

The background features a decorative graphic consisting of three blue circles of varying sizes, each with a lighter blue inner circle, arranged in a triangular pattern. Thin blue lines connect the centers of these circles, forming a larger triangle. The circles are positioned in the upper right, middle, and lower right areas of the page.

SYNERGIES

**Strategies for enhancing the capacity of
organizations, communities and individuals to
prevent sexual violence in Washington State**

Synergies: Strategies for enhancing the capacity of organizations, communities, and individuals to prevent sexual violence in Washington State is our state plan for sexual violence prevention. The stakeholders who participated in this process developed this plan to include a variety of complementary and synergistic strategies. The implementation of these strategies will provide the training, capacity building, infrastructure and program management prevention professionals need to demonstrate better practices that increase community engagement and lead to healthier relationships.

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for

Washington State Department of Health, Injury and Violence Prevention Program

Department of Commerce, Office of Crime Victims' Advocacy

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WASHINGTON STATE SEXUAL VIOLENCE PREVENTION PLAN - 2009

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EXECUTIVE SUMMARY

In 1997, Washington State developed its first sexual violence prevention plan. The plan focused on changing the conditions that cause sexual violence. In 2008, the state began the process of revising the plan. Like the 1997 plan, this new plan emphasizes meaningful change rather than symptoms. Both plans view community development as a lever for change.

The Washington State Department of Health and the Department of Commerce - Office of Crime Victims Advocacy are partners in this planning process. Funding for sexual violence prevention includes Rape Prevention and Education Funds. These are part of the Violence Against Women Act funds managed by the Centers for Disease Control. The CDC requires recipients of this funding to develop a statewide sexual violence prevention plan.

A committee formed to revise the plan. The committee consisted of stakeholders familiar with sexual violence prevention. It identified the following goal:

To change the norms, values, beliefs and attitudes that cause sexual violence through the shifting of ownership of solutions from social services to the community.

Based on this overarching goal, members chose a blend of strategies to help prevention professionals improve their practices.

These strategies intend to help attain these outcomes:

- ✚ Increase community collaborations and partnerships.
- ✚ Train individuals, communities and agencies in promising prevention practice.
- ✚ Strengthen infrastructure.
- ✚ Strengthen program management.

It is the hope and intent of the committee to engage individuals, communities, organizations, and government to prevent sexual violence.

INTRODUCTION

Sexual violence is complicated. It happens because of what individuals, communities and societies do – or do not do. Preventing sexual violence requires everyone to change. In 1997, Washington State implemented its first sexual violence prevention plan. The focus of that plan was changing the conditions that cause sexual violence.¹ We focused on creating meaningful change and not treating symptoms. We also chose to work at the community level. Over the past year, we have revised our plan. Our new plan continues the legacy of social change. We hope the plan we have created will inspire all of us to work to end sexual violence. This includes individuals, agencies, communities, government, schools, religious institutions and others.

Many factors influenced the timing of our planning process. A decade has passed since our first plan. We learned a lot in the last 10 years. A plan is now required for Rape Prevention Education (RPE) funding. RPE funds support about half of sexual violence prevention work in Washington State. The Centers for Disease Control (CDC) administers RPE funds. All the states and territories in the United States are developing sexual violence prevention plans. The Washington State Department of Health (DOH) initiated our planning process. It is a collaborative effort with the Department of Commerce - Office of Crime Victims Advocacy (OCVA).

Our plan combines several different philosophies. We used concepts from feminist, anti-oppression, public health and violence prevention theories. We value the unique strengths of each of these disciplines. Feminist theory provides the concept of rape culture. The goal of anti-oppression work is equity. Public health encourages us to change social norms. Lastly, violence prevention tells us violence can be stopped before it happens. Combining these theories allows us to design a comprehensive plan. This plan builds upon our previous work. It is designed to culminate our past work and affirm our goal:

To impact the underlying causes of sexual violence through the shifting of ownership of solutions from social services to the community using a community development approach.

¹ Sharon Silas with Roxanne Lieb: The goal states: To impact the underlying causes of sexual violence through the shifting of ownership of solutions from social services to the community using a community development approach.

What follows is a description of who was involved, the process followed to address this goal, and the strategies determined to help us achieve our goal. We strived to create a plan that is meaningful, relevant and within reach for the entire state.

PLANNING GROUP FORMATION

We based our planning process on community development theory. Community development is a way of doing violence prevention work.² It is one type of community mobilizing strategy. It focuses on involving community leaders. Community leaders define the problem and develop a plan to change it. Choosing the right leaders is integral to community development. It is important to choose people from all parts of the community.

We wanted our committee to include people of different races, ethnicities, gender, ages, classes, sexual orientation, disability status, and spiritual beliefs. We intended to include as many communities as possible. However, we were not able to recruit members from all the communities we wanted to have represented. The planning group includes people from the following categories:

Rural

Frontier

Urban

Tribal Communities - Urban

Tribal Communities Reservations

Eastern Washington

Western Washington

Public Health

Sexual Violence Prevention

Children/Teen Service Providers

Sexual and Domestic Violence Direct Service Providers

Sexual and Domestic Violence Directors

College/University

Researchers

Law Enforcement

Sexual Violence Prevention Committee Members (1997)

² Lydia Guy. *An Introduction to Community Development: Activation to Evaluation* Sexual Assault Prevention Resource Center, Washington Coalition of Sexual Assault Programs 2007.

Our planning group consisted of 15 official members and five ex-officio members. The official members represented all of the categories listed above. Facilitators met with over 45 individuals in the recruitment process. We contacted people by phone or in-person. It was important to our process that potential committee members have personal contact. The ex-officio members are staff members from the Department of Health – Injury and Violence Prevention Program, the Department of Commerce - Office of Crime Victims Advocacy and the Washington Coalition of Sexual Assault Programs.

We are extremely grateful for the contributions of the planning group. The creation of this plan would not have been possible without them. To learn more about those who participated in the state planning effort, see their brief biographies in the back of this document.

STAKEHOLDER INPUT PROCESS

Plans are most effective when the people affected by the plan have meaningful input.³ We gathered input in three different ways to include more communities. We are extremely grateful for the information provided by all of the stakeholders. Their input allowed us to create a plan that represents the diversity of Washington State.

Sexual Violence Prevention Committee

We asked the formal Sexual Violence Prevention Committee for input through in-person meetings, email and conference calls.

Community Voices

We asked Community Voices for input through in-person meetings email and/or conference calls. Community Voices is a standing committee of the Office of Crime Victims Advocacy (OCVA). Its focus is historically underserved and marginalized communities.⁴

Key Informant Interviews

We spoke with individuals from communities not represented on the Sexual Violence Prevention Committee or Community Voices.

³ William Lofquist (*Technology of Development: A Framework for Transforming Community Cultures*, Development Publications, 1996) defines the Principle of Participation as: When people have an opportunity to participate in decisions and shape strategies that vitally affect them, they will develop a sense of ownership in what they have determined and commitment to seeing that the decisions are sound and that the strategies are useful effective and carried out.

⁴ Gayle m. Stringer, M.A. et al., *Community Voices Recommendations Report*, Office of Crime Victims Advocacy, Washington Coalition of Sexual Assault Programs, 2002

MEETING OVERVIEW

STRUCTURE

The meetings were a collaborative effort of the Washington State Department of Health, the Department of Commerce - Office of Crime Victims Advocacy and the Washington Coalition of Sexual Assault Programs. Independent consultants Gayle Stringer and Lydia Guy Ortiz jointly facilitated meetings. Stakeholders committed to a minimum of six day-long meetings. The committee met from January to October 2008. We structured meetings to allow for small group discussion, large group discussion and homework assignments. The committee reconvened in May 2009 to provide final input to the written report.

Washington State's goals for sexual violence prevention are:

1. To have a well-defined and updated sexual violence prevention plan for Washington.
2. To have a well-trained and well-supported sexual violence prevention field.
3. To advance sexual violence prevention that promotes social change through a community development model.
4. To sustain an infrastructure to support the goals of the sexual violence prevention plan.
5. To evaluate and measure implementation of sexual violence prevention activities and strategies.

We were able to achieve the first of our anticipated outcomes using the planning process. Implementation of the plan will lead to achieving the other outcomes. We are confident that we will meet our goals. Our planning process was extremely participatory. The amount of stakeholder input we received contributed to the richness of our plan, but was challenging at times. The planning process provided us an opportunity to analyze our sexual violence prevention processes. The result will be prevention professionals who demonstrate better practices that increase community engagement and lead to healthier relationships.

MEETING TOPICS

Each meeting had an objective and a theme. The overall objective was to create compelling sexual violence prevention strategies for Washington State. The data that gathered as part of the planning process is contained in a separate document, *“Synergies: A summary of needs of organizations, communities and agencies working to prevent sexual violence in Washington State.”* In that document you will find detailed information regarding the data that informed our decision-making process.

Meeting Objective

Food for thought

To discuss and define sexual violence prevention from personal, state and national perspectives

“Sexual Violence is a significant public health problem in the United States.”

**Rodney Hammond
Director, Division of Violence Prevention
Centers for Disease Control and Prevention**

To examine sexual violence prevention strategies as we currently implement them in Washington State

“Good plans shape good decisions. That’s why good planning helps to make elusive dreams come true.”

**Lester R. Bittel,
The Nine Master Keys of Management**

To begin prioritizing areas of emphasis for the prevention plan

“I get up every morning determined to both change the world and have one hell of a good time. Sometimes this makes planning my day difficult.”

**E. B. White
U.S. Author and Humorist**

Meeting Objective

Food for thought

To develop initial recommendations

“Planning is bringing the future into the present so that you can do something about it now.”

**Alan Lakein,
Harvard MBA, Time Management Expert**

To refine recommendations

“Imagination is the beginning of creation. You imagine what you desire, you will what you imagine and at last, you create what you will.”

