

Sexual Violence Prevention

Executive Summary

To prevent and reduce the incidence of sexual violence, state public health leaders need to continue to work across sectors (e.g., secondary and higher education, law enforcement, sexual violence coalitions, clinical health systems, etc.) to ensure that both policies and evidence-based and best practices are consistent, sustainable, spreadable, and successfully evaluated.

This report provides an overview of the work ASTHO, in collaboration with CDC and the Safe States Alliance, completed over the past two years to enhance the public health infrastructure to prevent sexual violence and strengthen health agency leadership's role in elevating sexual violence prevention as a national public health issue. Most of the work focused on ASTHO's systems change approach, particularly the levers of data, policy, financing, and partnerships. ASTHO chose to highlight these four levers because they have been shown to be necessary components, as identified in literature and practice, for successful public health system functioning.

This report describes how ASTHO worked to fulfill the following goals:

1. Establishment and maintenance of diverse public health partnerships for meaningful cooperation and achievement of evidence-based public health strategies and interventions.
2. Increased understanding of how sexual violence prevention initiatives can develop and achieve impact with public health approaches.
3. Improved quality, availability, and accessibility of public health education materials, training, and evaluation tools and resources.

The report includes core strategies, successes, and lessons learned over the past two years and concludes with actionable considerations for rape prevention and education (RPE) grantees in their efforts to support engagement of state health leadership.

Core Strategies

Learning Community:

ASTHO, in collaboration with the CDC/NCIPC/DVP Prevention Practice and Translation Branch (PPTB) and the Safe States Alliance, led a sexual violence prevention learning community of six states, including four Year 1 states: Alaska, Colorado, Minnesota, and Virginia, and two states added for Year 2: Iowa and New Mexico. As part of the learning community, ASTHO conducted two-day site visits with each of the six states. The first day of the site visit consisted of visiting key partners in the field, including rape crisis centers and sexual assault coalition meetings. The second day of the site visit brought together key stakeholders to discuss and create action plans around data, policy, financing, and partnerships.

In addition to the in-person site visits, ASTHO held four virtual learning community sessions each year (eight total) ranging in topics from a discussion on how to engage leaders in sexual violence prevention work to how to leverage National Intimate Partner and Sexual Violence Survey (NISVS) data to make the case for sexual violence prevention with legislators. ASTHO also conducted needs assessments with stakeholders from each of the learning community states in an effort to gather feedback on the core areas of vision and leadership, infrastructure, partnerships, communication, data and evaluation, policy, and technical assistance. Stakeholders included health agency staff, state coalition members, other

regional and state level stakeholders, local health department staff, local coalition members, and other local stakeholders. The goal of the needs assessment was to inform RPE learning community grantees of their state's strengths and areas for improvement noted in the assessment core areas in order to help focus their work moving forward.

Strategic Framework:

To elevate sexual violence prevention as a priority for state health leaders, ASTHO convened a leadership meeting in January 2017 in Minnesota. The meeting offered an opportunity for state team leads, state health officials and/or senior deputies, and strategic partners to come together with CDC, ASTHO, and the Safe States Alliance to discuss the state of sexual violence prevention from a leadership perspective and reflect on a draft sexual violence prevention strategic framework. The strategic framework (Appendix A), created by ASTHO, is a tool for leadership to use to advance strategic objectives relating to data, policy, financing, partnerships, and risk and protective factors at both the state and national levels. As a follow-up to the leadership meeting, ASTHO conducted one-on-one calls with each of the learning community state health officials to further refine the strategic framework and learn which areas resonate with health leadership. This activity provided an opportunity to elevate sexual violence prevention and explore ways to link sexual violence prevention to other priorities.

Policy Scan:

In addition to the strategic framework, ASTHO also created a sexual violence prevention state policy scan as well as a document that includes links to the state policies (Appendix B). The policy scan includes higher education legislation, such as affirmative consent standards, education requirements, and advisory bodies; K-12 legislation such as affirmative consent standards and curriculum requirements; and other interventions such as advisory bodies, grant programs or financing, and staffing requirements. A second iteration of the state policy scan added cross-cutting violence prevention legislation, particularly laws relating to adverse childhood experiences. ASTHO presented these findings, along with state examples from Alaska and Minnesota, on a national all-RPE grantee webinar in May 2017.

