PARTNERS
in *Social Change*

By Lydia Guy
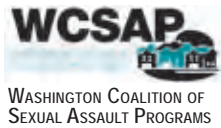Prevention Services Director,
WCSAP

Lydia Guy

"Violence is not an insurmountable problem. It can be prevented using a thoughtful and systematic approach."

— **Dr. Rodney Hammond**
Director, Division of Violence Prevention
CDC

One of the meetings I attend is a Department of Health stakeholder group. The work group represents a variety of institutions and agencies from hospitals to governmental agencies to me. Our areas of expertise include youth violence, falls, traffic safety, poisoning, fire, burns, suffocation, suicide occupational injury, homicide, assault, child maltreatment and violence against women. Our goal is to develop a comprehensive injury prevention plan focused on preventing injuries using public health theory. During our last meeting we were attempting to prioritize issues and I was intrigued by one area of discussion. In attempting to come to consensus, it became apparent that for some of the issues there were clearly defined best practices, widely accepted points of intervention and comprehensive data. For other issues, including violence against women, there was no such clarity.

It was an epiphany of sorts. Some of us preferred to work on issues in which the public health application to the topic was clear, apply a discrete set of interventions likely to result in substantial reduction in incidence in a relatively short time frame. Others preferred to work on issues that were new to the public health field. It was compelling to us to be part of a process that helped develop best practices and accepted points of intervention. The discussion surrounding these topics was rarely linear and never definitive. Developing a pubic health-inspired violence prevention best practice — particularly sexual violence prevention — will require a collaboration of anti-rape advocates, communities and public health professionals.

This issue of *Partners in Social Change* is intended to provide an overview of public health theory that is relevant for anti-rape advocates, and to provide the inspiration and desire to engage in the collaborative effort. ◈

PARTNERS in *Social Change*

Public Health Theory for Anti-Rape Advocates

By Lydia Guy, Prevention Services Director, WCSAP

A DEFINITION OF PUBLIC HEALTH

Public health is concerned with threats to the overall health of a community based on population health analysis. It essentially began as a refinement of medical theory. If we were to ask most people what are the public health success stories, the list would include car-seat usage, polio vaccines, childhood immunizations and anti-smoking campaigns. If we were to follow by asking for the most challenging public health issues, the list might include obesity or HIV transmission. The successes and challenges share in common the fact that in each of the issues involve biomedical, environmental, medical care, social and behavioral factors. Public health is a broad discipline that includes epidemiologists, researchers, community organizers, health educators, doctors, nurses, policy makers and a wide variety of preventionists. The commonality is the focus on the health of the whole versus the health of one.

"Public health is the science and art of preventing disease, prolonging life and promoting health and efficiecy through organized community effort."[1]

WHAT IS HEALTH?

The obvious, but incomplete, answer is that health is the opposite of disease or injury. However, to be truly healthy involves much more. Traditional pubic health interventions have primarily focused on the prevention of disease and injury but the current trend has been more toward health promotion. Health promotion strategies involve a more holistic approach and are a better fit for the complex social and behavioral factors impacting health. Medical and public health practioners have developed an astounding array of effective medical and mechanical interventions over the past fifty years. Despite these innovations it is the human, economic and social factors that have reduced their efficacy.

DISEASE vs. INJURY

The first step in applying public health theory to violence prevention is to understand its classification within the public health framework.

- The first distinction is between disease and injury, which is fairly intuitive. Disease or illness is something going awry within the body as a result of a disordered or incorrectly functioning organ, part, structure or system of the body, resulting from genetic or developmental errors, infection, poisons, nutritional deficiency or imbalance, toxicity, or unfavorable environmental factors. Injury is damage, harm, or loss, as from trauma.[3] *Sexual violence is generally classified as an injury.*

- An additional distinction is unintentional-versus-intentional injury. Unintentional injuries are the leading cause of death for all Americans, regardless of age, race, gender or economic status. Priority areas in unintentional injury prevention include alcohol-impaired drivers; older drivers; child passenger safety; falls, especially among older adults; injuries caused by residential fires; and supervision of children.[4]