**George Bernard Shaw
Irish Dramatist and Socialist (1856 - 1950)**

To continue to refine recommendations

“Change has a considerable psychological impact on the human mind. To the fearful, it is threatening because it means that things may get worse. To the hopeful it is encouraging because things may get better. To the confident, it is inspiring because the challenge exists to make things better.”

**King Whitney Jr,
Corporate Executive – Personnel
Laboratories, Inc.**

To review the current draft of the prevention plan and finalize strategies

“You must be the change you want to see in the world.”

Mahatma Gandhi

STATEWIDE GOAL

Committee members agreed with the intent of the 1997 goal⁵ but thought the language was hard to understand. We used the 1997 goal to guide us through the planning process. In our final meeting, the committee revised the goal.

Sexual violence is pervasive. It is part of our culture. It affects systems, agencies, organizations, communities and individuals. All of these entities must change to end sexual violence. Social service agencies play a unique and critical role in facilitating change. They provide leadership, information and services. Social service agencies remain important, but the community and all of the individuals that make up the community must take ownership of the norms, values, beliefs and attitudes that support sexual violence. Social service agencies cannot accomplish social change alone; it requires the community to be active, committed and engaged.

To change the norms, values, beliefs and attitudes that cause sexual violence through the shifting of ownership of solutions from social services to the community.

Silas with Lieb. The goal states: to impact the underlying causes of sexual violence through the shifting of ownership of solutions from social services to the community, using a community development approach.

SEXUAL VIOLENCE DEFINITION

Sexual violence defined simply is any action of a sexual nature that causes harm. Some of the more common forms are rape, marital rape, date rape, acquaintance rape, child sexual abuse, incest, sexual exploitation and sexual harassment.

Perpetrators and victims can be of any age, gender, class, race, religion, ethnicity or disability status, although most perpetrators are male. Individual people commit the sexually violent acts but society creates an environment that allows it to happen. In Washington State, we created a definition of sexual violence that focuses on these societal issues. We call these factors the roots of sexual violence. We also call these factors the barriers to social change. We believe that these factors are the reasons sexual violence happens. We see these factors in individuals, groups, and systems. We also believe these factors act as barriers to changing the things in our society we need to change to end sexual violence.

We grouped these factors into six major categories: Environment, Oppression, Denial, Experience, Lack of Education/Communication and Lack of Sanctions. Our basic premise is we need to change societal and community norms to prevent sexual violence. It is our goal to support norms that encourage positive and healthy sexual behavior and decrease the norms that are linked to sexual violence. Public health agencies such as the Centers for Disease Control and the World Health Organization believe the most effective approaches are comprehensive and address multiple levels of the socio-ecological model.⁶

ENVIRONMENT

We use the term “environment” to mean mainly social environment. According to the 2009 population estimate, prepared annually by the Office of Financial Management, Washington State's population is 6,668,200 as of April 1, 2009. This represents growth of 80,600, or 1.2 percent, over the last year. Migration is an important component of our state's growth, and is largely driven by employment

⁶ Centers for Disease Control and Prevention. *Sexual Violence Prevention: Beginning the Dialogue* Atlanta, GA: Centers for Disease Control and Prevention, 2004.

opportunities⁷. Our state culture is mobile and greatly impacted by the media, popular culture and technology – often contributing factors that lead to an unhealthy social environment. Microsoft, Intel, Nintendo, Boeing, and Starbucks have corporate offices located in Washington State. Due to the ease of movement and migration, and to similar contributing factors, the social environment of Washington State is like that of many other western states.

Our social environment includes the messages and images about sexual violence we see on a daily basis. These messages affect us all. They teach us appropriate behavior. It includes negative messages about gender, sexuality and power. It is not just the media - such as television, radio, films, and advertising - but also what we teach each other. These messages include rigid gender roles, linking sexuality to violence and encouraging people to use power to get what they want. One form of rigid gender roles is creating one definition of masculine, one definition of feminine and nothing in between. All of those things create a setting where sexual violence is a natural occurrence.

In some communities, there are other messages that contribute to a sexually violent atmosphere. One of these is alcohol and drugs. The chance increases for sexual violence to occur when the community norm is to use and abuse alcohol and other drugs.⁸ It does not necessarily cause the violence but that norm combined with the other negative norms creates a more dangerous environment. To prevent sexual violence we must support environments that challenge the existing social norms. Our socialization informs the way we behave. We must challenge the negative and more importantly offer positive alternatives. Changing the socialization is complex. It requires prevention professionals who are knowledgeable and proficient in sexual violence prevention practices.

Example: Sexual violence occurring in a fraternity may be a direct result of the culture of the organization. If binge drinking, partying, and convincing women to have sex are common, they become the norm. In order to prevent sexual violence we need to change the norm within the organization. Changing the behavior of individual students (male or female) is not enough.

⁷ <http://www.ofm.wa.gov/news/release/2009/090629.asp> Washington State Office of Financial Management.

⁸ Abbey A, Parkhill MR, Jacques-Tiura AJ, Saenz C. *Alcohol's role in men's use of coercion to obtain unprotected sex*. Substance Use and Misuse 2009; 44(9-10): 1329-48.

OPPRESSION

The basis of oppression is the abuse and misuse of power, which is also the root of sexual violence. Oppression is the systematic use of power or privilege by one group at the expense of disempowering, marginalizing, silencing, and putting down another group. It is not just prejudice of individuals, or prejudging someone. It is the fact that our society does not treat people equally. Many people in our society - women, people of color, immigrants, gay men, lesbians, transgender people, poor/working class people and people with disabilities - experience oppression on a daily basis. We define people not subjected to oppression on a daily basis as privileged.⁹ Using this definition a substantial portion of Washington residents are considered privileged. According to the data collected in the 2000 census the population of Washington is almost six million.¹⁰

- 92 % are White.
- 92% are non-Hispanic.
- 93% are families above poverty level
- 83% do not have a disability
- 8% are People of Color.
- 8% are Hispanic
- 7% are families below poverty level
- 17% are people with a disability

Despite these statistics, diversity exists in Washington. Washington State is becoming more diverse. According to a March 26, 2006 press release from the Office of Financial Management, by the year 2030, almost 1 in 3 residents will be a minority. The largest increases are projected to be within the Asian/Pacific Islander, Hispanic and multi-racial categories¹¹. Given this trend, it is imperative our analysis of sexual violence include oppression.

Oppression contributes to sexual violence in some very specific ways. People experiencing oppression are targeted because of their increased vulnerability or lack of societal power. They may also start to believe and internalize negative messages or stereotypes which may increase their vulnerability. In

⁹ Peggy McIntosh (*White Privilege and Male Privilege: A Person Account of Coming to See Correspondences Through Work In Women's Studies*, Center for Research on Women, Wellesley College, MA, 1988) provides a detailed description of privilege. Suzanne Pharr (*Sexism: A Tool of Homophobia*, Chardon Press, 1997) provides a detailed description of heterosexual privilege.

¹⁰ <http://www.ofm.wa.gov/census2000/default.asp>, Washington State Office of Financial Management

¹¹ <http://www.ofm.wa.gov/pop/race/press.pdf>, Washington State Office of Financial Management

addition, our society tends to assume that everyone is heterosexual and there is one right way of being male. These specific attitudes and beliefs have been linked to perpetration.¹²

Example: Perpetrators may choose a person with a cognitive disability to victimize because of their disability. People with cognitive disabilities are frequently not believed and minimized. If they report the abuse, they may be dismissed as not credible. We must acknowledge and confront the discrimination against the person with the disability in order to create change.

DENIAL

Our society tends to underestimate the severity and frequency of sexual violence. We do not have a standard data system to gather information that describes the scope of the problem. We do not acknowledge the fact that sexual violence happens to a lot of people and has life-long effects. We tend to blame victims by expecting them to have kept themselves safe. We do not seem to realize we are all responsible for keeping everyone safe. The majority of time and financial resources are spent on punishing the perpetrators who have been caught. Resources should be equitably divided between prevention, intervention and punishment.

Example: In 2008, there were 2,578 reports of arrests for forcible rape in Washington.¹³ About 1 in 6 women in Washington State will suffer forcible rape in her lifetime.¹⁴ Most people do not receive counseling¹⁵. Many have long-term negative effects. Frequently, we blame victims for not being able to “get on with their lives.” In order to create change we need everyone to understand the severity of the problem. We also need to be willing to devote resources to victims not just punishing the perpetrators.

¹² http://www.cdc.gov/ncipc/dvp/SV/svp-risk_protective.htm, Department of Health and Human Services, Centers for Disease Control and Prevention

¹³ Joan Smith et al., , *The Crime in Washington 2008 Annual Report*, Washington Association of Sheriffs and Police Chiefs, 2009.

¹⁴Patricia Tjaden and Nancy Thoennes. *Prevalence, Incidence, and Consequences of Violence against Women: Findings From the National Violence Against Women Survey*, U.S. Department of Justice, National Institute of Justice, 1998.

¹⁵ Lucy Berliner et al., *Sexual Assault Experiences and Perceptions of Community Response to Sexual Assault: A Survey of Washington State Women* Washington State Office of Community Development: Office of Crime Victims Advocacy, Harborview Medical Center, 2001.

EXPERIENCE

Sexual violence is an extremely traumatic event that changes many parts of a victim's life. It can affect them physically, emotionally, psychologically, and spiritually. Trauma occurs by people who witness sexual violence too. Sexual violence is one form of unhealthy sexuality. Experiencing it makes it more difficult to identify and have healthy sexuality.

Example: A person raped as an adult may have a hard time adjusting. Talking about sexual violence and sexuality is difficult in our culture already; experiencing sexual violence only makes this harder to bring up. If the services we create are meaningful, people will be able to talk about sensitive issues. The silence surrounding sexual violence and the blaming of victims are cultural norms that support sexual violence. These norms are part of a "Rape Culture"¹⁶. Comprehensive prevention strategies focus on ending the rape culture.

