

Community Key Leader Survey

1. Leadership Survey

Please take 5 minutes to complete this survey for the North Dakota Intimate Partner and Sexual Violence Prevention Team (SPT). The leadership assessment survey was developed by a team at the University of South Carolina who have worked with Empowerment Evaluation, uses key leaders to look at three areas: awareness, concern, and action across community levels. Key leaders respond to questions in these three areas both on a personal level and a perceptual level of their organization's responses. It has been adapted for intimate partner and sexual violence prevention.

Your responses are anonymous. They will be aggregated and shared with the SPT Partnership Committee and the SPT members to be used in preparing to implement an intimate partner and sexual violence prevention plan in North Dakota.

1. Please answer the following questions to the best of your ability. If the question is "not applicable," just skip the question.

	1 Not at all True	2	3	4	5 Very True
1. I am aware of programs in my community which address intimate partner and sexual violence (IP & SV) prevention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I spend time collaborating with others concerning the prevention of IP and SV in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I don't know why preventing IP and SV is so important for communities to address.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am interested in learning more about community-related IP and SV prevention programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I believe preventing IP and SV among youth is important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I am NOT certain why some individuals consider IP and SV prevention important.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am NOT interested in becoming actively involved in improving IP and SV prevention programs in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I don't know what programs in my community address IP and SV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I am interested in more information on the time and energy commitments that a community-related IP and SV prevention program would require.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I know which IP and SV prevention programs serve my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I can distinguish the type of services offered by the different IP and SV programs in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I am concerned about whether my community has sufficient IP and SV prevention programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am NOT involved with the IP and SV community prevention programs in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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2. Personal Knowledge Regarding Intimate Partner and Sexual Violence

2. For the following questions, select the response that best fits your answer.

	1 - Not increased at all	2	3	4	5 - Increased a Lot
In the last 12 months, my personal concern for PREVENTING IP and SV in my community has	jñ	jñ	jñ	jñ	jñ
In the last 12 months, my personal knowledge of the RISK FACTORS that contribute to IP and SV has	jñ	jñ	jñ	jñ	jñ
In the last 12 months, my personal KNOWLEDGE OF COMMUNITY PROGRAMS that address IP and SV has	jñ	jñ	jñ	jñ	jñ
In the past 12 months, my personal INVOLVEMENT IN ORGANIZED ACTIVITIES for the prevention of sexual and intimate partner violence has	jñ	jñ	jñ	jñ	jñ

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3. My Organization

* 3. Do you represent an organization?

Yes

No

4. For the following questions, select the response that DESCRIBES YOUR ORGANIZATION.

	1 Not at all True	2	3	4	5 Very True
My organization is involved with sexual IP and SV prevention programs in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my organization are currently learning what IP and SV community prevention programs exist in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization has a written policy concerning IP and SV violence by employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, staff in my organization know which IP and SV programs serve our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As part of its mission, my organization is concerned with preventing IP and SV among youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my organization are assigned to collaborate with others concerning the prevention of IP and SV in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization is interested in information on the time and energy commitments that a community related IP and SV prevention program would require.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, staff in my organization can distinguish the types of services offered by different IP and SV prevention programs in our community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In general, staff in my organization are aware of community programs that address IP and SV prevention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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4. My Organization and the Community

5. For the following questions, select the response that best fits your answer.

	1 Not changed at all	2	3	4	5 Increased a Lot
In the past 12 months, our organization's involvement in our community for addressing IP and SV has	jn	jn	jn	jn	jn
In the last 12 months, our organization's exchange of information with other organizations concerning the prevention of IP and SV has	jn	jn	jn	jn	jn
In the last 12 months, our organization's referrals to or from other organizations concerning the prevention of IP and SV has	jn	jn	jn	jn	jn
In the last 12 months, our organization's sharing of resources (e.g. equipment, supplies) with other organizations concerning the prevention of IP and SV violence has	jn	jn	jn	jn	jn
In the last 12 months, our organization's co-sponsoring events with other organizations concerning the prevention of IP and SV has	jn	jn	jn	jn	jn
In the last 12 months, our organization's coordinating services with other organizations concerning the prevention of IP and SV has	jn	jn	jn	jn	jn
In the last 12 months, our organization's undertaking joint projects with other organizations concerning the prevention of IP and SV has	jn	jn	jn	jn	jn
In the last 12 months, our organization's participation in media coverage concerning the prevention of IP and SV has	jn	jn	jn	jn	jn

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5. Prevention Programs

6. For the following questions, select the response that best fits YOUR PERSONAL OPINION.

	1 Not at all true	2	3	4	5 Very True
I am aware of specific programs offered to employees and their families in the workplace which address alcohol and other drug abuse prevention.	jñ	jñ	jñ	jñ	jñ
I am aware of specific programs offered to employees and their families in the workplace which address child abuse prevention.	jñ	jñ	jñ	jñ	jñ
I am aware of specific programs offered to employees and their families in the workplace which address IP and SV.	jñ	jñ	jñ	jñ	jñ
It is very effective to offer alcohol and other drug abuse prevention resources to employees and their families at their workplace.	jñ	jñ	jñ	jñ	jñ
It is very effective to offer child abuse prevention programming to employees and their families at their workplace.	jñ	jñ	jñ	jñ	jñ
It is very effective to offer IP and SV prevention programming to employees and their families at their workplace.	jñ	jñ	jñ	jñ	jñ
My organization would be quite willing to make available alcohol and other drug abuse prevention resources to employees and their families.	jñ	jñ	jñ	jñ	jñ
My organization would be quite willing to make available child abuse prevention resources to employees and their families.	jñ	jñ	jñ	jñ	jñ
My organization would be quite willing to make available IP and SV prevention resources to employees and their families.	jñ	jñ	jñ	jñ	jñ

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6. Demographics

Please take a moment to select the answer to the following questions about yourself.

7. GENDER - Which one describes your sex?

male

female

8. What is your age?

9. RACE - Which of the following describes your race?

African-American (Black)

American Indian

Asian

Caucasian (White)

Hispanic

Other

10. EDUCATION - What is the highest level of education that you completed?

Eighth grade or less

Some high school

High school graduate

Vocational school beyond high school

Some college

2 year degree

Graduation from 4 year institution (bachelor's degree)

Some graduate education

Graduation from graduate or professional program

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11. OCCUPATION - Which of the following categories describes your occupation?

(Select the best one choice)

- Executive, Director or Services Manager
- Professional
- Technical
- Sales
- Administrative support (e.g., clerical, secretarial)
- Service
- Industrial
- Homemaker
- Unemployed
- Other

12. TYPE OF ORGANIZATION - Which of the following categories describes your organization?

(Select the best one choice)

- Private Business (for profit)
- Government Agency
- Non-Profit Private Social Agency
- Religious Organization
- School
- Other

13. LENGTH OF TIME WITH THE STATE PREVENTION TEAM

How long have you been a member of the State Prevention Team?

14. LENGTH OF TIME IN CURRENT WORK POSITION

How long have you been in your current position?

Thank you for your commitment to prevention of intimate partner and sexual abuse and your participation on the State Prevention Team.