Partners in Social Change

Engaging Men in Acting for Prevention

Community Coordination versus Community Organizing

Using a Theory of Change to Evaluate Social Change Work

END SEXUAL VIOLENCE IN OUR COMMUNITIES

Director's Desk

LYDIA GUY
PREVENTION SERVICES DIRECTOR

"Those who promote positive change most effectively are not those who provide a new set of answers, but those who allow a new set of questions."William Loftquist

This issue of Partners in Social Change is entitled *Innovations in Prevention*. In some ways it seems presumptuous to entitle something innovative. As if, we are always in search of the latest and greatest fad. However in choosing the word "Innovation" I mean to convey the idea of constantly seeking to improve on what we are already doing, to learn from our mistakes, and to incorporate new ideas and challenges.

Recently Jane Doe Inc, in collaboration with the Harvard School of Public Health and the Massachusetts Department of Health, organized one of the first symposiums focused specifically on primary prevention as related to interpersonal violence. Symposium sessions include facilitated discussions lead by panels of individuals with expertise in specific areas of focus: engaging men in sexual violence prevention work; youth focused prevention efforts and community mobilization. These sessions resulted in lively discussion exploring the intricacy and subtleties of creating a new paradigm for interpersonal violence prevention.

For those of us lucky enough to attend the symposium it offered a rare opportunity for academics, practitioners, advocates, community members and bureaucrats to have honest conversations about what "Innovation in Prevention" means to each of us. What became abundantly clear to me is that it will be our ability to ask the right questions that will allow us to create innovative prevention practices rather than our ability to have the right answers.

Lydia

WINTER | 2006

Engaging Men In Acting In Prevention

By Rus Ervin Funk

A Framework of Prevention

Preventing sexist violence[1] means ending the violence before it begins. Since it is men who perpetrate almost all of sexist violence (INSTRAW, 2002), prevention means working with men so they stop choosing to be violent, abusive, and sexist, while also working to change society to ensure that women are valued as fully as men.

Theoretically, engaging men combines public health and social capital perspectives. Public health provides a framework for understanding prevention as eliminating violence before it begins. The public health perspective also contributes the "ecological framework," which is the understanding that violence has both causes and implications across several layers: intra-personal, inter-personal, relational or familial, cultural and societal.

Engaging men adds elements of social capital theory to this public health perspective. According to social capital theory, the "capital" of our communities is made up as much -- if not more -- by personal connection, social resources, citizen participation, feelings of trust, culture, etc. (Health Development Agency, 2004) as it is made up of mortar, pavement and income. By developing social capital, a number of social ills, such as men's violence, can be prevented.

A common theme shared by both public health and social capital is the necessity of working across ecological levels in a coordinated and strategic manner. Some of the activities that flow from this kind of perspective include:

i)   In-depth educational efforts
ii)   Social marketing campaigns (particularly social norms marketing)
iii) Policy advocacy
iv)   Male engagement
v)   Youth involvement and leadership
vi)   Community development activities

A model of prevention across this spectrum is shown in Table 1.

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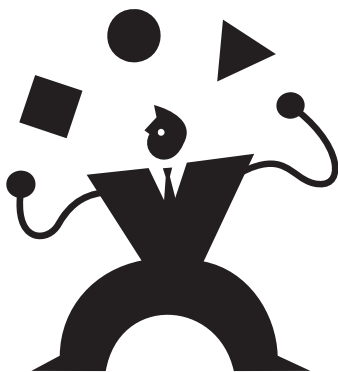
[1]   "Sexist violence" refers to rape/sexual assault, domestic violence, dating abuse, pornography, prostitution, stalking, sexual harassment, street harassment, and other forms of abuse or violence that are perpetrated against a person because of sexism.

TABLE 1

	Intrapersonal	Relational	Organizational	Community	Socio-cultural
PREVENTION EFFORTS FROM AN ECOLOGICAL FRAMEWORK					
Prevention Efforts for teen girls		Train parents to talk with girls re: healthy dating	Healthy relationship content throughout school curricula; Schools policies	"girl power" groups throughout community	"Valuing women & girls" media campaign
Prevention Efforts for teen boys	Masculinity and respect classes	Training parents to talk with boys about healthy dating	Healthy relationship content throughout school curricula; Schools policies	"boys of respect" groups	"Choose Respect" media campaign

Engaging Men as a Form of Primary Prevention

Since men perpetrate almost all sexist violence, preventing violence involves men. In addition, men are also in relationships with other men. Schwartz and DeKeseredy (1997) show that most men who perpetrate violence are supported in their attitudes and behaviors by some of the men close to them.   As such, men are also in a position to support or challenge other men's pro-violence attitudes. This is not to say that women are not also in these positions; however, men are differently positioned in relationship to other men and, as such, have a different means to challenge or support other men in practicing gender respect toward women.

One of the first steps in engaging men is to define sexist violence as something that men could and *should* care about. Once defined as a men's issue, a challenging balancing act follows: men must take sexist violence personally enough to be committed to act, but not so personally that they take blame for all sexist violence. This is a serious challenge given that all men perpetrate various forms of sexism, including abuse. Men's work requires them to address their own behaviors and attitudes as fervently as they work in their communities.

There are additional barriers to engaging men. Space does not allow for a full discussion of these barriers, but perhaps the biggest barrier is how men have been trained away from being allies for women. Research increasingly suggests that being friends with women is one of the leading causes of male youth being bullied (Epstein and Johnson, 1998; Mac an Ghaill, M, 1994; Martino, 1999; Nayak and Kehily, 1996; Pheonix et al, 2003). Engaging men means asking men to be advocates for and friends with women, which runs counter to the lived experience of being bullied or witnessing bullying (often severely) for the very same thing. Engaging men, therefore, requires strategically planning to assist men in developing personal methods for overcoming the barriers that they recognize within themselves.