LACK OF EDUCATION/COMMUNICATION

People rarely talk about sexual violence in an open and honest way. We also do not talk about healthy sexuality. This creates silence surrounding the issue. Sometimes this silence is purposeful or willful. People refuse to take advantage of the education opportunities offered to them. Most of the time people have not learned how and why sexual violence occurs. They grow up believing the myths about rape the media shows. They believe rape is about short skirts, or lack of access to sexual partners instead of about abuse of power. In order to understand sexual violence they need to understand its relationship to oppression. In order to understand oppression they need to recognize their own privilege and not assume everyone is treated equitably. Sexual assault prevention education provided by community sexual assault programs in Washington State has included single presentations as well as a focus on information and awareness activities. Shifting to comprehensive methods of educating individuals and communities will increase the efficacy of our education efforts.

Example: Some of the common rape myths are homophobic. People hear or learn that men who sexually assault men or boys are gay. Boys who experience sexual assault by men receive the message that they will "turn" gay because of their assault. In order to create change we must provide the information that most rapists are heterosexual regardless of who they assault. We also must educate people about homophobia and have open conversations about sexual orientation.

¹⁶ Susan Brownmiller (*Against Our Will: Men, Women and Rape*, Simon and Schuster, 19975) defines "rape culture" as a term describing a culture whose attitudes, norms, and practices support sexual violence.

LACK OF SANCTIONS

Sanctions are more than laws. Sanctions are the public opinions and customs a society uses to hold people accountable. We have many laws regarding sexual violence but few sanctions. Few cases of sexual violence lead to a report to law enforcement, a prosecution in the courts, or a conviction.¹⁷ When the public becomes outraged, it is usually a case involving a child, murder or multiple victims. Cases such as Zina Linnik's murder by Terapon Dang Adhahn are indicative of this¹⁸. We are not outraged when it is a single victim with a known perpetrator. Most sexual violence occurs between people who know or have met each other, for example acquaintances, classmates, co-workers, neighbors, coaches, family members, teachers, and spiritual leaders. Most perpetrators are never held accountable. People are often aware something seems wrong and they fail to intervene. Sexual violence prevention requires each of us to hold **all** perpetrators accountable. Accountability requires us to create systems, both legal and social, to help communities create appropriate sanctions. Prevention professional who are skillful in bystander techniques can provide individuals and communities with the necessary tools to hold people accountable in their own communities.

Example: Bystanders are vital to ending sexual violence. An intervention by someone who notices a woman leaving a bar after drinking can help avoid an assault. Sometimes we are aware of something going wrong and we fail to act. We may have noticed the woman appeared too drunk to make good decisions. We may have noticed a man in the bar was pressuring the woman. We may blame the woman because she drank too much. We may say, "It's not the perpetrator's fault because she was asking for it." The norm in our society is not to intervene. We need to create a culture where the norm is to intervene and hold the perpetrator accountable.

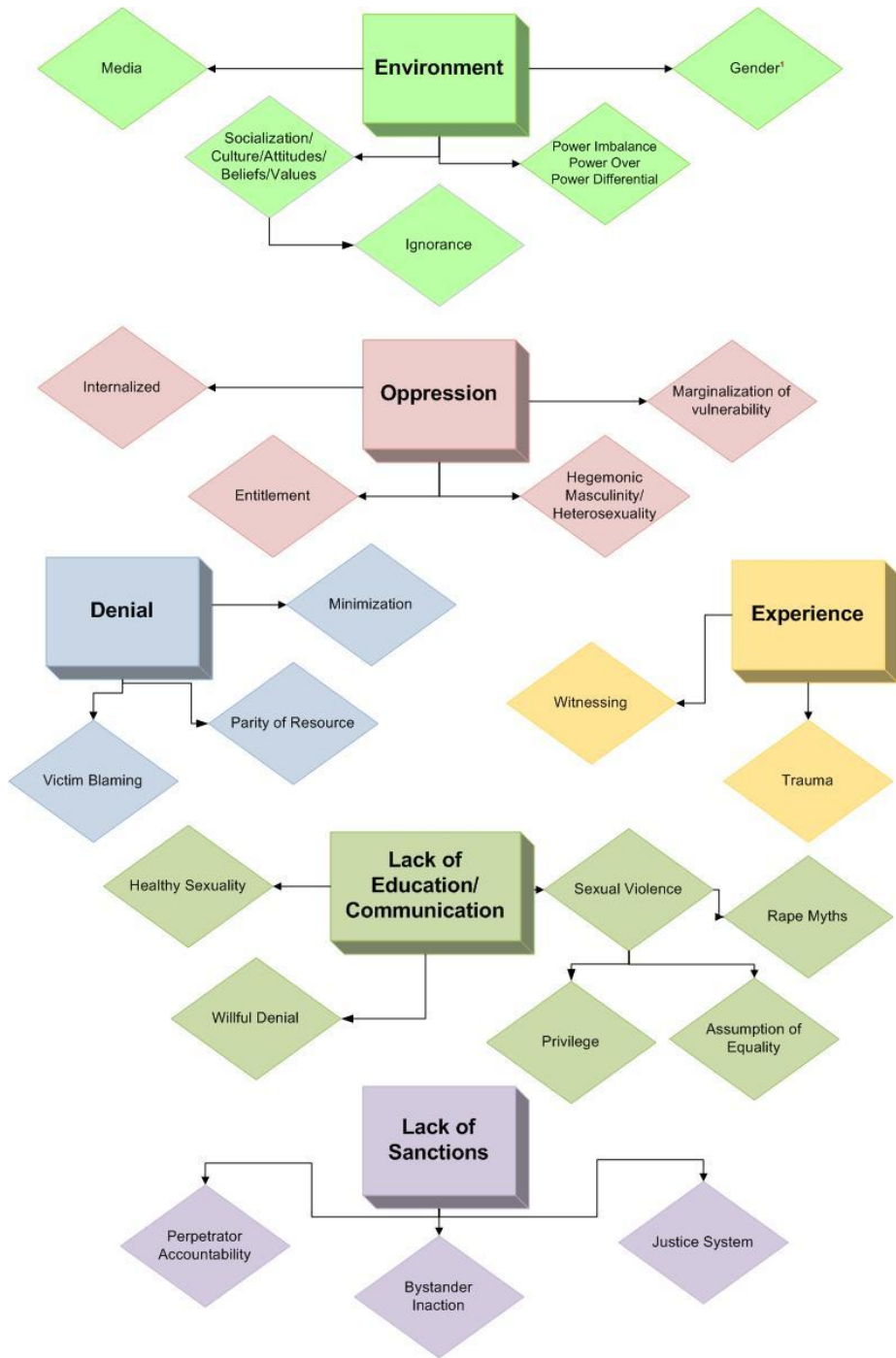
¹⁷ Berliner et al., 15% of women who were sexually assaulted reported to police.

¹⁸ Terapon Dang Adhahn is a convicted sex offender from Tacoma, Washington who made national and international headlines for his alleged involvement in the abduction and murder of 12-year-old Zina Linnik and suspicions revolving around the abduction and murder of AMBER Alert namesake Amber Hagerman. Charges were also filed against him involving the rape and abduction of an 11-year-old girl near Fort Lewis, Washington in 2000 and the repeated sexual assaults of a teenage acquaintance that span from 2000 to 2004.

CONCLUSION

Sexual violence is a complex issue. It is part of the larger issues of violence and oppression. In order to prevent sexual violence we need to change society. Changing society is a long and difficult process requiring everyone - individuals, agencies, institutions, and communities - to do their part. It requires us to look for solutions that are new, innovative and effective.

ROOTS OF SEXUAL VIOLENCE - BARRIERS TO SOCIAL CHANGE



1. Inclusive of all aspects of gender – not just binary

STRATEGIES

Determining strategies was difficult. We wanted to create strategies that were realistic with the current amount of funding. It was also important our strategies move us toward our goal. We will implement this plan over seven to 10 years. The strategies chosen are a portion of those considered. Our needs assessment is the data used to develop these strategies. It was important to stakeholders for all six of these strategies to be included. Even though we narrowed the strategies down, there are still more than we can accomplish with current resources. Therefore, we have prioritized the list of strategies to attain the following goals:

- ✦ Increase community collaborations and partnerships.
- ✦ Train individuals, communities and agencies in promising prevention practice.
- ✦ Strengthen our infrastructure.
- ✦ Strengthen local and state program management.

Our planning process has three phases: needs assessment, plan development and implementation. Details about the assessment are located in our needs assessment document [*Synergies: A summary of needs of organizations, communities and agencies working to prevent sexual violence in Washington State.*](#) Details about the planning process and strategies are located in this document. Documentation of implementation process will come in various forms of communication. These will include communication directly to stakeholders, grant applications and reports, and exhibited in final implementation products.

TRAINING AND TECHNICAL ASSISTANCE

STRATEGY #1: REDESIGN CULTURALLY AND LINGUISTICALLY APPROPRIATE PREVENTION TRAINING, NETWORKING OPPORTUNITIES, AND RESOURCE SHARING REQUIRED AND AVAILABLE TO THE FIELD.

Analysis: Technical assistance and training is available in various forms to the sexual violence prevention field. Training and technical assistance evolved over the last 10 years to address specific needs and/or deficits. It is time to review and redesign the training and technical assistance to be more cohesive and to meet the current needs.

Connection to Roots of Sexual Violence/Barriers to Social Change

This strategy will primarily affect [Lack of Education/Communication](#) by increasing the skill level of sexual violence prevention professionals. Skilled professionals are more effective in providing education to the community that promotes change and encourages healthy sexual interactions and community connectedness.