Key Informant Interviews:

ASTHO's partner organization, the Safe States Alliance, complemented this work by conducting nine key informant interviews with state department of health personnel and state coalition members in Kansas, North Carolina, and Washington. Safe States also completed 20 "Stories from the Field" highlighting key actions states are taking across the country to reduce the prevalence of sexual violence. ASTHO and Safe States disseminated the stories through newsletters and social media. Safe States also presented lessons learned from the Stories from the Field, key informant interviews, and learning community on a June 2017 webinar that focused on making the case for sexual violence prevention with leadership. The webinar included state examples centering on data, financing, and partnerships.

Successes

Learning Community:

Over the course of the learning community, all six states (Alaska, Colorado, Iowa, Minnesota, New Mexico, and Virginia) developed cross-sector action plans to strengthen their sexual violence prevention infrastructures utilizing evidence-based and promising systems change leadership levers of data, financing, policy and partnerships. In addition, all the states initiated new cross-program and cross-agency partnerships to broaden the scope and reach of their sexual violence prevention work.

Individually, the six states were also able to take steps towards accomplishing state-specific action plan goals. The following section provides an example from each state and ASTHO's initial impressions on the potential effects of these actions:

- Alaska: Supported the implementation of the Safe Children's Act.
 - The Alaska Safe Children's Act Task Force consulted Alaska's state team RPE lead as a subject matter expert. Through this process, Alaska's RPE program extended best and promising practices on sexual abuse and sexual assault awareness training and prevention, including training for school staff and model curricula for students (K-12).
- Colorado: Partnered with Colorado Youth Matter to enhance comprehensive sexual health efforts.
 - Colorado prioritized institutionalizing comprehensive sexual health education as a primary prevention strategy for sexual violence with cross-sector stakeholders. The RPE leads worked with a local community organization, Colorado Youth Matter, to connect grantees with resources and policy work expertise. Colorado Youth Matter staff also sit on the health department's Sexual Violence Prevention Program Advisory Committee where they provide technical assistance and leverage existing work to enhance RPE grantee effectiveness.
- Iowa: Conducted listening sessions in eight regions throughout the state.
 - Iowa used listening sessions as a mechanism to gain feedback from local-level partners and stakeholders and determine what they can do to better support them in their prevention efforts. The listening sessions allowed the RPE program and health department leadership to better define their role in relation to local efforts and understand what prevention looks like and means in different populations. They were also able to highlight and enhance cross-sector collaboration within each region to address gaps in prevention efforts.
- Minnesota: Created a hospital data brief and shared the findings with stakeholders.
 - Minnesota presented its Hospital-treated Sexual Violence in Minnesota from 2010 to 2014 data brief at a Sexual Violence Prevention Network quarterly meeting in November 2016. Prior to the meeting, the state health department offered a 30-minute training for media, in partnership with the Minnesota Coalition Against Sexual Assault, on how to report on sexual assault, followed by a news conference on the data brief. Due to these activities, the media was primed to receive and report on the data brief.
- New Mexico: Expanded work with the Developmental Disabilities Support Division (DDSD).
 - New Mexico strengthened its partnership with the state's Developmental Disabilities Support Division to increase their understanding of the linkages between sexual violence and negative health outcomes for the state's most vulnerable populations. New Mexico chose to expand this partnership with DDSD due, in part, to interest from the department of health's deputy director who had a pre-established relationship with DDSD leadership. New Mexico's RPE lead leveraged state health leadership to build bridges across divisions within the department of health.
- Virginia: Secured proxy indicator data from the Virginia Department of Criminal Justice Services.
 - Virginia focused on access to data. The team perceived a lack of state level surveillance data for sexual violence and sought ways to secure indicators/proxy indicator data. Through conversations with the Department of Criminal Justice Services (DCJS), they discovered that DCJS was conducting a school climate survey that included questions

about school safety, substance use, and peer support that matched their proxy data needs. Project leads created and obtained approval for a data sharing agreement and the RPE program is now receiving statewide, regional, and county specific data on these measures. This level of specificity gave Virginia insight and access to new student-level data.