Additionally, advocates need to be aware of their own assumptions about working with men. Two key assumptions are that sexism and violence are forms of men's violence and that men are not the problem. For many people, these statements appear contradictory; however engaging men to prevent violence occurs at the intersection of these two statements. If activists shy away from defining these forms of abuse as *men's* violence, we become disingenuous. If we view men as the problem then we risk pushing men away. Either way, men are not truly invited to join the efforts.

Program Spotlight - Peer Solutions

By Jennifer Rauhouse

We Believe

We are all Peers, We are all the Solution.

I have spent the past 25 years working to end sexual violence. For the first time, in a long time, I believe there is reason for hope and I am not alone. I have heard from the Northeast, Southwest, Southeast, Northwest and in between. We are having real discussions, learning from and supporting each other. I feel this unbelievable sense of community, cooperation, and commitment to primary prevention (stopping the problem before it happens). There is an understanding that the most effective efforts involve individual communities defining their own problems and owning the solutions. What works in one area may not work in another. And that's okay. No matter what we do, together we are stronger. Regardless of differences, WE ALL WANT THE SAME THING, A World Free From Sexual Violence.

At the heart of Peer Solutions activities is ending sexual violence. We believe in cultivating a world free from sexual violence, that is, A World of Peace, Love and Respect. Our youth with staff, family and community support spend time creating the change they wish to see. This article includes highlights from a breakout session we facilitated for an Innovations in Prevention symposium in Boston examining how we engage students in prevention efforts and lessons learned.   On October 28th, 2005, Jeanette and I (Jennifer Rauhouse, Peer Solutions Founder/ED) presented at the Harvard School of Public Health in collaboration with Jane Doe and The Massachusetts Department of Public Health. The symposium was sponsored in part by the Center for Disease Control. We facilitated with Mitru Ciarlante from ACT for Change and the Pennsylvania Coalition Against Rape's Youth Activist Network and Tanya Kachwaha from the Everywoman's Center at the University of Massachusetts.

My experience with Jane Doe, The Massachusetts Coalition Against Sexual Assault and Domestic Violence was very rewarding. I believe that because of what was said and learned there, people will have a domino effect, and end the cycle of violence one person at a time. I want all participants to hear the message that a world free of violence is possible, and the journey to it starts with each one of them, you and me.

Jeanette Freeman,
Stand & Serve Member & Peer Educator Since September 2004
and a junior at North High School in Phoenix, Arizona.

Peer Solutions Overview

Vision: That individuals internalize respect in thought, reflect it in action, and spread it to others, resulting in an increase of peace in our hearts, homes, schools and communities.

Mission: To cultivate positive social change and end interpersonal violence by uniting schools, families and communities through an evidence-based, peer facilitated, prevention and intervention support program fostering peace, respect, empathy and ownership of the solution.

Evidence Base & Evaluation:

Peer Solutions relies on science-based theories: Developmental Assets, Community Development, Social Norms, Peer Education/Mentoring and Social Change/Marketing. We adhere to the *9-Principals of Effective Prevention.*[2] Evaluation efforts include: Pre-Post Assessments with an average 45% positive change, Campus Climate and Satisfaction Surveys and Data Collection Forms. Plans include implementing the SEARCH Institute DAP Survey and a comprehensive evaluation with a local university and support from national experts.

Stand & Serve Overview

Stand & Serve is a student-run club at elementary through secondary schools hosted by Peer Solutions. **S&S** members replace false norms with accurate information, highlighting and encouraging the **positive** qualities of today's youth and adults. Sexual violence is linked with dating, family (including child abuse) and school violence, self-injury, suicide, depression, oppression, substance abuse, eating disorders and homelessness.

Stand & Serve (S&S) Activities Include:

1) Weekly meetings with discussions and projects at high schools before, during lunch and after school.
2) Weekly peer education workshops with middle schools after school.
3) Monthly training, peer mentor projects with elementary students and school, family and community awareness and resource referral campaigns.
4) On-going workshops, community service, retreats and evaluation.

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2 Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of Effective Prevention Programs. American Psychologist, 58, 449-456.

Lessons Learned: 90% of behavior is learned through modeling. Dr. V. LaCerva

1. Build & Maintain Relationships… *with students, staff, family, funders, coalitions, community members and more.* Get to know participants. Build trust, ask questions, listen, remember names, know, *and love who they are!*

2. A Positive Approach Works. We show the positive and name the truth. It helps to get school approval. We address media with Positive Media Attention. (To name is to reinforce. We do not name myths/stereotypes and we say NO to scare tactics, emotional appeals and negative campaigns.)

3. We are all Peers. We are all the Solution. Peers learn best from each other, see and hear what is really going on and are excellent referral agents. Our students work in collaboration with all ages to create a world of peace and respect and when they see/hear something that is not ok and when it is safe to do so, they respond immediately and are informed with empathy, compassion and resources.

4. Linking the underlying conditions of several issues strengthens efforts.

5. Activities are Ongoing and FUN! Ask students what they like, want and think is fun. Helps with retention. (We provide few one-time presentations but can be useful as a recruiting tool.)

6. Feed program participants. This is a great incentive to get participants in the door and to come back for more. Many students would not eat if we did not provide food. Snacks for after-school programs are essential.