Solution

1. Design and implement an initial training that includes a training tool with the goal of increasing knowledge and skills on community development and primary prevention.
2. Design and implement a two-tier system in which prevention staff and supervisors receive enhanced training while direct service staff in the same organization receives basic training on prevention.
3. Create ongoing opportunities that enhance skills for prevention staff and directors. Use a variety of techniques including, but not limited to, Webinars, Washington Coalition of Sexual Assault Programs (WCSAP) conferences and other training events.
4. Standardize and enhance additional training.

Implementation

A time-limited workgroup consisting of some members of the original planning group as well as Office of Crime Victims Advocacy (OCVA) and Department of Health (DOH) staff will be convened. This group will create a statement of work which specifies the trainers, target audience and criteria for the future trainings. Specific evaluation measures as well as short-, medium- and long-term outcomes will be determined.

Supportive Theory: Nine principles for making your prevention programs more effective.

Maury Nation developed these principles¹⁹ to improve sexual violence prevention work.

1	Comprehensive	Strategies should include multiple components and affect multiple settings.
2	Varied Teaching Methods	Strategies should include multiple teaching methods, including some type of active, skills-based component.
3	Sufficient Dosage	Participants need enough exposure to the activity for it to have an effect.
4	Theory Driven	Create prevention strategies based on promising practice, best practice and/or logic.
5	Positive Relationships	Create programs fostering strong, stable, positive relationships between children and adults.
6	Appropriately Timed	Introduce program activities at the “right” developmental stage. The goal is to maximize the opportunity of significantly influencing a participant’s life.
7	Socio-Culturally Relevant	Design programs to be appropriate for specific cultural beliefs and practices of specific groups as well as local community norms.
8	Outcome Evaluation	An evaluation system focused on outcomes is necessary to determine if a program or strategy works.
9	Well-Trained Staff	Staff members who are sensitive, competent, and have received sufficient training, support, and supervision should implement programs.

¹⁹ Maury Nation et al., What Works in Prevention: Principles of Effective Prevention Programs, American Psychologist, 2003, p. 58.

Principle 9 is *Well-Trained Staff* – the primary Principle that supports this strategy. Staff must be adequately trained and supervised to implement effective programs and strategies. The focus of this strategy is to create and maintain well-trained prevention work force.

We will redesign culturally and linguistically appropriate prevention training, networking opportunities, and resource sharing required and available to the field so skilled professionals facilitate prevention initiatives that promote change and encourage healthy sexual interactions and community connectedness.

COMMUNITY COLLABORATION & PARTNERSHIPS

STRATEGY #2: CAPACITY BUILDING FOR TARGETED COMMUNITIES

Analysis: The Sexual Violence Prevention Plan of 1997 emphasized shifting ownership of preventing sexual violence from social service organization to communities. The final phase of its execution was to require all community sexual assault programs (CSAPs) to engage in community development. Funding is awarded to agencies using a base allocation with a population add-on as part of our accreditation process. Awarding funding in this way ensures every county had a designated CSAP engaged in sexual violence prevention. As detailed in the Community Voices Report of 2002, some historically marginalized communities felt their prevention efforts were under-supported in comparison to CSAPs. Our needs assessment anecdotal data reaffirmed the finding that some marginalized communities have not been able to access the tools and resources to support current sexual violence prevention efforts.

We attempted to confirm this with more objective data sources. Our best source of information about individuals who access the sexual assault service delivery system in Washington State is service data. We collect prevention data using a more subjective method, which includes narratives. It has been our observation that the demographics of clients receiving intervention services are comparable to the demographics of individual engaged in prevention initiatives for any given program. Comparing service data to

census data provides information about who is accessing the sexual violence service delivery system. It is not prevention specific but a good place to start.

Connection to Root of Sexual Violence/Barriers to Social Change

This strategy will primarily address Oppression by promoting equity in our sexual violence prevention service delivery system. Addressing issues of inequity in the structure will translate to better access to culturally relevant prevention initiatives to underserved and un-served communities.

Solution

1. Utilize data to determine targeted communities.
2. Develop a process to figure out the best entity to implement sexual violence prevention strategies in those communities with the overall goal of communities having the tools, resources and ability to prevent sexual violence themselves.

Implementation

A time-limited workgroup consisting of some members of the original planning group as well as OCVA and DOH staff will be convened in the first phase of implementation to design a process of choosing the targeted community and the appropriate mechanism to build capacity. Specific evaluation measures and short, medium, and long-term outcomes will be determined.

Supportive Theory: Universal / Selected / Indicated Strategies

A "universal strategy" of prevention is one that targets everyone. A "selected strategy" targets people and communities who may have a greater risk of becoming a victim or perpetrator of sexual violence. An "indicated strategy" targets victims or perpetrators of sexual violence.

This is a selected strategy. Communities typically underrepresented are more likely to experience oppression than the general population. Oppression is one reason they are underrepresented. Members of these communities often experience more negative

outcomes from sexual violence than other people. This is a health disparity.²⁰ The goal is to use a selective strategy to reduce health disparities.

We will build capacity in targeted communities so we increase access to culturally relevant prevention initiatives by underserved and un-served communities.

STRATEGY #3: SUPPORT COLLABORATION BETWEEN SEXUAL VIOLENCE PREVENTION CONTRACTORS AND NATURAL ALLIES. ENCOURAGE THESE COLLABORATIONS TO FOCUS ON ROOT CAUSES OF SEXUAL VIOLENCE INCLUDING, BUT NOT LIMITED TO, OPPRESSION.

Analysis: Implementation of sexual violence prevention strategies has occurred in isolation and focused on symptoms as opposed to root causes. Encouraging community-based agencies, community sexual assault programs and other prevention specialists to partner will increase capacity and maximize resources.

Connection to Root of Sexual Violence/Barriers to Social Change

This strategy focuses broadly on the *Roots of Sexual Violence/Barriers to Social Change*. Collaborations will be encouraged to develop that include an analysis of sexual violence that focuses on all the root causes: *Environment, Oppression, Denial, Experience, Lack of Education/Communication* and *Lack of Sanctions*.

Solution

Encourage contractors to focus more on root causes and promote the following strategies:

1. Partnering.
2. Cross-training.
3. Social marketing campaigns based on addressing root causes, which are culturally appropriate/relevant.

²⁰ Health disparities (also called healthcare inequality) refer to gaps in the quality of health and health care across racial, ethnic, and socioeconomic groups. The Health Resources and Services Administration define health disparities as "population-specific differences in the presence of disease, health outcomes, or access to health care."

Implementation

Limited resources required prioritization. This strategy is not one of the initial priorities for the first phase of implementation. Initiation of this strategy will be determined in subsequent implementation plans.

Supportive Theory: Spectrum of Preventionⁱ

The *Spectrum of Prevention*²¹ is a framework for understanding prevention strategies. It describes six levels of involvement.

6	Influencing Policy & Legislation	Developing strategies to change laws and policies to influence outcomes
5	Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
4	Fostering Coalitions & Networks	Convening groups and individuals for broader goals and greater impact
3	Educating Providers	Informing providers who will transmit skills and knowledge to others
2	Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
1	Strengthening Individual Knowledge & Skills	Enhancing an individual's capability of preventing injury or illness and promoting safety

Programs in Washington have been much more effective in developing strategies in levels 1 – 3. A balanced approach to preventing sexual violence requires strategies at all levels of the spectrum. This strategy focuses specifically on increasing our efforts in level 4.

²¹ Rachel Davis, Lisa Fujie Parks, and Larry Cohen, *Sexual Violence and the Spectrum of Prevention: Towards a Community Solution*, National Sexual Violence Resource Center, 2006.

We will support collaborations focused on root causes of sexual violence between sexual violence prevention contractors and natural allies so that prevention activities designed to challenge the roots of sexual violence and minimize the barriers to social change.

INFRASTRUCTURE

STRATEGY #4: REDEFINE AND CLARIFY PREVENTION STANDARDS

Analysis: Washington State utilizes prevention standards as a funding requirement. The current core prevention standards of information and awareness, skill building, and social change are somewhat ambiguous. It is not always clear to both reviewers and agencies which activities are prevention.

Connection to Root of Sexual Violence/Barriers to Social Change

This strategy will primarily influence [Lack of Education/Communication](#). The prevention standards provide direction to sexual violence prevention professionals in developing and executing prevention activities. Clarity in the standards provides the infrastructure needed for professionals to provide education to the community that promotes change and encourages healthy sexual interactions and community connectedness.

Solution

The contracting agency (OCVA) should:

1. Review the prevention standards.
2. Clearly define social change and/or primary prevention work and the eligible activities that support the prevention standards.
3. Ensure agencies receiving OCVA funding are meeting the prevention standards.

Implementation

Separate from this process OCVA (as the contractor) revises accreditation and service standards. The prevention standards are scheduled for review during the first phase of implementation. OCVA will develop a mechanism to ensure data from the needs assessment as well as input from the planning committee is included in their revision process.

Supportive Theory: Nine principles for making your prevention programs more effective.

Principle 4 is *Theory Driven*. Its focus is developing and implementing programs based on promising or best practice. In Washington State, we developed standards for prevention work. These standards give direction to everyone in the state receiving sexual violence prevention funding. Revising and clarifying these standards allows us to make sure our programs are based on the best theories and practices.

We will redefine and clarify prevention standards so prevention professionals have the necessary infrastructure to provide education to the community that promotes change and encourages healthy sexual interactions and community connectedness.

STRATEGY #5: DEVELOP AND ENHANCE EVALUATION

Analysis: Formal evaluation of prevention efforts has been limited. Enhancing evaluation will inform service provision.

Connection to Root of Sexual Violence/Barriers to Social Change

This strategy focuses broadly on the *Roots of Sexual Violence/Barriers to Social Change* by increasing the efficacy of our sexual violence prevention efforts.

Enhanced evaluation allows us to prioritize the activities that promote change and encourage healthy sexual interactions and community connectedness.