Strategic Framework:

Through the learning community process, ASTHO identified how states are leveraging data, policy, financing, partnerships, and risk and protective factors to engage leadership. The sexual violence prevention strategic framework is a tool that ASTHO created based on these findings from the learning community, as well as past ASTHO experience, the sexual violence prevention policy scan, the Stories from the Field documents, and CDC's Connecting the Dots strategic framework and STOP SV: A Technical Package to Prevent Sexual Violence. ASTHO also conducted phone interviews with state health leadership from the six learning community states in order to further refine the framework. State health leadership thought that the strategic framework was a great way to frame the issue and, across the board, indicated that effectively using data to monitor, track, and evaluate the impact of prevention efforts was the most important factor on which to focus. As one state health official noted: "Starting with the data is the most important because we have to demonstrate that there is a high enough prevalence of risk/violence occurring that it warrants a public health approach..."

Policy Scan:

In addition, ASTHO presented legislative scan findings to each state team and their stakeholders during the in-person site visits, to state health leadership at the leadership meeting in Minneapolis, and to a national audience of RPE directors and partners on the May all-grantee policy webinar. While many of the laws that have passed relate to education, the scan identified several other approaches states are taking to address sexual violence prevention. These include adopting affirmative consent standards in criminal codes, convening advisory bodies to make recommendations to improve state programs and policies, and providing funding and resources to support primary prevention efforts for sexual violence. Evaluation results indicate that meeting participants found the policy scan to be particularly useful as they are not usually aware of the legislation passed in states other than their own. Additionally, participants noted the value of increasing policy knowledge since state health leadership can serve as a conduit between state health departments and legislators.

Lessons Learned

Needs Assessment:

ASTHO has identified many valuable lessons as a result of its sexual violence prevention work. For instance, a comparison of needs assessment results found similar strengths and opportunity areas across all six learning community states in regard to sexual violence prevention. Partnerships, vision and leadership, and communication are strengths across the states, while data and evaluation, infrastructure, and policy are opportunity areas for improvement. After aggregating all of the data, partnerships had the highest mean score (3.6), while infrastructure had the lowest mean score (2.8). These results indicate that state health departments may want to focus their attention on the areas of data and evaluation, infrastructure, and policy in order to enhance their effectiveness to optimally implement, scale up statewide, and sustain their sexual violence prevention initiatives.

Both ASTHO and the states completing the needs assessment were able to use these results to direct their work. For example, one state talked about sharing their needs assessment results with legislators in their state in order to generate some sexual violence prevention policy ideas. Additionally, another state discussed creating a data clearinghouse that would house data from the state health department as well as other state and local organizations as a result of their needs assessment results. ASTHO also chose to focus on the opportunity for improvement areas, refining the policy scan and creating a webinar focused on policy for all RPE grantees. ASTHO also included policy, along with data, financing, and partnerships as the major areas of focus for the state action plans and the strategic framework. While financing was not included as a section of the needs assessment, funding and resources was the area of infrastructure that received the lowest scores from stakeholders.

Additionally, ASTHO found that of all the activities completed with the learning community states, the needs assessment was the one that offered the most comprehensive feedback to guide state efforts to build sexual violence prevention capacity. The needs assessment is also the only venue that allows state health departments to hear feedback from other sexual violence prevention stakeholders in their state.

Policy Scan:

The results from the policy scan showed that primary prevention laws and new legislation primarily focus on both higher and K-12 education, rather than public health. The higher education laws may stem from high profile media reports and government investigations of sexual violence on campuses and systemic issues in university and college processes to respond to allegations of sexual assault and violence. For K-12, many states are enacting “Erin’s Law” or similar provisions to encourage or require K-12 curriculums to include age-appropriate instruction in child abuse and sexual abuse and train educators to identify signs of abuse in children.

Learning Community:

In addition to lessons learned from individual deliverables, ASTHO garnered feedback on the learning community project as a whole. Originally, program-level staff from learning community states struggled with the exploratory goals of the project as RPE grantees are more accustomed to defined program goals and it was a stretch for them to think of sexual violence prevention in terms of broader systems-level or infrastructure change. However, ASTHO found that the process of having the RPE grantees and their state partners create an action plan in terms of goals and specific steps to take within the systems-levels of data, policy, financing, and partnerships, helped broaden their perspectives. The action plans also served as a key mechanism for tracking the elevation of sexual violence prevention as a public health issue with the learning community.