7. After School Peer Education Projects Rawk. We pay Peer Eds a stipend per month.

8. Design programs to meet the needs of each school/organization to ensure cultural /ethnic relevance. Include students, staff, family and community in development, implementation and evaluation. Tailor activities to meet the needs of participants for example: hold activities at a time/ location where students can attend or invite students to join your board.

9. Utilize Experts/Consultants/Researchers. They are very willing to help.

10. We've Got To Have ❤! Starts in our hearts, homes, work-place, schools and communities.

Thank you for taking your time to review this article and for the amazing work you are doing in the State of Washington and beyond. Your efforts have directly impacted the positive outcomes of ours. We are all connected. If you have any questions or would like to know more, feel free to contact Jennifer Rauhouse at 602-225-0942

"Since my involvement, I am capable of opening minds, aiding in prevention, and even changing my own life. Because of the things I talk to the kids about, I am now able to improve my mindset and my self-esteem. I have been able to stop blaming myself for the abuse and neglect, and now I can see that as a five-year-old, I did nothing to warrant my inflictions. I can also have relationships, and I am more likely to trust people. I am not by any means "all better", but Peer Solutions has given me the chance to take a step towards a brighter future more than I could ever have expected.... Peer Solutions is a step in the direction of change, and I personally, would give the world to see more steps, and more hearts, follow that path."

Peer Ed Since 2004

Community Coordination Versus Community Organizing:

Valuable Lessons From The Delta Project

By Lórien Castelle

Perhaps one of the greatest successes of the domestic violence movement has been our collective ability to create and sustain a process for bringing practitioners together to respond as a community. I am referring to Coordinated Community Response (CCR) efforts that exist throughout the country. I joined the movement to end men's violence against women in the mid-90s, so CCRs are a bit of a given. I coordinated a CCR when I first became an advocate and find myself continuously drawn to community coordination work through my work at the New York State Coalition Against Domestic Violence (NYSCADV). Time and time again I have seen CCRs transform the work of an individual and of a system by educating and strengthening a participant's understanding of the nature and dynamics of violence against women.

CCRs are now considered critical to any efforts to promote consistency among systems to respond effectively to domestic violence incidents. Like all achievements, however, CCRs come with a price and are not without their unintended consequences. Foremost among these is the expectation that in order for a CCR to be effective participants must be in agreement all the time. Advocates report feeling paralyzed to challenge their allies when something goes badly because CCRs are better designed to increase victim safety and hold offenders accountable, not one another. The threat of being publicly shunned and/or the fear of retribution from stakeholders are a powerful deterrent. Additionally, domestic violence advocates generally hold less power in the CCR regardless of the rhetoric that advocates should be looked to as the experts. This and other potential consequences have become accepted, a necessary evil borne out of any effort requiring collaboration between parties with different missions, mandates, values and styles.

NYSCADV is rethinking the utility of a traditional CCR approach with the help of yet another collaboration, the DELTA Project. That reconsideration is the story I relate here.

The Coordinated Community Response

Developing a coordinated community response to domestic violence is attributed, like many innovations in the movement, to the Domestic Abuse Intervention Project in Duluth, Minnesota. Their efforts to train first responders and create policies in the early 1980s are what we now recognize as the traditional CCR model.

As defined by CDC, "a CCR is any organized effort to respond to intimate partner violence. These efforts can be organized formally (e.g., nonprofit organization) or informally (e.g., group of concerned citizens). CCRs typically involve diverse service sectors (e.g., law enforcement, public health, and faith-based organizations) and populations. Historically, CCRs have focused on providing services to victims, holding batterers accountable and reducing the number of re-assaults."

The Challenge-

Is it possible to create a coordinated community response to patriarchy?

The benefits of a CCR are obvious. It has the potential to get everyone operating from the same principles. It provides participating agencies with a venue for sharing information and perspectives and an opportunity to define the roles and responsibilities of various systems. CCRs have the potential to increase the capacity of participants and promote a better understanding of the nature and dynamics of violence against women through cross-education, protocol development and inter-agency agreements between and among systems.

CCRs seem to make sense because we know it is not possible for an agency on its own to successfully eliminate violence against women. The problem is too firmly rooted in cultural norms, which are largely invisible unless we make them explicit. These norms tell us through multiple mediums what our gender roles are, how we are supposed to behave and who we are supposed to be. Issues of race, class, gender, sexual orientation, ability, religious belief, status and power infuse these norms as well and equally impact individual experiences of domestic violence, as well as system and community response to it. If gender-based violence were not so complex an issue then we might have been successful in ending it through coordinating consistent community responses for the past two or three decades. The answer, unfortunately, is not so simple and CCRs have not eliminated the problem.

Few CCRs have concentrated on stopping violence from initially occurring. This is primary prevention, which requires the social change approach to ending men's violence against women that has been central to our analysis of violence against women all along. Unfortunately, this means there are few CCR models to look to for inspiration. CCRs are traditionally comprised of responders and so the focus, quite sensibly, has been on intervention. Intervention, no matter how organized and consistent, has not ended men's violence against women. If we can agree that men's violence against women is caused by, or at least supported by, historical gender inequity in regard to resources, power and status, then perhaps we can agree that no intervention on its own is going to change the behavior of someone who feels such entitlement. Criminal justice sanctions have the potential to impede the reoccurrence of violence, but not prevent it in the first place. Even then, most intimate partner violence will never come to the attention of the criminal justice system. We cannot rely on criminal justice interventions to do what is needed and that is to create a culture where violence against an intimate partner is unthinkable and unsupportable. We can accomplish this through a social change approach to preventing violence against women and children.