Solution

1. Develop and implement an outcome evaluation approach.
2. Develop and implement a process evaluation approach.

Implementation

Limited resources required prioritization. This strategy is not one of the initial priorities for FY 09-10. Despite this fact, we recognize evaluation is key. Within existing funding evaluation, measures for the priority strategies will be designed and implemented.

Supportive Theory: Nine principles for making your prevention programs more effective

Principle 8 is *Outcome Evaluation* is an important step in any successful prevention strategy. The purpose of this strategy is to develop and implement outcome and process evaluation. Outcome evaluation will tell us if we have created change. Process evaluation will tell us how we created it.

We will develop and enhance evaluation so we are able to determine and prioritize the activities that promote change and encourage healthy sexual interactions and community connectedness

PROGRAM MANAGMENT

STRATEGY #6: PROMOTE HEALTHY RELATIONSHIPS AND/OR EQUITABLE RELATIONSHIPS AS A FOCUS OF SEXUAL VIOLENCE PREVENTION PROGRAMMING. SUPPORT PROGRAM DESIGN WITH A HOLISTIC APPROACH THAT INCLUDES AN ANTI-OPPRESSION FOCUS.

Analysis: The sexual violence prevention strategies we are implementing right now do not focus enough on primary prevention. Shifting the paradigm to healthy and/or equitable relationships will help contractors move away from secondary and tertiary prevention strategies.

Connection to Root of Sexual Violence/Barriers to Social Change

This strategy will primarily influence Environment Holistic approaches will address the components of environment - media; socialization; culture; attitudes; beliefs; values; gender; power imbalance; power over; power differentia; and ignorance.

Solution

Ensure contractors focus more on holistic approaches including healthy and/or equitable relationships.

Implementation

Limited resources required prioritization. This strategy is not one of the initial priorities for the first phase of implementation. Its initiation will be determined in subsequent implementation plans.

Supportive Theory: Health Promotion

Public health focuses on the idea of creating healthy people. The World Health Organization defines health promotion as "...the process of enabling people to increase control over their health and its determinants, thereby improve their health. It is a core function of public health and contributes to the work of tackling communicable and non-communicable disease and other threats to health."²² We have tended to focus on ending or preventing sexual violence. Public health theory tells us we must also focus on the creation of health. The opposite of sexual violence is a healthy and equitable interaction between people.

We will support program design with a holistic approach so that we change our environment from one that supports a rape culture to one that promotes healthy relationships.

PRIORITY STRATEGIES

- ✦ Capacity building for targeted communities**
- ✦ Redesign culturally and linguistically appropriate prevention training, networking opportunities, and resource sharing required and available to the field**

There are not enough resources to implement all of the strategies developed. It is also not possible to influence all components of the Roots of Sexual Violence – Barriers to Social Change significantly with our current assets. The six strategies we decided on represent less than half of the strategies considered. It was very difficult to choose strategies to prioritize. Committee members, stakeholders and key informants felt the strategies represented a complete program. It was very difficult to agree which strategy should come first or even which strategy was most important. Because there are limited resources, we felt prioritization was necessary. After several attempts, we decided to prioritize the two strategies listed above. Our next steps will be the convening of a time-limited implementation workgroup in FY 09-10. This group will provide a detailed implementation for the two prioritized strategies. The period for this plan is seven to 10 years. After the implementation of the initial strategies, subsequent implementation work groups will convene to determine the next steps.

²² World Health Organization, *Milestones in Health Promotion: Chapter 6 – The Bangkok Charter for Health Promotion in a Globalized World*, 2009.

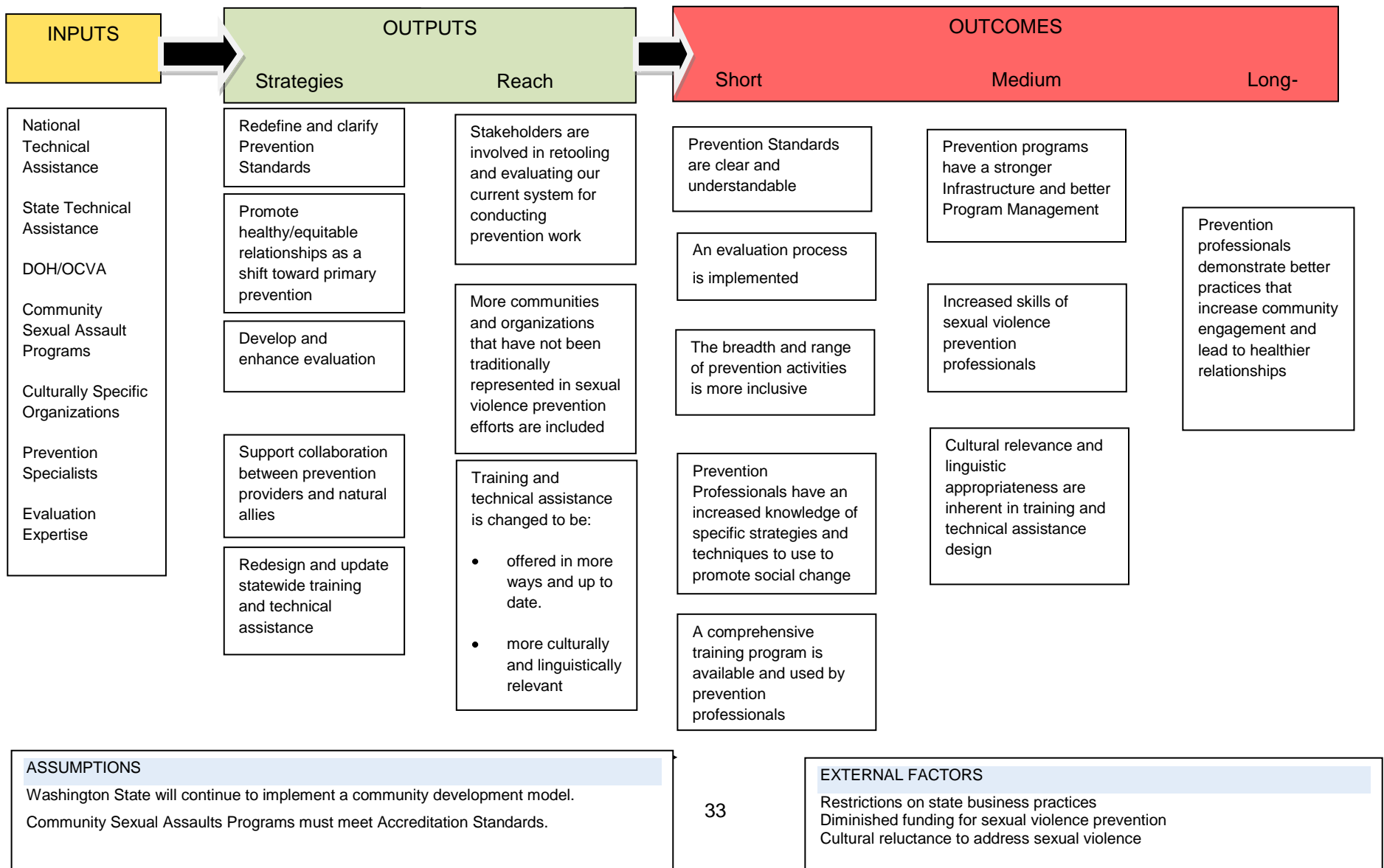
Preventing Sexual Violence in Washington State

Because we have these resources

...we are able to implement these

...we are able to reach these

...so that we have these outcomes for our state

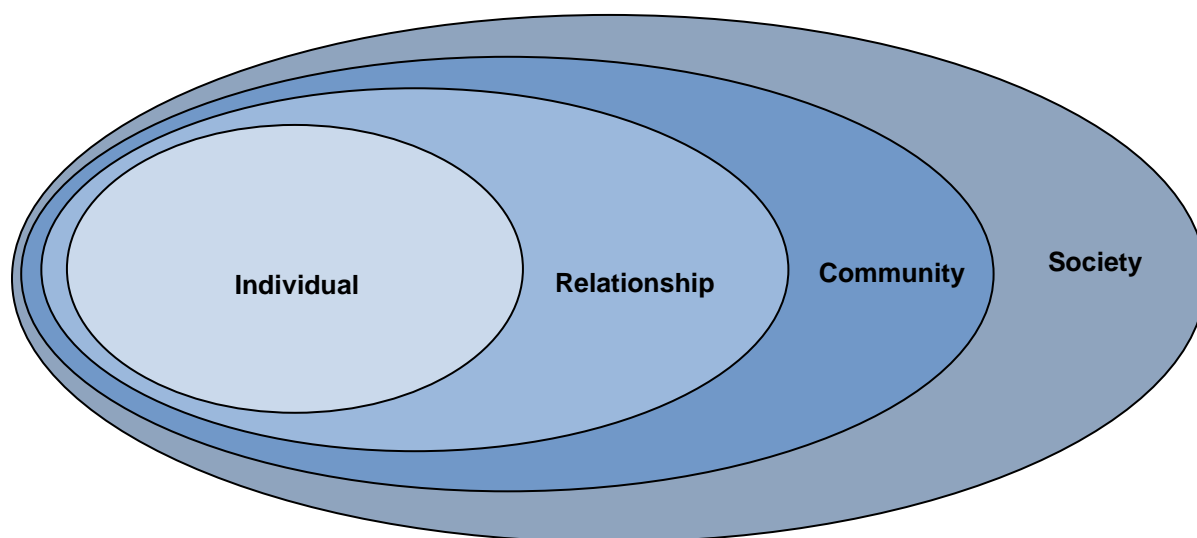


UNDERLYING THEORY

Note about the word theory: In this document, we have used the word theory a lot. Strictly speaking, a theory is set of statements or principles devised to explain a group of facts or phenomena, especially one that is tested or is widely accepted and can be used to make predictions about natural phenomena. Some of the ideas, models and frameworks we have presented are not considered theories to a scientist or researcher but we wanted to use a word that was familiar to most people.