The ASTHO team also found that having the two new states (Iowa and New Mexico) participate in the leadership meeting prior to having their in-state site visits, afforded these states a better grasp of the scope of the project and an understanding of the need to build on systems-level infrastructure and increase leadership engagement. In addition, ASTHO created an RFA process for the selection of the two new states, which led to a deeper commitment and engagement from the two states that joined the learning community in its second year.

State Health Official (SHO) Interviews:

The one-on-one SHO calls provided an additional venue for feedback from the perspective of state health leadership. The goal of the calls was to find out what within the framework most resonated with state health leadership in each of the learning community states. With a focus on elevating sexual violence prevention, ASTHO asked state health leadership about areas of the strategic framework that stood out, cross-cutting issues in their state that they believe could have an impact on sexual violence, and what they believe would be the most important area to focus on as ASTHO brings this to its membership. Below are sexual violence prevention considerations that resulted from the one-on-one health leadership calls:

- Look at cross-cutting approaches to violence prevention.
- Leverage work that has the biggest impact across sectors.
- Pool resources.
- Link sexual violence prevention to existing priorities.
- Create a data portal.
- Frame policies in a non-partisan way.
- Provide insight on return on investment for policies and programs.
- Build a community of partners who will support the most vulnerable populations.
- Shift focus from services to preventative approach.
- Address stigma associated with sexual violence prevention.
- Find a sexual violence prevention state champion.
- Expand the narrative of public health to include sexual violence prevention.
- Raise visibility of sexual violence prevention.
- Engage a larger audience of leadership.
- Create agreements with foundations to apply funds within prevention.

Conclusion and Considerations

ASTHO has expanded its knowledge and resources for elevating sexual violence prevention as a public health issue over the past two years. Based on our experience with the learning community, creation of the strategic framework, and feedback from state health leadership, ASTHO offers the following considerations as actionable steps states can explore:

- **DATA:** Create data sharing agreements that allow health departments to overlay violence prevention data with data from key issues occurring in their state, such as human trafficking, opioids, and chronic diseases.
- **POLICY:** Frame policies in a non-partisan way to gain the support of legislators and other high-level state officials.
- **FINANCING:** Utilize return on investment tools from the field, such as the White House Council of Economic Advisers' *The Economics of Early Childhood Investments* or other tools, to make the case for cross-cutting initiatives.
- **PARTNERSHIPS:** Build community coalitions that represent the diverse populations that reside in states and provide opportunities for cross-sector stakeholders to inform state and local health improvement priorities.
- **RISK AND PROTECTIVE FACTORS:** Reference frameworks such as CDC's Connecting the Dots framework with NIDA's Principles of Substance Abuse Prevention for Early Childhood to identify shared, underlying social determinants of health.

Looking to the next iteration of this project, ASTHO plans to advance the considerations listed above by creating tangible tools for states and resources for each element of the sexual violence prevention strategic framework and make those visible on ASTHO’s website. In addition, ASTHO plans to expand its reach both outwards to all RPE grantees and upward to further engage key state health department leadership. The next year of the project will include an increase in activities and tools designed to engage state health officials as chief public health strategists. ASTHO will also work to bolster partnerships between health officials, senior deputies, department of health legislative liaisons, and other members of leadership in the face of common priorities, such as substance misuse and addiction and ACEs.

Appendix A: Sexual Violence Prevention Strategic Framework

Elevating Sexual Violence Prevention as a National Public Health Issue					
	A	B	C	D	E
	Effectively use data to monitor, track, and evaluate the impact of prevention efforts	Utilize state-level policy to inform the national discussion	Strengthen and expand upon existing funding and resources	Establish meaningful partnerships with new and non-traditional partners	Focus on the shared risk and protective factors that are most likely to influence sexual violence
1	Use data to express the scope of the public health problem	Encourage policies that have the potential to impact multiple forms of violence	Assess return on investment from prevention efforts	Use effective communication and dissemination strategies	Address the larger societal and community level factors
2	Create data sharing agreements across sectors	Use sexual violence prevention data to inform policy	Braid funding with partners working on related topic areas	Connect with mental health and social services	Demonstrate the links between environmental factors and sexual violence prevention outcomes
3	Ensure data systems are timely and cross-cutting	Share information on policies that address gender, racial, and socioeconomic inequalities	Create agreements with foundations to apply funds within prevention	Create a community of practice among partners working on different forms of violence	Ensure that the work being done is community driven
4	Gain access to proxy indicators			Host listening sessions to engage diverse populations	