The social change approach is incorporated into everything we do at NYSCADV. This analysis and approach makes it necessary to challenge all forms of oppression in working to end violence against women. And it is central to any success we might achieve. Even in CCRs that are more social justice oriented, there is ongoing resistance to this broader analysis from practitioners who have a great deal of power and access to resources. This resistance is one of the significant factors that makes doing prevention work in a CCR a challenge. Engaging CCR members in a dialogue about institutional power and control when many members feel personally challenged by that dialogue can be fatal to an effective prevention planning process. Still, how else can a community organize around ending violence if those conversations do not take place? The answer may exist in the public health approach to preventing violence against women.

The DELTA Project

NYSCADV had become increasingly aware that our CCR training and technical assistance supported advocates to employ strategies that could only achieve limited success with limited goals. Collaboration and coordination within communities often fell apart due to the differing beliefs, attitudes, mandates, and missions of the people at the table. CDC requested proposals for the DELTA Project around the same time these realizations were percolating. The DELTA Project was an opportunity to infuse CCRs with a significant primary prevention focus. NYSCADV's critique of the traditional CCR model inspired us to apply for the funding with an eye toward learning new approaches to coordination efforts.

NYSCADV received the DELTA Project funding in October of 2002, and it created tremendous opportunities for both our organization and state. DELTA increased our organizational capacity by providing the context for support, networking and brainstorming with our sister DELTA coalitions, training in the public health model, and the latitude to grapple with and even resist concepts incompatible with our work. Once launched, DELTA gave state and local project participants a chance to explore and test approaches grounded in science (the public health model from CDC) and informed by a social justice framework developed over three decades of advocacy, activism and movement.
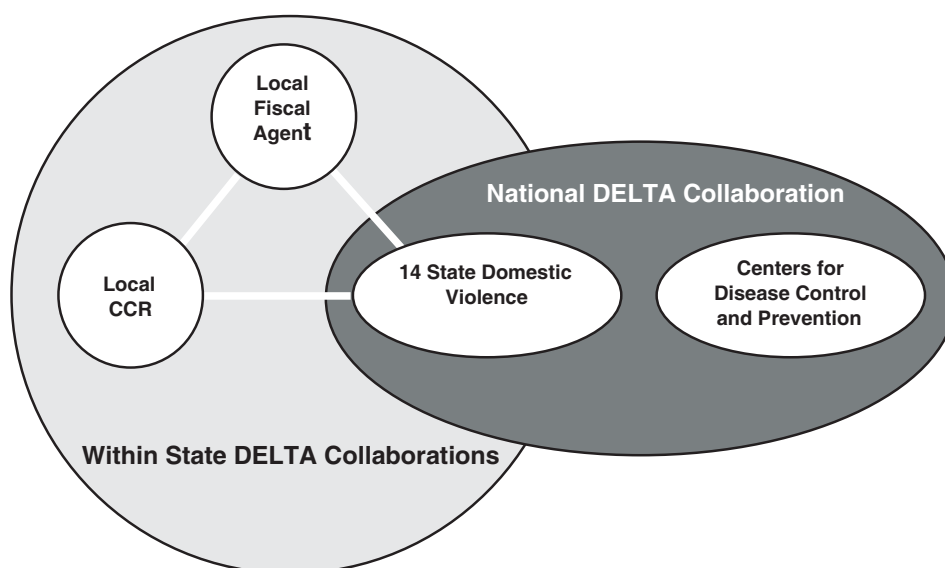
The federal legislation supports community level efforts. CDC funds state domestic violence coalitions to provide prevention-focused training, technical assistance and funding to local CCRs. Through DELTA funding, CCRs adopt primary prevention principles and practices and integrate prevention strategies through increased cooperation and coordination among participating sectors.

The Delta Hypothesis

The DELTA Project is truly just a big experiment. The hypothesis is that violence against women is preventable, and we are testing it using a pre-existing structure. CCRs were already coming together in community settings to address the issue. State domestic violence coalitions across the country were already supporting CCR efforts. Through DELTA, CDC provides funding and expertise on public health and prevention principles to state coalitions, which, in turn, fund CCRs and provide training and technical assistance. CCRs then work to institutionalize prevention on the local level by utilizing the tools and resources provided to them.

One major drawback to using CCRs as a vehicle for testing this hypothesis is that CCR members are used to letting group coordinators perform the bulk of the work. Mobilizing a group to address this issue from a prevention perspective requires that members commit to becoming social change agents, in their agencies, in their homes and in their communities. Not exactly what they signed up for.

Further, when CCR members do not accept the societal/structural oppression analysis of what causes violence against women, or if the stage has not been properly set for the group to make this determination on their own through public health methods, then we see real resistance to prevention efforts.

Coordination versus Organizing

The DELTA Project findings will be published in October 2008, after six years of planning and implementation. There is an early finding, however, that is critical to relate because it speaks to the replicability of the project in other communities. The legislative language authorizing DELTA Project funding through Congress instructs us to fund CCRs. CCRs do seem a natural fit: it is a group of people, representing programs and systems who respond to domestic violence incidents and who are committed to its elimination. They are a "captive audience" so to speak. However, community organizing and community coordination constitute two entirely different approaches, and the five funded communities in New York have discovered that preventing intimate partner violence through public health and social change models requires more of an organizing approach.

While they may have varying degrees of authentic commitment to stopping domestic violence, participants in community coordination are typically there because their jobs require it. They need to be there because it helps them do their job better, or they are designated as a representative of a participating agency. Additionally, individual participants may be very enthusiastic about CCR work and broader goals, but may have that enthusiasm dampened by unsympathetic supervisors, departments, or policies. In the end, they are there as part of a system, which by their nature has a limiting effect. The "usual suspects" include police, prosecutors, health and mental health practitioners, social workers, and probation.