Theory informs our plan. These theories are the foundation for our plan. Everything we chose to include in this plan builds upon the ideas found within these theories, frameworks and models.

SOCIO- ECOLOGICAL MODEL



The socio-ecological model provides a way of looking at sexual violence prevention strategies. It shows interventions directed at the:

Individual level: Changing the way individuals - victims, perpetrators, bystanders and others - think and behave.

Relationship level: Changing the way people - victims, perpetrators, bystanders and others - interact with other.

Community level: Changing the way a community thinks and behaves about sexual violence (community norms).

Society level: Changing how society thinks and behaves about sexual violence (societal norms).

The best programs will develop strategies for **all** of the levels.

Evaluating our current prevention work using the socio-ecological framework provides information about the scope of our effort. In Washington State, we implemented a series of Prevention Standards to guide our sexual violence prevention work: Information and Awareness, Skill Building Social Change, Community Responding and Community Organizing. Information and Awareness, Skill Building and Social Change (community development) apply to community sexual assault programs. Community Responding and Community Organizing apply to the contractors working in targeted communities. Information & Awareness, Skill Building and Community Responding provide contractors with direction in implementing interventions at the relationship and individual level. Social Change and Community Organizing provide contractors with ways to carry out strategies at the community level. One of the things we noticed since the execution of our 1997 plan is that contractors find community level and societal level activities more difficult to implement. The focus of our plan is to increase the capacity of contractors to implement community level strategies.

FEMINIST THEORY

Feminist theory is a social and political school of thought. It advocates for equality for women. Analyzing issues from a feminist perspective means looking at the unique circumstances of women's lives and the societal causes. Many of our rape crisis centers as well as our sexual assault coalitions began in the 1970s as part of the anti-rape movement. The anti-rape movement looks at rape as part of rape culture.²³ Rape culture is a term used to describe a culture where rape and other sexual violence are common. It refers to a culture whose attitudes, norms, practices support sexualize violence. Strategies consistent with feminist theory will prioritize changing rape culture while empowering women.

ANTI-OPPRESSION THEORY

Oppression is a social and political school of thought. Its focus is social inequity between dominant and dominated groups. An anti-oppressive practice is concerned with ending social injustice perpetuated by societal inequalities, particularly along the lines of race, gender, sexual orientation, age, class, ability and religion. Anti-oppressive theory is rooted in the expression of multiple and varying truths about society and social relationships and gives rise to the concept of "different ways of knowing" (Belenky et al., 1986; Bruyere, 1998; Cairns et al., 1998; Chan and Dilworth, 1995; Collins, 1991; Ellsworth, 1989; Giroux, 1992). "No one group or individual possesses the theory or methodology that allows it to discover the absolute truth about other people's

²³ Brownmiller

experiences. What is required is an organizing framework that allows different perspectives on the truth to be held” (Dalrymple and Burke, 1995, p. 11).²⁴

Applying anti-oppression theory to sexual violence means that in order to prevent or end sexual violence we must look at all the contributing factors. Sexual violence occurs as part of the larger context of violence. Violence is one form of inequity. Strategies consistent with anti-oppression will prioritize preventing sexual violence by eliminating injustice.

COMMUNITY DEVELOPMENT

Community development is a form of community organizing. Community organizers have successfully applied this framework to many issues. The goal is to facilitate change within the community. For the purpose of this plan, it means changing the community norms about sexual violence. Changing the norms is changing behaviors, thoughts, values and customs. Washington has maintained a community development²⁵ focus since 1997. Community organizing strategies have gained more acceptance as a promising practice within the past decade.²⁶ It is our belief that shifting community norms will be the most effective strategy in creating long-term change.

PUBLIC HEALTH MODEL

Public health is concerned with threats to the overall health of a community. It looks at the overall health of a population and makes decisions based on the population, not the individual. There are local, state, federal and worldwide public health organizations. Public health campaigns include everything from stop-smoking campaigns, to promoting vaccinations and ending violence. The common elements in applying the public health model to all of these issues are:

1. Using a system to determine the problem and asking questions such as:
 - a. What tends to put people at risk?
 - b. What tends to protect people?
2. Using a system to determine the solution by testing the approach on small groups of people.

²⁴ Campbell, C., Editor. *Anti-oppressive social work. Promoting equity and social justice*. 2003, Halifax.

²⁵ Guy. (*An Introduction to Community Development: Activation to Evaluation*) provides a detailed description of Community Development.

²⁶ David Lee et al. Sexual Violence Prevention. *The Prevention Researcher*. Volume 14(2), April 2007

3. Applying the approach to larger groups of people.
4. Knowing solutions are based on what works for groups of people, not just individuals.
5. Using data to inform strategies.
6. Asking us to intervene at the earliest stage possible.

Strategies consistent with the public health model will focus on prevention using a system based upon promising practices and evidence.

CONCLUSION

These five theories form our theoretical foundation. They represent the knowledge, thoughts and beliefs that inform our sexual violence prevention work. Having a strong foundation helps us implement programs, strategies and activities that are both effective and consistent with our values.

"You've got to stand for something or you'll fall for anything."

Aaron Tippin, Country Music Singer

GLOSSARY

Bystanders	People who are present and most likely watching but not directly involved.
Child Sexual Abuse	Any sexual activity with a child. It includes everything from touching, to watching, to penetration.
Community Mobilizing	A strategy for involving community members in the process of defining and transforming social problems.
Data	A collection of information about a topic.
Diversity	Inclusion of many different types of people, referring to their factors like race, age, ethnicity, class, gender, sexual orientation, ability or religion.
Environment	The social and cultural forces that shape the life of a person or a population. The people, places, and things around us on a daily basis.
Equity	Something that is fair and just, but not necessarily the same for everyone.
Ex-Officio	By virtue of office or official position.
Hegemonic	Excessive influence exercised by one entity over others; only one right way of being.
Homophobic	Means fear of or contempt for lesbians and gay men literally. It is also used to describe oppression behavior toward lesbians and gay men.
Incest	Child sexual abuse that happens within families.
Inequity	An unfair circumstance or proceeding.

Infirmity	A physical weakness or disease.
Internalized Oppression	When someone who has experienced oppression starts to believe and act as if the oppressor's beliefs system and values are true.
Key Informant Interviews	Interviews with important people in the community. They can have informal or formal power.
Marital Rape	Rape between people who are married.
Natural Allies	People and organizations whose approach to working on issues is similar or who provide services to the same people.
Norm	A standard or common behavior.
Oppression	The act of using power or privilege to empower oneself or one's group while disempowering, marginalizing, silencing and putting down another group
Perpetrator	Someone who commits a sexually violent act.
Privilege	An unearned right, immunity, or benefit.
Rape	Any act of sexual intercourse that is forced or coerced. It also happens when the person is not capable of giving consent.
Rape Culture	A widely used term within women's studies and feminism describing a culture in which rape and other sexual violence, usually against women, are common. A culture whose attitudes, norms, practices, and media condone, normalize, excuse or encourage sexualized violence.
Sexual Orientation	The direction of someone's sexual interest toward members of the same, opposite or both sexes.

Social Norms	A sociological term defined as the rules that a group uses for appropriate and inappropriate values, beliefs, attitudes, and behaviors.
Societal	Noting or pertaining to large social groups, including their activities and customs.
Synergies	The cooperative action of two or more items to create a better effect than either one could alone.
Trauma	An experience that produces physical or psychological injury or pain.
Victims/Survivors	A term used to describe someone who has experienced sexual violence. It tries to honor the skill and courage required to survive the ordeal.

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PLANNING GROUP BIOGRAPHIES

Ellen Price works as a Victims Advocate. She is an enrolled Port Gamble S'Klallam Tribal Elder, has five grown children, and is the proud grandmother of five grandchildren. Ellen has worked in Tribal Social Programs for 20 years and provides support for victims of crime and domestic violence advocacy and Women's Circle coordination and facilitation. Her philosophy on prevention is that it begins at birth, must be continued throughout one's lifetime, should be repeated often, and requires the on-going support of family, professionals and the community.

Erin Casey is an Assistant Professor of Social Work at the University of Washington, Tacoma. Erin has over 10 years of experience in the fields of domestic and sexual violence. Erin's research interests include the etiology of sexual and intimate partner violence perpetration and examining ecological approaches to violence prevention

Golie Jansen is a professor of social work at Eastern Washington University (EWU). Her focus is teaching about the prevention of violence against women. Most of her courses are cross-listed with Women's Studies. She teaches courses such as gender and sexual assault, alternatives to domestic violence and is currently preparing a course on leadership and advocacy in gender violence prevention. Since 2004, she has been the director of a Department of Justice campus grant with the goal of reducing violence against women at the EWU campus. She conducts trainings on gender violence prevention for faculty, staff and students. She is a long-time trainer for many community and professional groups on Vicarious Traumatization

Grant Stancliff has worked as a prevention and awareness educator for the Victim's Rights Response Team at the Sexual Assault and Family Trauma Center of Lutheran Community Services Northwest. His educational efforts reach high schools, college campuses, organizations and clubs. He has been part of two community development initiatives that continue to operate with an aim at ending sexual violence in targeted communities. Towards the end of the planning process, Grant moved to the Washington Coalition of Sexual Assault Programs.

Gretta Jarolimek LMSW worked as the assistant director at Alternatives to Violence of the Palouse while participating in the work of the planning group. Gretta received her Bachelor of Arts in human services from Western Washington University and her Masters in social work from Eastern Washington University. She has worked in victim services for almost a decade. Gretta has found special interest in increasing collaborative efforts between advocates and other professionals, increasing accessibility to services for persons with disabilities, exploring legal remedies specific to college survivors and working on legislative efforts to enhance services for all victims of crime. Gretta now works as a medical social worker at St. Joseph Regional Medical Center in Lewiston, Idaho. She specializes in home health and family hospice. She helps provide a holistic and compassionate focus to end-of-life care.