Intentional injury, stated simply, is violence. Priority areas of intentional injury prevention include child maltreatment, intimate partner violence, sexual violence, suicide and youth violence.[5]

Sexual violence is generally classified as an intentional injury. The mechanisms involved in intentional injury (violence) are substantively different than those involved in unintentional injury. Violence intends to cause harm and, by definition, has an element of malevolency. The in-

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health [Pronunced helth] *noun*
1. *The general condition of the body or mind with reference to soundness and vigor: good health; poor health.*
2. *The soundness of body or mind; freedom from disease or ailment: to have one's health; to lose one's health.*[2]

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juries and/or deaths that result from unintentional injury are "accidental." They may be preventable and foreseeable consequences of specific actions, but there is not a specific goal to harm. Another implication of classifying sexual violence as injury is to acknowledge its traumatic nature.

THREE POINTS OF INTERVENTION

The second step is to define the standard points of intervention within the public health framework:
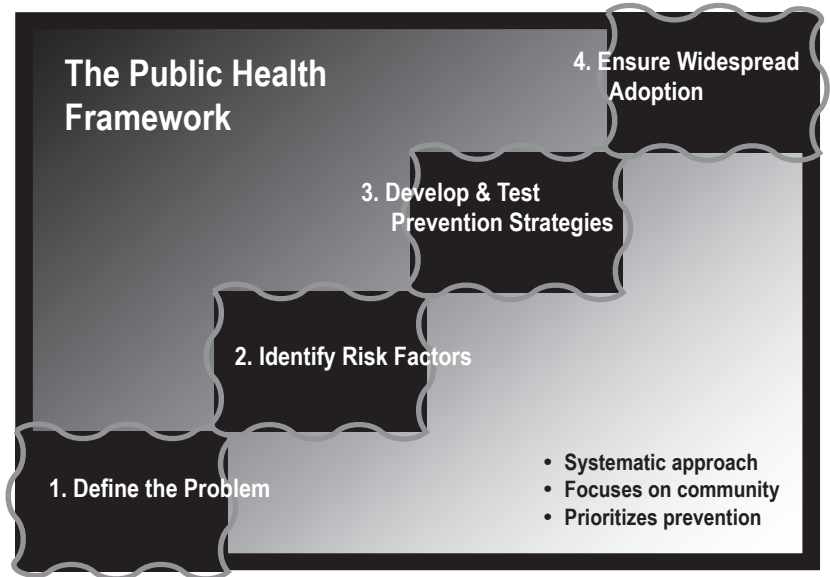
Primary Interventions are designed to prevent the initial injury or illness from occurring. Examples include immunizations, safety restraints (seat belts, car seats), anti-smoking campaigns. Interventions at this level are generally designed to influence and support the community, social and/or behavioral norms necessary to make individuals resistant to the injury or illness. Sexual violence- specific strategies at this level tend to focus on community mobilization, the prevention of first-time perpetration as well encouraging bystanders to intervene.

Secondary Interventions are designed to intervene before an individual has experienced "substantial harm" and has significant risk for a negative outcome without intervention. Early interventions and risk reduction are the terms most closely associated with approaches at this level. Sexual violence-specific strategies at this level tend to focus on building skills within individuals and communities that enable them to recognize and respond to sexually violating behaviors effectively and early.

Tertiary Interventions are designed to provide care to individuals experiencing injury or illness and attempt to restore functionality and minimize the resulting negative effects. Sexual violence-specific strategies at this level are the services most closely associated with rape crisis centers (crisis intervention, therapy, legal, medical and general advocacy).

A comprehensive sexual violence prevention strategy will include interventions at all three levels. Focusing on tertiary interventions allows us to provide services essential to the healing process of survivors. Secondary preventions provide the opportunity to educate and engage individuals around issues of sexual violence prevention. Primary preventions offer hope in addressing the under-

lying social and culture factors that support and encourage rape. A traditional public health approach prioritizes interventions at the earliest point of intervention.