In contrast, community organizing is a more organic coming together of community members. These people are often activists, community members who have been directly affected by the problem (i.e., Mothers Against Drunk Driving in response to that social crisis) or other concerned citizens. No one is there because it is a job requirement. These individuals are often motivated by a deep personal commitment rather than a paycheck. CCR members are not only motivated by their paychecks, but they are often first responders and have quite enough to do in their normal workloads. Activities and efforts beyond attending informational CCR meetings are typically out of the question.

Valuable Lessons Learned

The past three years has been a tremendous learning experience for NYSCADV and the five communities we've partnered with. Each community has their own unique approach to engaging its members, as well as its own successes and challenges. I think all would agree that using the public health model has been a valuable and effective tool. It is certainly a way to "hook" CCR members into thinking of violence against women in a different way. One of the most successful results of using public health concepts is that it encourages community members to think of gender-based violence and activities that might prevent it on more than just the individual level. Communities will often focus on developing programs that address the individual perpetrator, the individual victim, or worse, the relationship and what might be wrong with it. If that is the extent of our analysis, it is all too easy to blame the victim and turn their discussion to all the ways she might have avoided being victimized which, in turn, results in programs that try to change her behavior. The social ecological model, a standard public health paradigm, provides a framework for analyzing the issue on the community and societal levels as well, which allows us to discuss the community, the institutions and the culture that permits violence against women to exist and keeps us focused on a more macro approach. This framework, along with other public health concepts and approaches, combined with a social justice movement framework, might just be the key to eliminating gender-based violence once and for all.

The Social Ecological Model
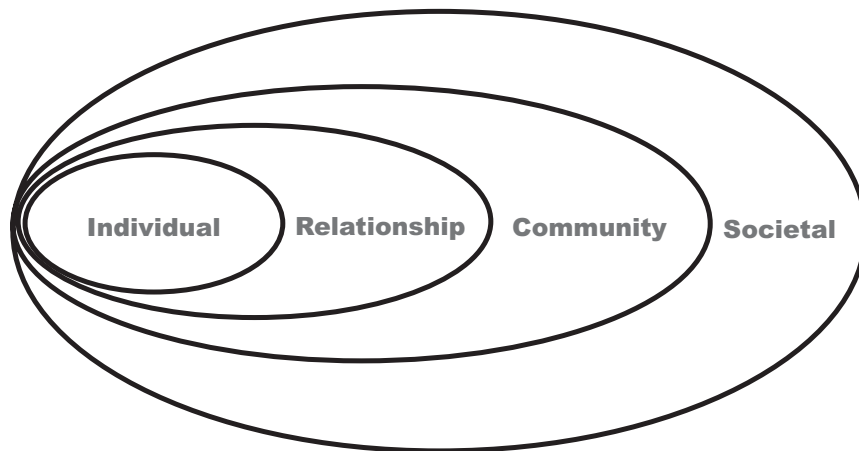
The social ecological model as defined by public health theorist and applied to interpersonal violence is a framework which depicts violence as occurring across several interrelated spheres: individual, relationship, community and societal. In order to effectively prevent violence it is necessary to develop strategies which include components addressing each of the four areas.

Using a Theory of Change to Evaluate Social Change Work

By Organizational Research Services

"There is nothing as practical as good theory." So said Harvard researcher Carol Weiss in her advice to communities engaged in ambitious transformation efforts. Communicating to others exactly what you are trying to accomplish and how you will know that you are making progress can also be difficult. A **theory of change** can be a powerful tool for identifying the theory that undergirds the specific social change work you are undertaking.

Creating a theory of change is a practical process you can engage in with community stakeholders to define the changes that are likely to occur through your community development efforts. One recommended approach is to develop an **outcome map,** a visual diagram that depicts relationships between strategies and intended results. These results will include both short- and longer-term outcomes and may also reflect changes at different levels, such as individuals, organizations, systems and communities.

There is no right or wrong way to draw an outcome map; each map will look different, depending on the community's unique needs and preferences. The important thing is that your map reflects ***your community's view of how change occurs***.

The basic steps to creating a theory of change are as follows:

1. **Clarify goals**. This may be what the community would look like if the underlying conditions were successfully addressed.

2. **Identify strategies and activities** that the stakeholders engage in to reach the goals.

3. **Create "so that chains"** to identify short-term, intermediate, and longer-term outcomes of your strategies (*See March 2005 article for more detailed information on creating "so that" chains*)

4. **Show linkages** between strategies with outcomes and goals. Often more than one activity will contribute to the same outcome. The map can help to show the interdependency between different strategies and the outcomes you hope to achieve.

5. **Test the logic and relevance**. Are there logical linkages between strategies and outcomes? Are the most relevant outcomes included?

6. **Articulate assumptions**. It is useful to provide narrative information about the principles and belief system that underlie the outcome map.

Many of the components of a theory of change may already be part of your Sexual Assault Prevention Action Plan. It is helpful to review any previous efforts at defining or describing activities and outcomes when embarking on this process.