Judith Panlasigui has a history of youth organizing with the Asian and Pacific Islander community, as a youth and young adult program coordinator within the safety center. As a community advocate and human trafficking specialist, she has done many presentations on anti-oppression, cultural competency, sexual assault, and dating/domestic violence

Karen Andrews was the associate director with Skagit Domestic Violence and Sexual Assault Services in Mount Vernon, Washington, during the planning process. She worked for the agency for over 20 years. She believes passionately that to prevent sexual violence we, as a society, must equalize the power imbalances that permeate our culture. Karen believes that until we eradicate racism, sexism, heterosexism, etc., there will always be people who can rationalize that forcing another human being to have sex is a reward that comes with a position of power and privilege.

Kari Kessler has worked as a sexuality health educator for Public Health of Seattle and King County for six years. In this position, she provides training to professionals and community members about a variety of topics, including birth control, sexually transmitted diseases (STDs), lesbian/gay/bisexual/transgender (LGBT) issues, sexual violence and sexuality education. Kari has also worked as an educator for the King County Sexual Assault Resource Center. At the center, she created and delivered trainings on a variety of topics relating to sexual assault prevention and victim services. She has served on the board of directors for the Washington Coalition of Sexual Assault Programs (WCSAP), the Community Abortion Information and Resource Project (CAIR), and Communities against Rape and Abuse (CARA).

Kate Rowe-Maloret, MSW is the program director of Connections of Ferry County Counseling Services in the frontier community of Republic. She has over 13 years of experience in the domestic violence/sexual assault and shelter field. Kate believes that community development and building on assets and relationships is a good approach to sexual assault prevention. Prevention workers need support to stay in the work long-term. They also need skills in the delicate art of educating the community about myths and facts of sexual violence, while helping those individuals feel part of the movement

Kevin R. Higgins was captain-operations commander for Central Washington University (CWU) Public Safety and Police Services during the planning process. Capt. Higgins is a graduate of Michigan State University's School of Criminal Justice and is a certified police officer in the state of Washington. He has been an advocate of sexual assault education and assisted in the development of CWU's sexual assault response commitment. This program has won several statewide awards. In 2004, Capt. Higgins received the International Association of Campus Law Enforcement (IACLEA) award for Administrative Excellence. Capt. Higgins believes in prevention through education.

Linda (Daniels) Norris lives in Stevens County, tucked in the northeast corner of our state. It has been her home all of her life. She enjoys the beauty of our rural area. Linda began victim advocacy work 18 years ago when she became a volunteer advocate. She was hired full time for Family Support Center and Kids First Children's Advocacy Center. Linda believes that sexual violence prevention should be part of our lives every day; prevention should not be mandated but an obligation to educate anyone with whom we come in contact. She also believes that through the publication *Partners in Social Change – Sexual Assault Prevention*, we as a community of educators and advocates are going to learn more and be able to reach the people of the State of Washington, ultimately spreading the responsibility of sexual violence prevention to every citizen.

Lindsay Palmer became the director of education at King County Sexual Assault Resource Center (KCSARC) in 1999. She graduated from University of Illinois with a BA in speech education in 1978. In 1989, Lindsay became a part-time instructor at Bellevue Community College. She has developed and still teaches classes there in abuse prevention. In 1991, while working for Lake Washington Technical Institute and City of Seattle, she was recognized for outstanding continuing education services. In 2002, the Seattle-King County Municipal League named her Citizen of the Year for her work in helping communities deal with sexual violence prevention. Lindsay was a finalist in the 2005 Thomas C. Wales Foundation Award for Passionate Citizenship. She brings two decades of experience in designing social service and education programs. Lindsay's goals are to raise awareness and develop strategies for reducing the risk of sexual assault while promoting the development of healthy relationships and healthy communities. Lindsay's goal in prevention is to give voice, instill courage, and create change for all people affected by sexual violence.

Mary Anne Preece has been the executive director of Domestic and Sexual Violence Crisis Center of Chelan and Douglas Counties since June 2003. She has more than 15 years executive administrative experience in the public and private sectors, including Utah State University, Weber State University, Boise State University, and Marriott Executive Services and as a public health administrator in Jefferson County, Washington. Mary Ann believes prevention efforts are the most complex and single most important piece of on-going social change work that we can provide for our communities. She also believes that the ability to change a perception, a belief or concept, whether collectively or one person at a time can make a difference in the lives of generations to come.

Rosalinda Noriega has volunteered and worked as an advocate for victims of crime in various communities around the Puget Sound for the past decade. She currently works with Partners in Prevention Education, which provides specialized services for homeless and at-risk youths and young adults who have experienced sexual violence. In 1998, Rosalinda was recognized as "A Very Important Woman in Washington" as a part of the 150th anniversary of the Women's Rights Movement. As a professional trainer and community development facilitator, Rosalinda has coordinated a number of training opportunities with children, youth, and professionals. She has experience working on college campuses, with local tribes, with youth who are homeless, and with various social activists. Rosalinda is passionate about her work as an agent of social change.

Trista Paulson's previous work experience includes employment at the YWCA in Duluth, Minnesota as a counselor for the Girl Power Program. In 2006, she began work at Washington Gorge Action Programs as program coordinator for the Community Youth Center. In 2007, Trista was asked to help coordinate prevention at Programs for Peaceful Living (PFPL). Currently, Trista is working with PFPL as the prevention coordinator in the White Salmon office and oversees prevention work at the youth center. She will become a member of the Soroptimists' Club in fall of 2009.

EX-OFFICIO MEMBERS

Amanda Rains works as a program coordinator in the Sexual Assault Services Program at the Office of Crime Victims Advocacy (OCVA). Amanda has worked with victims of domestic and sexual violence for over 10 years. Prior to joining OCVA, she worked for Alternatives to Violence of the Palouse (ATVP) in Pullman as the assistant director. During that time, she managed all direct service programs for ATVP including both domestic violence and sexual assault victim services for one county in Washington and one in Idaho. Amanda enjoys working one-on-one with local programs, helping them to offer quality sexual violence victim services and prevention services throughout Washington State.

Andrea Piper is the executive director of the Washington Coalition of Sexual Assault Programs (WCSAP) an association of sexual assault centers engaged in the elimination of sexual violence through education, advocacy, victim services, and social change. Ms. Piper has an extensive background in sexual assault advocacy and victim service provision. Ms. Piper has been working in the field for over 10 years. She began her career in the sexual assault movement as a program coordinator then assistant director at a non-profit community sexual assault program in Washington. She was responsible for oversight and conduct of direct services and prevention activities.

Throughout her career, Ms. Piper has focused her efforts on enhancing individual and system responses to victims and survivors of sexual assault. She is active in state policy work. She is the vice-chair of the State Sex Offender Policy Board, a disability advocacy project partner, and serves on a multitude of governance committees designed for comprehensive and quality service provision and prevention efforts in Washington

Debbie Ruggles is a violence prevention specialist for the Washington State Department of Health (DOH) Injury and Violence Prevention Program. She got her Bachelor's degree in recreation and parks management with an emphasis in outdoor education from the University of Oregon. She also received her MBA with an emphasis in leadership and organizational development from City University. Debbie's interest in violence prevention began when she trained camp counselors on issues of child abuse. Her mother, a Child Protective Services social worker, was an early mentor. Debbie spent a few years working as the crisis volunteer program director at Central Washington Comprehensive Mental Health in Yakima, performing direct services for victims of sexual violence. Debbie served as the executive director of WCSAP from 1994 – 1997, at which time she moved to the Department of Health. Debbie's current work with DOH focuses on sexual violence and suicide prevention.

Stephanie Condon has worked in the crime victim services field since 1996. She worked as a grant program specialist for the Violence against Women Office of the U.S. Department of Justice where she managed technical assistance grants. She joined the Office of Crime Victims Advocacy in 2000 where she serves as the sexual assault services and prevention program manager, administering state and federal funding for sexual assault services and prevention activities throughout Washington State. She received her Master's degree in Public Policy from the University of Maryland in 1996. Prior to her work in crime victim services and prevention, she

coordinated micro-business programs for a nonprofit anti-poverty agency and served as a volunteer for the Peace Corps.

Stephanie Pratt works as a program coordinator in the Sexual Assault Services Program at the Office of Crime Victims Advocacy (OCVA). Stephanie has worked with victims of sexual violence for 15 years. Prior to joining OCVA, she worked for Central Washington Comprehensive Mental Health in Yakima for 12 years. During that time, she worked with abused and neglected children as the children's case manager, served as coordinator of the Yakima Sexual Assault Program and the Yakima County Crisis Line for seven years and served as director of development. Stephanie started out her career working with juvenile sex offenders at Maple Lane School, a lock up facility for juveniles who have committed serious offenses, located in Centralia, Washington.

COMMUNITY VOICES DESCRIPTION

Community Voices is a group of people who represent specific communities that typically the dominant culture marginalizes over time. They have surveyed and evaluated the experiences of their communities related to various categories of crime victims. Community Voices members speak with authentic community voice with The Office of Crime Victim's Advocacy (OCVA) about services in and for their communities.²⁷

COMMUNITY VOICES BIOGRAPHIES

Ann McGettigan serves on Community Voices to bring a perspective from the lesbian, gay, bisexual, transgender, and queer (LGBTQ) communities. She continues to be passionate about the need for anti-violence services that are accessible, innovative, relevant, and culturally competent for all survivors and their families. She feels it is a privilege to serve with an amazing group of people dedicated to systems change with a goal of changing our community response to violence. For the last 10 years, Ann has served as the executive director of Seattle Counseling Service for Sexual Minorities (SCS). SCS is mission-driven to serve the LGBTQ communities with quality mental health, chemical dependency, and harm reduction services. SCS provides specialized services to survivors of sexual and domestic violence. Before working for SCS, she served as co-director, then executive director for ten years at Seattle Rape Relief.