The Public Health Framework

4. Ensure Widespread Adoption

3. Develop & Test Prevention Strategies

2. Identify Risk Factors

1. Define the Problem

• Systematic approach
• Focuses on community
• Prioritizes prevention

A FOUR-STEP PROCESS:
The Public Health Framework

The third step in applying public health theory to violence prevention is to apply the systematic public health framework, itself a four-step process:

Step 1: Define the Problem
Data, data and more data; this step involves understanding the scope and mechanism of a particular injury or illness. There are many public health issues, such as car accidents or measles, in which it's fairly straightforward to gather data and to understand the behavioral aspects, as well as the mechanisms, that contribute to incidence. Only limited data exists for sexual violence. This is due to a variety of factors: limited resources, stigmatization of victims, underreporting and social/cultural norms. Rape crisis center programming has tended to be crisis responsive and applying the public health model encourages us to be more proactive.

Step 2: Identify Risk and Protective Factors
Defining the problem was describing the "how." This step tells us "why." In order to develop an effective strategy we need to know why it happens. The way pubic health approaches this is by examining so-called risk and protective factors. Sexual violence-specific risk and protective factors are not direct causes, but rather factors that protect people or put them at risk for experi-

encing or perpetrating violence. The anti-rape movement has approached this concept with skepticism: iIt has been and remains important that we don't blame victims for their own victimization. Risk factors used appropriately do not target specific individuals as victims or perpetrators but rather gives us direction on how to target strategies.

Step 3: Develop and Test Prevention Strategies

This is where we test our assumptions. In the first two steps we developed a comprehensive picture of the elements that cause a specific injury or illness to occur. Now we can develop a strategy designed to specifically address these elements. This strategy must be evidence-based; in sexual violence prevention there are numerous "promising" practices but a limited array of best practices.

Step 4: Ensure Widespread Adoption

The final step involves documenting and sharing best practices. It is more cost effective to adopt and adapt a practice we know to be successful than to reinvent the wheel. One of the responsibilities of the Prevention Resource Center at WCSAP is to provide training and technical assistance regarding sexual assault prevention strategies. This is a specific dissemination strategy.

Why apply the public health paradigm to sexual violence? The hallmarks of the public health framework are its systematic approach, its focus on the community as a whole and its prioritization of primary prevention strategies. The following parable may help provide insight:

Once upon a time there was a small village on the edge of a river. The people there were good and life in the village was good. One day, a villager noticed a baby floating down the river. The villager quickly swam out to save the baby from drowning. The next day this same villager noticed two babies in the river. She called for help, and both babies were rescued from the swift waters. And the following day four babies were seen caught in the turbulent current. And then eight, then more, and still more!

The villagers organized themselves quickly, setting up watch towers and training teams of swimmers who could resist the swift waters and rescue babies. Rescue squads were soon working 24 hours a day, and each day the number of helpless babies floating down the river increased.

The villagers had organized themselves efficiently; the rescue squads were now snatching many children each day. While not all the babies — now very numerous — could be saved, the villagers felt they were doing well to save as many as they could each day. Indeed, the village priest blessed them in their good work. And life in the village continued on that basis.

One day, however, someone raised the question, "But where are all these babies coming from? Let's organize a team to head upstream to find-out who's throwing all of these babies into the river in the first place!" The seeming logic of the community elders countered: "And if we go upstream, who will operate the rescue operations? We need every concerned person here!" "But don't you see," cried the one lone voice, "if we find out who is throwing them in, we can stop the problem and no babies will drown! By going upstream we can eliminate the cause of the problem!"

"It is too risky," replied the village elders. And so the number of babies found floating in the river continues to increase every day. Those saved increase in number, but those who drown increase even more.[6]

The anti-rape movement was the foundation of our current sexual assault service delivery system. Over the past thirty years the movement has incorporated a variety of frameworks into its programming, politics and analyses. Successes have included the authorization of the Violence Against Women Acts (VAWA) and the development of a comprehensive service system. You could say we've saved a lot of babies. However, we have not been able to achieve the initial goal of the movement: to end rape. Incorporating pubic health theory, particularly its emphasis on primary prevention, could increase our ability to profoundly affect the incidence and prevalence of sexual violence.   ◈

[1]World Health Organization: The World Health Report 2005: Make every mother and child count. Geneva, 2005.