Besides a process, the theory of change can help stakeholders prioritize outcomes and strategies on which to gauge progress. Below is an example of a community development project that developed and used a theory of change to evaluate their work.
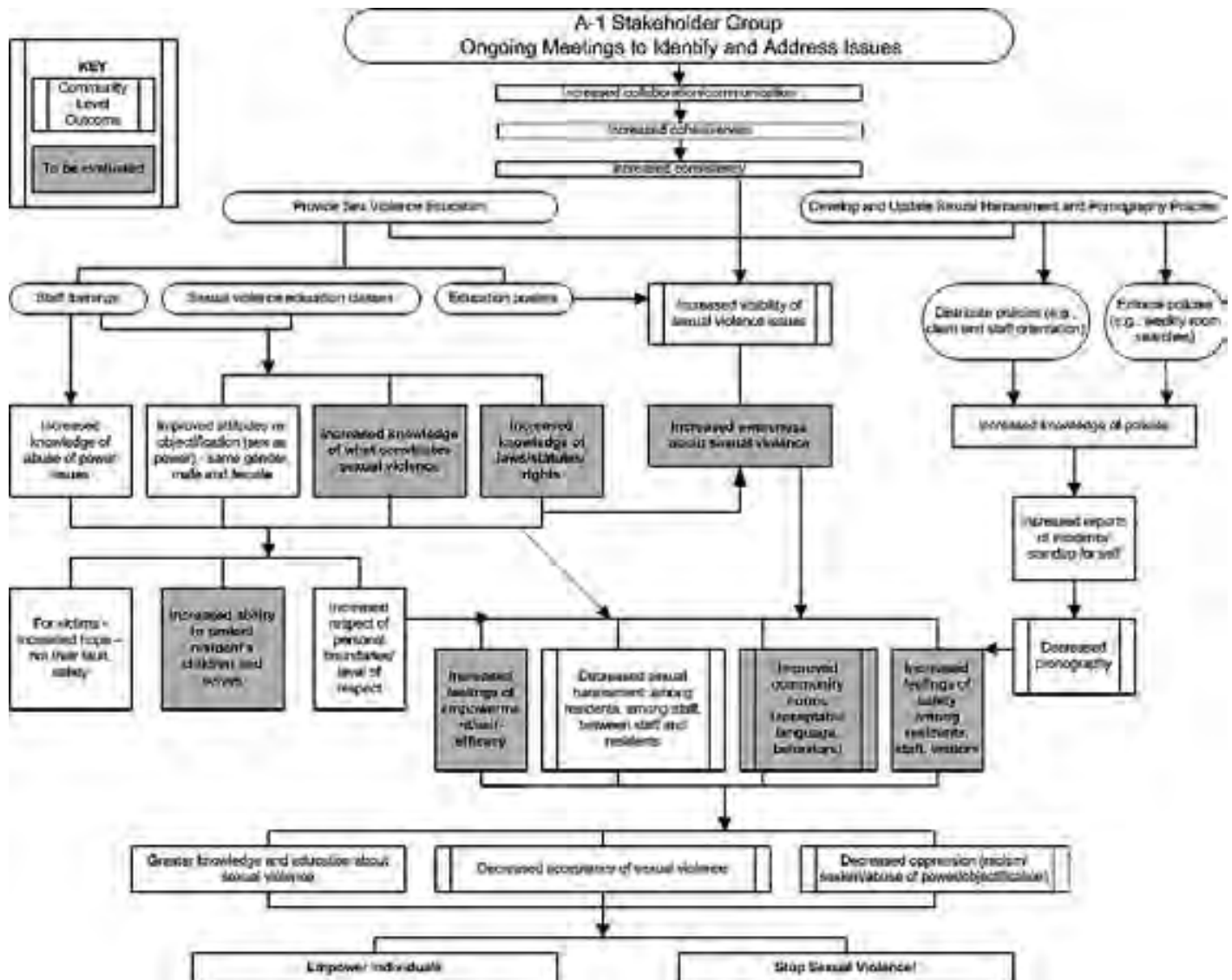
Skagit Valley CSAP and Pioneer Center North (PCN): Theory of Change in Action

In May 2005, the A-1 Stakeholder Group at PCN convened to develop a theory of change for the community development work underway at a residential drug/alcohol treatment center. After a brief introduction to outcomes and outcome maps, the group of stakeholders created "so that chains" based on their work. Through this process, the stakeholders identified ways that multiple strategies contribute to the same outcomes, prioritized shorter- and intermediate-term outcomes, and got to step back and take a birds-eye view of how all the day-to-day work they do is contributing to their outcomes and goals (i.e., program theory). From this product, the stakeholders chose nine outcomes to include in their evaluation plan.

For more detailed information on theory of change, you can download "Theory of Change: A Practical Tool for Action, Results and Learning" prepared for the Annie E. Casey Foundation. While much of this document is specific to the Making Connections initiative, there are many practical strategies and examples. Download at: *www.organizationalresearch.com/pubs/theoryofchangemanual.pdf.*
If you have questions, contact Organizational Research Services:
Sarah Stachowiak (*sarahs@organizationalresearch.com*, extension 10)
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What's Going On? CSAP News

Social Sexuality Project with Sexual Assault Response Center and Arc of the Tri-Cities

In May 2005, Arc of the Tri-Cities, a non profit business that assists people of all ages with developmental disabilities obtain their rights and resources required to become, to the fullest extent possible, independent, self-sufficient, and contributing members of society, came to the Sexual Assault Response Center in Kennewick, Washington and asked if they could help them put in place educational programs for developmentally disabled and delayed persons. Note: In 1993, the organization's name changed from the Association of Retarded Citizens to Arc of Tri-Cities. This change reflects the organizations values and philosophy of promoting people first and the disability second.

Thanks to a grant from the Bill and Melinda Gates Foundation, the Social Sexuality Community Development Project was selected and *Sexual Assault Prevention* and *Date and Acquaintance Rape* presentations were held in October at Arc of the Tri-Cities. Both presentations will be held again in January including a *Parent Education* presentation. Each presentation incorporates power point, video, flashboards, lecture, interactive exercises and role-plays to reach different learning and skill levels. 13 total attended both presentations. Surveys returned showed positive results.

