County Office of Education CSCHLS = California School Climate, Health, & Learning Surveys DDK = diversitydatakids.org		EDO = ed-data.org FJC = Family Justice Center HPI = Healthy Places Index HS = Contra Costa Health Services IRS = Internal Revenue Services NCCS = National Center for Charitable Statistics NRCRD = Northeast Regional Center for Rural Development WDB = Workforce Development Board of Contra Costa County