[2]disease. (n.d.). Dictionary.com Unabridged (v 1.1). Retrieved January 11, 2007, from Dictionary.com website: http://dictionary.reference.com/browse/disease.

[3]injury. (n.d.). The American Heritage® Stedman's Medical Dictionary. Retrieved January 11, 2007, from Dictionary.com website: http://dictionary.reference.com/browse/injury.

[4]Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC). CDC's Unintentional Injury Activities – 2004. Atlanta (GA): CDC, NCIPC; 2005.

[5]Violence Prevention: http://www.cdc.gov/ncipc/dvp/dvp.htm. Retrieved January 11, 2007, Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control (NCIPC).

[6]Parable of the River: A religious and spiritual parable attributed to many sources, including but not limited to: Christianity, Islam, Judaism, traditional Native American healing. This version adapted by The Rocky Mountain Conference of the United Methodists. Retrieved from www.rmcumc.org/MI/Justice/Parable_of_the_River.doc, January 11, 2007.

The Value of Prevention:
A Personal Perspective from Public Health

By Debbie Ruggles, Violence Prevention Specialist, WA State Department of Health

I would like to start by telling a story about a woman, who for many years worked in the Child Protection Service (CPS) system as a caseworker, intake worker and foster care case manager. She would go to work like many of us do, getting up and helping her children get ready for school or their day of activities, then go to the office to see what she faced for the next eight to ten hours. Some days it was making home visits and trying to help families who were struggling to figure out what being a parent meant. Sometimes it was figuring out how to help children be safe from their abusive parents. Sometimes it was calling in law enforcement to physically remove a child from the arms of their parent who was wielding a gun. And, everyday, there were the countless reports and filings and requirements of the legal system to tend to. In the evening, on many occasions, this woman would get calls at home from law enforcement, from the crisis line, or from time to time (if she was lucky) it would be from the backup workers who just needed to know one more thing about the case to help them with their work into the night. This woman often felt like there was no break … but she kept doing it because it mattered whether kids were safe and families were getting the help they needed. But she would wake up the next day, knowing that it all continued … one more child, one more family, one more crisis, and too few networks to help support these people.

This woman could be any CPS worker, could be a victim advocate on call, or could be the manager or advocacy services director at a rape crisis center. She is actually my mother. She is retired now and living a full life, but she also retired tired — years of seeing the vulnerable and the violent sides of people left her with little hope for things to change. It took about a year for her to regain her energy, to find more laughter and joy each day, and for her to rebuild some hope. Sometimes we have conversations about prevention and the work of community development. She is intrigued and excited to think that perhaps, just maybe, others besides those within agencies and systems will step up, step forward and take action against the causes of violence.

Having been in the field of sexual assault prevention and intervention for over 20 years, and now in a place where state agencies and the rape crisis movement truly value prevention — stopping sexual violence before it occurs — I can live in a place my mother never could. I can work in an agency that truly values prevention, whose mission is to have a healthier and safer Washington, and who continues to be a conduit for prevention funding for state and local efforts under the Rape Prevention & Education grant from the Centers for Disease Control.

So why is prevention and community development important to public health? Many thoughts and ideas come immediately to my mind and are backed by how this work ties into several theoretical models in public health. Preventing a "disease" from spreading or from taking hold in

the first place has been the foundation of public health. Public health tries to find out why a disease or condition starts, looks for ways to stop the condition from going any further, then looks at ways to keep it from happening in the first place.

I will grant you that public health is very new to the field of violence prevention, and from one who has been on the outside of public health and now in the throws of the system, they have a long way to go in this area. The Department of Health and local health agencies are not going to do the work of sexual violence prevention. We should step up; we have values and expertise in public health that should support the work of rape crisis centers, sister organizations and community development. The reverse should be true as well. As an example, public health promotes best or proven practices. Well, we aren't going to truly know if sexual violence prevention using the community development model is a proven practice unless we really look at it and measure the changes over the course of time. Public health has many tools to use at its fingertips to help in that measurement. We should be stepping up to help evaluate this effort and also promote it as we see the changes happening. We should also ask each of you to share your successes so we, the Deparment and public health can better advocate for you to receive the resources and funding to keep doing this work — to keep Washington state residents healthy and safe.