Set in place for the new year is the development of a core group of staff members who will be at each presentation, including *Parent Education*, who will be specifically trained in SARC presentations for Arc. This core group will also attend SARC's *34-Hour Core Advocate Training* in March, hosted by Washington Coalition of Sexual Assault Programs. The idea is to have the staff trained in crisis intervention and prevention of sexual assault for developmentally disabled and delayed adults by helping reduce their risk through education and awareness. Parents and some clients will also be added as a *mentor group* to enhance this area of cooperation. Facilitation of the project would then continue as new information is available and updating is needed.

Sexual Assault Awareness Month - April 2006

This year's theme, ***"Seasons of Change…A day can make a difference, a moment can change a life"*** continues this vision with a spirit of hope and understanding that circumstances are subject to change. Seasons change; the world of nature doesn't need our support for those changes to take place. It happens slowly over time, moment by moment, day by day, until suddenly you are aware that a season has passed, and a new one is taking its place. Survivors heal the way nature changes, not all at once, but in very subtle ways moment by moment. Often the changes are so slight that we miss them until there is a much larger change. A change we can't miss.

contact Renee@wcsap.org
for more information

Skamania County Council on DV/SA Sexual Assault Awareness Month Activities

• Meeting with the Skamania County Commissioners on March 23rd at the courthouse where they will proclaim April to be Sexual Assault Awareness Month in Skamania County. A large banner will also be hung in front of the courthouse proclaiming that April is Sexual Assault Awareness Month.

• Running thier annual "Hands Are Not For Hurting" program with local schools and grocery stores. Several stores will be donating paper bags which the elementary school kids in the county will decorate with the saying "hands are not for hurting" and with their artwork. These bags will then go back to the stores for use during April

• Placing an informational flyer in the March and April PUD bills. These flyers have information about SA statistics, what services include and what a person can do if they or a friend have been assaulted. Flyers (similar to the ones above) will be put in the paychecks of the largest employers in the county.

• Making colorful table tents that will be distributed to local restaurants for placement on tables. These contain information similar to the above flyers.

• Designing displays for the local library windows which will be up throughout April. there will also be information available about sexual assault and about the organization inside the library.

• Hosting an information table in front of the local grocery store. SCCDVSA typically hands out information about the agency as well as DV/SA. In the past they have run a bake sale at the table as well to encourage traffic to the table

What's Going On? WCSAP News

Welcome Marilyn Turnbow as Prevention Services Associate

Born and raised in Olympia, I relocated here in November of 2003 after 15 years in Washington, DC. While there I garnered a wealth of experience working for the National Conference of State Legislatures and the National Environmental Trust in a variety of capacities. Upon my return to Olympia I also garnered the little beastie in this picture, my 2 year old Pomeranian with an attitude, Sadie. I am thrilled to be with the coalition and I look forward to working with all of you.

Cheers!

WCSAP Webinars

Web based seminars designed to enhance and complement the work of individuals, communities, agencies and professionals striving to end sexual violence

Join us in a new technological venture. interactive on-line web based training

This year's Prevention Training Series will take place as part of the WCSAP Webinar Series. The goal of this year's series is to provide state wide access to basic sexual assault prevention training.

Introduction to Web Conferences
February 1, 2006 2-3:30 pm

Web conferencing is fun and easy. This session will provide tips and techniques to help you get the most out of web based seminars.

Prevention Strategies I
Information & Awareness
March 1, 2006 2-3:30 pm

Raising awareness and providing information are important components of sexual violence prevention. This session will focus on the development of interesting and interactive ways to disseminate information.

Prevention Strategies II
Skill Building
April 5, 2006 2-3:30 pm

Helping individuals, agencies and communities develop new skills which enhance their efforts in eradicating sexual violence is integral to good prevention work. This session will explore techniques specific to skill building activities.

Prevention Strategies III
Social Change/Community Development
May 3, 2006 2-3:30 pm

Mobilizing communities may be our best option for creating lasting social change. This session will focus on exploring strategies specific to facilitating community development initiatives.

Contact Marilyn@wcsap.org for more information or
Doyle@wcsap.org to register.

What's Going On? WCSAP News

Sexual Assault and the Influence of Alcohol and other Drugs
Presented by Tracy Brown, MA
February 6, 2006
Deaconess Hospital, Spokane

This is a must not miss workshop if you work with survivors who have experienced (pre or post assault) use of alcohol or other drugs.

This workshop will cover the impact and relationship that exists between alcohol and other drugs and sexual assault. It will be interactive, organic, and thought provoking. Participants will leave with a new understanding of the differing roles that alcohol and other drugs play in sexual assault and on the survivors of sexual assault.

We will explore the dynamic relationships between:
- The use of alcohol and other drugs by the perpetrator and by the victim.
- Drug facilitated sexual assault and sexual assault.
- The use of alcohol and other drugs (by survivors) as medication for post assault symptomology and use that is addiction.
- The legal definition of sexual assault and the personal definition of sexual assault.
- The myths surrounding sexual assault and the use of alcohol or other drugs.
- The world of methamphetamine and sexual assault.
- The silence surrounding alcohol and other drug related sexual assault and finding voice.