Carol Ann Thornton continues as a member of the Community Voices Advisory Group since its inception. She is very proud to be part of a team of professionals that have and continue to be instrumental in facilitating new ways to look at marginalized, underserved, oppressed, and un-served community needs. Advocating for positive changes and outcomes through the development of revised standards and expectations, the assurance of accountability and responsibility, and empowerment of communities to find themselves and their voices keeps Carol with the group.

²⁷ Gayle M. Stringer, M.A. et al.

Cathy Hoog is a voice from the deaf, deaf-blind, and hard of hearing communities. Cathy is a user of Native American sign language and English as a second language. Cathy worked first as a volunteer domestic violence/sexual assault advocate and was hired as the first direct services provider for Abused Deaf Women's Advocacy Services (ADWAS) in 1987. She is a contributor to several documents including "Model Protocol for Safety Planning for Domestic Violence Victims with Disabilities" and co-author of the revised "You Can Be Free" easy-to-read version with Ginny NiCarthy.

Cathy is now working on a Department of Justice funded collaboration project with the Washington State Coalition against Domestic Violence, the Washington Coalition of Sexual Assault Programs, and Disability Rights of Washington to increase all survivors' access to resources.

Denise Tagas worked for 10 years as a massage therapist with women experiencing sexual, physical, and emotional abuse. Denise went back to school and received her Bachelor's degree in Human Services from Western Washington University and her Master's degree in Applied Behavioral Sciences from Bastyr University. Denise worked for the YWCA at Pathways for Women, a homeless shelter for women and children experiencing domestic violence. She then worked at Ryther Child Center as a residential counselor, a case aid for family preservation services and on the Odyssey Research Project to collect and compile information on past and present residence for the Child Welfare League. In 2002, she ran a private therapy practice and then became a family therapist for United Indians of All Tribes Foundation. She became a licensed mental health counselor and in 2006, Denise accepted a position as Director of Youth and Family Services at United Indians where she now works.

Emma Catague is one of the founding mothers of the Asian and Pacific Islander (API) Safety Center and former board co-chair, and is now the program manager and senior Domestic Violence Community Organizer for the API Women and Family Safety Center. Ms. Catague implements educational programs in API communities on domestic violence, sexual assault and trafficking. She also conducts outreach in underserved communities to organize against domestic violence, sexual assault and trafficking with an emphasis on culturally and linguistically appropriate education methods. Ms. Catague is a former Praxis International Technical Assistance Consultant for Rural Grantees, focused on Hawaiian/API communities, a peer reviewer for the Department of Justice Office of Violence against Women Office for Rural Grantees, and a business owner.

Ms Catague is a domestic violence survivor; she is a dedicated advocate in ending violence against women and children. She has 26 years of experience in community and labor organizing, advocating for human rights, immigration issues, bilingual education, youth development, employment rights and working for social change. Emma is a trainer/facilitator for working groups and planning bodies on topics such as: Cultural Competence; Anti-Oppression; Domestic, Sexual Assault Violence and Trafficking Prevention/Intervention; Community Organizing, and conducts Asian & Pacific Islander Parenting Classes.

Glenda Tanner was the founding executive director of Proud African American Youth Society (PAAYS), an agency serving gang-involved youth. PAAYS provides support groups, education, employment, and foster care. She has worked for 15 years in the fields of domestic violence and sexual assault. She has also served as a loan officer for the Washington State Employees Credit Union and vice president of Fresh Flavor Meals, making contributions for the military. Glenda is an original member of Community Voices and has served on the Board of Directors for the Washington Coalition of Sexual Assault Programs (WCSAP) and the Governor's Task Force on Racial Disproportionality of Incarcerated Youth.

Karen Boone's most recent employment was as prevention coordinator of the Victim Rights Response Team of the Spokane Sexual Assault and Family Trauma Response Center where she worked on community development, sexual assault prevention and education and other crime victim's issues. She has over 20 years of experience in the non-profit sector and specializes in the areas of social change, community development, and cultural and civic leadership. Karen is well-known by locals, respected as a community leader, and regarded as a friend to individuals in crisis. Karen is recognized on a national scale as an advocate who boldly speaks out on behalf of others on social issues ranging from poverty to racism. In 1998, the YWCA honored Karen as a Woman of Distinction and she became the first recipient of the Carl Maxey Racial Justice Award. In 1999, Karen was appointed to the Washington State Commission on African American Affairs. In the year 2001, she became the recipient of the Shining Star, Visionary Health Educator Award for her work in the area of community development and sexual assault prevention in Spokane. She is the mother of three adult children and the grandparent of two.

Kintisha Williams works as the program coordinator in the Region 8 Whitman County Crime Victim Service Center (CVSC) at Alternatives to Violence of the Palouse (ATVP). Although Kintisha has been with ATVP for a short time, she has experienced tremendous successes with the CVSC program. Prior to joining ATVP, she has been a volunteer with the YWCA of Washington State University for the past five years. Currently, Kintisha serves as the Chair of the YWCA of Washington State University's Executive Board. Kintisha's professional goals include working with at-risk, disadvantaged youth where she will teach them about self empowerment and life skills. In her spare time, she enjoys sewing, crocheting, traveling, and watching movies.

Lorenzo Cervantes is from Albuquerque, New Mexico. He has worked or volunteered in HIV Prevention efforts for the last 10 years, in three different states. He currently works at Pierce County AIDS Foundation as the Prevention Counselor for the Comprehensive Risk Counseling and Services program, also known as Achievable Individual Measures (AIM). This is an individual level HIV prevention and intervention center for people who are HIV positive and their partners, and provides HIV prevention services at Oasis Youth Center. He is involved in the Region 5 Community HIV Prevention Planning Group, and the State HIV Prevention Planning Group.

Lupita Patterson has worked in the domestic violence field for 25 years, spending 14 of those years in Mexico City. She is also trained as a professional actress and uses her theatrical techniques during her trainings.

Lydia Guy Ortiz is an independent consultant with an emphasis on sexual violence prevention and anti-oppression work. She identifies as a member of the black community and a breast cancer survivor. Lydia has been active in the anti-rape movement for 20 years. She is a board member of National Alliance to End Sexual Violence, and serves on the Office of Crime Victims Advocacy Community Voices Committee. She is committed to the creation of violence prevention and intervention strategies that are relevant and culturally compelling. From 1992 – 2007 Ms Guy worked in rape crisis centers in addition to the state sexual assault coalition in Washington State. Her primary responsibilities included training, technical assistance, and resource production for sexual assault service providers throughout the state as well as nationally. Her focus was the development and implementation of community mobilizing strategies specific to sexual violence.

Nikki Finkbonner is a Lummi Nation enrolled Member/Klamath Nation descendant. She is a single mother of three – Miranda, age 23; Adrian, age 21; and Anthony, age 13 - and a very proud grandmother of 15-month old Gabriella.; Nikki is in a two-family relationship with significant other Terry Fast Horse and stepson Paul, age 14. She works tirelessly to end domestic and sexual violence within her community.

Rosalinda Noriega has volunteered and worked as an advocate for victims of crime in various communities around the Puget Sound for the past decade. She currently works with Partners in Prevention Education, which provides specialized services for homeless and at-risk youths and young adults who have experienced sexual violence. In 1998, Rosalinda was recognized as "A Very Important Woman in Washington" as a part of the 150th anniversary of the Women's Rights Movement. As a professional trainer and community development facilitator, Rosalinda has coordinated a number of training opportunities with children, youth, and professionals. She has experience working on college campuses, with local tribes, with youth who are homeless, and with various social activists. Rosalinda is passionate about her work as an Agent of Social Change!

Sylvia Ortega was born into a family of migrant workers in Yakima, Washington. She is Mexican Indian and Cherokee, and is a proud hard-working mother and wife. She enjoys spending time with her three boys - Favian, age 16; Robert, age 12; and Aidan, age 5 - and her husband Jorge of 17 happy years. As a survivor of incest and sexual assault, Sylvia attended United Indians Ina Maka Family (UIATF) Program. She then became one of UIATF's success stories. As an adult, she found her way back to United Indians where she now works by facilitating, coordinating, and establishing relationships for the benefit of the native community. Sylvia has come full circle with United Indians and is now able to help people who are in similar situations as she once was.

Tina Harris is a Hispanic American advocate that has been advocating in the field of sexual assault and domestic violence for the past 20 years. While being passionate about cultural competence, social change, and bringing diversity to the field. Tina has served on the State Sexual Assault Prevention Advisory Committee from 1998 to 2002 and on Community Voices since 2006. She was the co-chair of Renton's Domestic Violence Task Force from 2004 to 2008. Tina has received awards including Making a Difference from Domestic Abuse Women's Network (2007), Woman of Achievement from Soroptimist of Renton (2005), and Employee of the Year for the Renton Police Department (2004).

Tina's passion and perseverance moved her from rural Yakima where she was born and raised to Renton where she has been a dedicated advocate. She assists survivors daily with safety planning, emergency services, and connecting individuals to community-based sexual assault and domestic violence programs. Tina does all this while continuing to educate the community and policy makers about the topic of sexual assault and domestic violence and the much-needed resources in the community. Tina is a proud single mother of a wonderful teenage son. She works daily to end the violence.

FACILITATORS

Gayle M. Stringer, M.A., L.M.H.C., is a consultant in private practice. Her work focuses on sexual violence prevention using the tools of community development and social change. She also is a counselor in private practice with both child and adult victims of interpersonal violence, among many other presenting issues. Gayle works in partnership with traditional healers in her own Native American community to provide culturally appropriate services to native peoples. She presently facilitates Community Voices, an advisory group to the Office of Crime Victims Advocacy. She has worked in the field of sexual violence prevention, advocacy and treatment for over 30 years, during which time she has written and trained extensively on issues related to interpersonal violence, its prevention and treatment.

Lydia Guy Ortiz (see previous Planning Group Biography under Community Voices)