5	Identify critical gaps in data systems				
Concentrate on the populations and communities at heightened risk for violence					

Appendix B: Sexual Violence Prevention Policy Scan

Higher Education	Affirmative Consent	CA	Conditions receipt of state funds for student financial assistance on having sexual assault, domestic violence, dating violence, and stalking policies. The law further requires that affirmative consent standard be used. The law defines affirmative consent as "affirmative, conscious, and voluntary agreement to engage in sexual activity."
		CT	Requires institutions of higher education to use an affirmative consent definition
		IL	Does not specifically use the term "affirmative consent" but requires all schools of higher education to have a policy that include, at a minimum, defines consent as a "freely given agreement to sexual activity."
		MN	No explicit requirement that the policy include an affirmative consent standard, but the state criminal law includes it and students in postsecondary institutions must receive training on consent as defined in MN state law. This is effective in 2016.
		NY	Defines affirmative consent as. "Affirmative consent is a knowing, voluntary, and mutual decision among all participants to engage in sexual activity. Consent can be given by words or by actions, as long as those words or actions create clear permission regarding willingness to engage in the sexual activity. Silence or lack of resistance, in and of itself, does not demonstrate consent. The definition of consent does not vary based up participant's sex, sexual orientation, gender identity, or gender expression." (Education Law § 6441)
	Education Requirements	CA	Conditions receipt of state funds for student financial assistance on having prevention and outreach programs addressing sexual violence, domestic violence, dating violence, and stalking that includes a range of prevention strategies like empowerment programming for victim prevention, primary prevention, bystander intervention and risk reduction. Schools must also work with the student body to raise awareness of the sexual assault policy and practical implication of an affirmative consent standard.
		IL	Requires higher education institutions to provide sexual violence primary prevention and awareness programming for all students. At a minimum schools must provide information about the school's policies, reporting processes, and resources, as well as bystander intervention and risk reduction strategies
		NY	Requires all students complete sexual assault training that includes information about the school's policies, reporting processes, and resources, as well as bystander intervention and risk assessment and reduction strategies. Schools are required to evaluate the effectiveness of their programming. (Education Law § 6445)
		MN	Requires students to complete sexual assault training that will include information about consent, preventing and reducing sexual assault, procedures for reporting, and resources available. This is effective in 2016.
		PA	Institutions of higher education must establish sexual violence awareness and educational programming--schools can collaborate with non-profits to provide the services. At a minimum, schools must include education about consent, role that drugs and alcohol can play, reporting procedures, and campus resources.
		IN	Requires freshmen to complete educational program aimed at increasing awareness of sexual assault, sexual battery, sexual harassment and date rape.
	Advisory Bodies	CT	Requires all schools to have a campus resource team that includes stakeholders from within and outside of the school to review its policies and make recommendations
		HI	Creates a task force to review and make recommendations about University of Hawaii's sexual harassment, sexual assault, domestic violence, dating violence, and stalking policy--this policy includes affirmative consent