Advocate Core
This training will provide all the basics necessary for sexual assault service provision including: crisis intervention skills, understanding the underlying conditions contributing to sexual violence, service delivery systems, legal and medical advocacy. This training is ideal for new staff and volunteers of community sexual assault programs as well as other professionals seeking to expand their knowledge of sexual violence

> March 11, 12, 18, 25
> Kennewick in collaboration with the Sexual Assault Response Center

> April 24-27
> Olympia in collaboration with Center for Personal Advocacy & Professional Development, SPIPA & SafePlace

Therapist Core
This training will satisfy the OCVA core training requirements for therapists treating victims of sexual assault/abuse. The training content reflects a philosophical approach to services, which emphasizes an empowerment approach to working with survivors of sexual violence

> March 13-15
> Olympia

Contact Doyle@wcsap.org for more information or to register for trainings

When Survivors Give Birth: Understanding and Healing the Effects of Early Child Sexual Abuse on Childbearing Women -
Presented by Penny Simkin
April 14, 2006 9:00 – 4:00, Wenatchee

Recent studies has shed light on the fact that child sexual abuse can have a profound impact on child-bearing women in ways that have been overlooked until recently. This unique, fascinating and beatifically constructed workshop, based on the groundbreaking book, *"When Survivors Give Birth: Understanding and Healing the Effects of Early Child Sexual Abuse on Childbearing Women"* will provides survivors, sexual assault advocates and maternity caregivers alike with extensive information on how child sexual abuse triggers emerge during the various stages of pregnancy, labor and delivery and post-partum phases. Practical strategies are given to sexual assault advocates to help survivors improve trust and communication between medical caregivers as well as offering self-help techniques to handle abuse-related distress.

Topics will include
Becoming Pregnant - Choice of Caregiver, Disclosure of Abuse, Issues of Control, Delayed Recognition of Abuse-Related Events in Childbearing

Childbirth for the Childhood Sexual Abuse Survivor - Challenges in Labor and Birth, How Survivors Can Reduce the Risk of Traumatic Birth, Triggers That Threaten a Woman's Psychological Well-Being, Control in Labor, Clinical Challenges in Labor and Possible Solutions

Post Partum - Survivors' Issues in the Postpartum Period, Impact of a Negative Birth, Aftermath of Traumatic Birth, PTSD Compared with Other, Postpartum Mood Disorders, Breastfeeding concerns, Postpartum Mood Disorders, Help in the Postpartum Period

Penny Simkin
Penny Simkin, PT, is a physical therapist who has specialized in childbirth education since 1968. She estimates she has prepared over 9,500 women, couples, and siblings for childbirth. She has assisted hundreds of women or couples through childbirth as a doula. She is the author of many books on birth for both parents and professionals. Her latest products for birth educators and doulas are "The Road Map of Labor." a birth video, titled "The 3Rs: Relaxation, Rhythm, and Ritual," and a Birth Sling—an aid to the dangle position for second stage labor. Currently, she serves on several boards of consultants and editorial boards, including the journal, Birth: Issues in Perinatal Care; the International Childbirth Education Association; and the Seattle Midwifery School. Through independent study and her work as a birth counselor, she has developed a counseling approach for pregnant survivors of sexual abuse. This work is described in the book, "When Survivors Give Birth," which she co-authored with Phyllis Klaus. Today her practice consists of childbirth education, birth counseling, and labor support, combined with a busy schedule of conferences and workshops. Penny and her husband, Peter, have four grown children, eight grandchildren, ranging in age from a year to 18 years, and her pug, Hugo.

"If you are a pregnant survivor, or provide advocacy skills with one, Penny will gently show you how to translate victimization into victory, lack of awareness into sensitive care. This validating educational workshop will provide sexual assault advocates with strategies to assist their clients' skills to become their newly empowered selves

Intersectional Theory

Not all men are alike and men do not experience sexism and violence the same (Connell,1995). Intersectional theory (Crenshaw, 1991) suggests that each person, at any point in time, lives in the world at the intersection of various identities (gender, sexual orientation, class background, race/ethnicity, etc.). Because of the complex ways sexism, violence and male privilege weave in and throughout these identities, engaging men for prevention requires that attention be paid to the unique distinctions of these intersections.   All men also receive a meta-message about being entitled to use violence or be abusive under certain circumstances.[3] In short, engaging Jewish men is, in some ways, different than engaging Christian men; engaging African American men is different then engaging European American men; engaging male youth is different than engaging adult men, etc.

On a related note, men come to men's violence, sexism, and entitlement from different places. Some are outright and openly hostile, others are disinterested, still others are interested but overcommitted, and a few are actively involved. Working with men also means engaging men from where they are along this continuum in a way that moves them one step along the path, rather than attempting to move men to being active regardless of where they come from.

On Accountability

Lastly, any work to engage men in preventing sexist violence must include processes and structures to ensure accountability to the local feminist leadership. There are those who believe accountability means that men do what the feminist leadership wants them to do. In some ways, however, this leaves men in the position of choosing which feminists (or women) to be accountable to. Like any group of people, feminists do not always agree with each other. Men are then left with a decision. They can either do something that some feminists want them to do and not be accountable to some feminists, or do nothing and be unaccountable by any definition.

An alternative definition of accountability focuses more on the process rather than an outcome. From this definition, accountability means men are transparent about their decision making: explain the decision they have made, explain how they came to that decision, and take responsibility for the outcome. It means men seek input from the feminist leadership before making their decisions, and when they make decisions that are harmful or to which feminists disagree, have a means by which they apologize and make amends.

Whatever definition of accountability one uses, it is important to be clear about this definition before engaging men in prevention.   Once this definition is clarified, engaging men includes working with men to develop sound structures and processes to ensure this accountability.

Conclusion

Engaging men in prevention is a necessary process. Men are part of the community in which men's violence occurs, men are harmed by men's violence, and men can have a valuable role to play in preventing men's violence

3. Thanks to César J. Alvarado for his assistance, challenge and support to help develop this understanding.

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WCSAP

END SEXUAL VIOLENCE
IN OUR COMMUNITIES

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