Prevention is important to the Department of Health — but I (and we) need to do a better job defining for the Department why prevention of sexual violence fits with the mission of the Department and should be a priority — right up there with bio-terrorism, pandemic flu and clean drinking water. Keep doing what you are doing in the area of prevention. Tell your stories to your boards of directors, your local health commissioners (perhaps they could be a community development project?) and your funding sources. That information gets back to the Department and helps me tell a better story. It helps make the picture more complete; it helps show how, like public health tackling a disease, we need to work on one community Prevention is important to the Department of Health — but I (and we) need to do a better job defining for the Department why prevention of sexual violence fits with the mission of the Department and should be a priority — right up there with bio-terrorism, pandemic flu and clean drinking water. at a time. We need to help change our culture and behaviors and norms that have fostered sexual violence over time to one where it is not the norm.

Prevention is important to the Department of Health — but I (and we) need to do a better job defining for the Department why prevention of sexual violence fits with the mission of the Department and should be a priority — right up there with bio-terrorism, pandemic flu and clean drinking water.

Taking care of one victim at a time and locking up one offender at a time only takes care of one victim and the offender cannot have more victims in his or her path — for the time being. This work is important. But when does it end? Changing communities and norms is like having immunizations across the population: it takes time to get everyone on board, but eventually the culture changes and sexual violence is not part of that culture. Yes, we need more resources and campaigns and people stepping up to participate in that change. We have begun that effort with what we are doing in Washington State. We have begun that change. It gives me hope — you give me hope — with stories and information that helps me be your advocate.

Finally, I recognize the heart and soul you are putting into this effort and applaud you for being on the front lines, in service and prevention, and I thank you. I believe the lines of victims will grow smaller some day and the groups of communities together in prevention will be much larger. It already is — because of you.   ◈

Designing and Administering Surveys

In the last issue, we discussed the pros and cons of using online surveys. This article focuses on guidelines and considerations for developing a useful and informative survey.

What are surveys?

Surveys are standardized written instruments which contain questions about issues to be evaluated. You can conduct surveys by mail, in person, over the telephone, online or in a centralized activity as part of an event.

Survey Design

There are many things to consider when developing a survey. Here is a good checklist to follow when starting out:

☑ *Does an existing tool meet your needs? Do questions provide information on your outcomes, indicators, and outputs?* Determine what you want to learn from your survey. For example, are you collecting data to inform planning, evaluation efforts, or for some other purpose? Many organizations already use some kind of survey or data collection with participants or stakeholders. Can you use existing data or add questions to an existing tool, rather than creating an entirely new survey from scratch?

☑ *Is the reading level appropriate? Are the instructions clear and simple?* Make sure your instructions and questions are easy to understand, that they are logical and can be easily answered.

☑ *Is the survey culturally appropriate?* It is important to be conscious of cultural aspects when developing a survey. Check that the language is appropriate. Also, consider how surveys fit in with cultural norms and values of the population you are surveying. Some ethnic groups have valid reasons for distrusting researchers. These issues must be addressed before data collection begins. Involving respected community leaders and other community members in the planning stages is one way to build trust.

☑ *Does the question order flow appropriately?* Try to start with non-threatening or easier questions and put items in chronological order when practical. Group questions with similar response formats (e.g., keep questions together that have the same answer options, such as rating agreement to statements [disagree, neutral, agree] or showing how often someone does something [never, once, sometimes, often, always]).

☑ *Is the length of the survey appropriate? Is the overall layout clear and easy to complete?* Try to limit the number of questions. You want respondents to complete your entire survey. Don't include a question unless you have a clear understanding of how you will use the results.

☑ *Is the survey valid and reliable?* Validity addresses the question: "Is X really X?" You can increase the validity of your data collection by pilot testing your tools to be sure the questions are measuring what you want, and using established and tested tools. Reliability means that the same data would be collected regardless of who collected the data or the time of day or location in which it was collected.