		IL	Each school must either create its own or participate in a regional task force with stakeholders from inside and outside of the school. The Task Force meets at least twice a year to review best practices; strengthening relationships among members, and evaluating the school's procedures
		WA	Creates a state-wide task force including Washington student achievement council, the state board for community and technical colleges, the council of presidents, the institutions of higher education, the private independent higher education institutions, state law enforcement, and the Attorney General's Office to develop best practice around education, prevention, and collaboration
	Other Policies or Reporting Requirements	AR	Requires the Arkansas Higher Education Coordinating Board and public universities to develop a state-wide action plan to reduce sexual assault and violence on college campuses with a legislative report due in November and annual reporting thereafter
		MN	Includes data collection and reporting requirements that includes an online anonymous system for students to report; establishes a state-specific annual reporting requirement. The law additionally requires coordination mechanisms with local law enforcement, comprehensive training for staff in addition to students, and increasing strengthening response of student health services to sexual violence. Effective in 2016.
		NY	Institutions of higher education must annually survey the student body to conduct a campus climate assessment to ascertain awareness of campus policies around sexual assault and prevention
		VA	Requires local law enforcement to collaborate on an MOU with universities and colleges if requested to handle sexual violence and sexual assault
		WA	Legislative statement of intent to encourage institutions of higher learning to share information and create minimum standards pertaining to campus violence policies and prevention strategies
K-12	Affirmative Consent	CA	Requires that affirmative consent education be included in the curriculum for health education in K-12 schools
	K-12 Curriculum	AK	Include sexual assault prevention in K-12 curriculum, and requires that the curriculum be developed in consultation with the Advisory Council
		CO (1)	Comprehensive sexual health education requirements
		CO (SB 20)	Erin's Law--emphasis is on recognizing child sexual abuse
		VA	Requires high school family life education curriculum to incorporate effective, evidence-based programs on preventing dating violence, domestic abuse, sexual harassment and sexual violence.
	Other Interventions	WA	Requires K-12 schools to have screen for sexual abuse and provide training and protocols to staff
Other Interventions	Affirmative Consent	MN	Defines consent as "words or overt actions by a person indicating a freely given present agreement to perform a particular sexual act with the actor" in the state criminal codes. The definition also state that a pre-existing social relationship or failing to resist does not create consent. It also specifies that a victim's testimony as to lack of consent does not need to be corroborated.
	Advisory Bodies	AK	Council consisting on 4 public members and 4 executive members tasked with coordinating statewide response to sexual violence and assault.
		KY	Council of stakeholders tasked with coordinating government's response to sexual violence, reviewing existing programs, and making recommendations. Membership includes legislative, executive, judicial, and community stakeholders

		MI	Created via executive order--7 member Board tasked with coordinating programs and services to prevent sexual and domestic violence, develop standards for implementation and administration of such programs, provide planning and technical assistance to programs, conduct research, assist with criminal justice to develop reporting standards, advise governor, and assist with public awareness
		NJ	Created via executive order--25 member Advisory Council tasked with reviewing victim support, evaluating current laws and programs, and make recommendations
		OR	Originally formed in 1999 by Oregon Attorney General, the Oregon Sexual Assault Task Force is now a standalone 501(c)3 that provides policy recommendations and advocacy, training, and programs
		VA	Task force to assist the executive branch coordinate response to sexual assault and violence
		VT	Stakeholders from legislative, executive, judicial, and community tasked with providing leadership for a statewide eradication of domestic violence
	Grant Programs	CA	Grants for both prevention of sexual violence and support services for victims of sexual violence
		MN	Creates grants specifically for sexual assault primary preventions services to prevent initial perpetration or victimization
	Grant Programs	MA	Grants for both prevention of sexual violence and support services for victims of sexual violence
		ND	Grants for both prevention of sexual violence and support services for victims of sexual violence
		OR	Grants for both prevention of sexual violence and support services for victims of sexual violence
TX		Grants for both prevention of sexual violence and support services for victims of sexual violence	
Staffing	MN	Creates the director of domestic violence and sexual assault prevention in the Office of Justice Programs in the Department of Public Safety. The Director's role is to support prosecutions and coordinate with other government agencies. The Director must report annually to the legislature.	
Other Policies	IL	Convenes a task force to develop a model domestic violence and sexual assault employee awareness and assistance policy for businesses	
Adverse Childhood Experiences	Advisory Bodies	WA	Creates a public-private initiative to coordinate investments in positive childhood development and mitigating the impact of ACEs. Law includes a reporting requirement with report hyperlinked.
	Financing	MN	Creates grant program for children's mental health services, including ACE training for providers
		WI	Brighter Futures Initiative--fund grants which can include prevention and reduction of incidence of ACE and reduce the impact of ACE through behavioral and other services
	Integration with public health and clinical practice	OR	Includes a requirement that community health improvement plans be based on research, including research into ACE and identify funding to address the health needs of children and adolescents
		VT	Requires Blueprint for Health to use some Global Commitment funds to include family-centered approaches and ACE screenings consistent with a report entitled "Integrating ACE-Informed Practice into the Blueprint for Health"