☑ *What about pilot-testing?* If you've created a new survey, it's a good idea to pilot test your tool before implementing it. This can help identify problem areas, confusing questions and any other problems that might impact data collection efforts. To pilot test, select three to five people that are representative of the target population. Ask the pilot testers to take the survey as though they were completing it for real. Have them note the time they start and stop, questions that were confusing, wording that could be improved, and any other comments they have. Compile their comments and if there are areas that are consistently problematic modify the survey. If major modifications have been made, consider a second pilot phase.

☑ *Do I need to sample?* It may be too resource intensive to survey the entire group of people, i.e. population, you have identified to survey. Thus, you need a plan to "sample" from this population. The sample size should be as large as a program can afford in terms of time and money. The key is to select a sample that is representative of the entire participant population. This assures that evaluation results can be used to make statements about all participants, not just the sample.

In addition to design, there are a few other things to think about when using surveys:

• **Response Rates:** For survey data to be useful, whether with a defined population or a sample, you want to enough people to complete it to feel confident that the results can tell you something about that group. It is not enough to simply send a survey out and hope for the best. Experience demonstrates that strong response rates are achieved through multiple contacts or reminders (usually 2 or 3) with your respondents. If possible, only send reminders to those individuals who have not yet completed the survey, rather than "blanket" reminder notices. Another option is to have individuals complete surveys when at an event or after participating in a class when you can get the information on the spot.

• **Data Protections:** When collecting data through a survey, you want to be sure to protect the privacy of participating individuals. Your survey can be anonymous (i.e., don't ask for any identifying information whatsoever from the person completing it) or confidential. With a confidential survey, you may ask for identifying information, like name or email address, but only those directly involved in the survey administration should know or have access to this identifying information. The names of respondents should never be linked to any quotes or responses that might appear in the survey report. If you want to share quotes, simply delete the identifying data first.

• **Also be aware that there are many federal and state laws and regulations**, and state and local agency policies, that regulate data collection from human subjects. The purpose of these regulations is to protect the rights and welfare of participants and to ensure that any risks are minimized. Depending on what type of data collection your program wants to do, your survey may need to be reviewed and approved by an Institutional Review Board (IRB). More information about IRB requirements in Washington State can be found at http://www1.dshs.wa.gov/rda/hrrs/.

Surveys are just one way to collect useful data about your work, and they may not always be the right data collection method for your purposes. That said, surveys are an efficient data collection strategy and, if used appropriately, they can be very informative for planning, evaluation, program modifications or other areas of interest!   ◈

If you have questions about this or other evaluation topics, please contact Hallie Goertz at hgoertz@organizationalresearch.com, (206) 728-0474, ext. 24, OR Sarah Stachowiak at sarahs@organizationalresearch.com, (206) 728-0474, ext. 10.

Book Review

Introduction to Public Health Second Edition [paperback]
by Mary-Jane Schneider (author), Henry Schneider (illustrator)

Reviewed by **Lydia Guy**, WCSAP

A scintillating read, no.
A thorough overview, yes.

Mary-Jane Schneider's "Introduction to Public Health" is exactly what it claims to be: an introduction to the field of public health. It is a clearly written overview of a wide range of public health topics, such as water quality, epidemiology and chronic diseases. Schneider divides the book into seven parts that look at the definition of public health, analytical methods of public health, public health's biomedical basis, social and behavioral factors, environmental issues, medical care, and the future of public health. The value of the book is its breadth, not its depth.

The application of public health principles to intentional injury is a fairly recent phenomenon and is probably a more nuanced discussion than can be expected in an introductory text. The book focuses primarily on issues related to disease and non-intentional injury (accidents.) While providing an excellent overview, the book does not address the issue of intentional injury and, more specifically, interpersonal and sexual violence from a public health perspective.

This edition includes a revision of the Women's Health chapter and reflects new information on topics such as hormone replacement therapy, but did not reflect the trend of applying public health theories to intentional injury. This significantly limits the books relevance to rape crisis-center staff and professionals seeking practical assistance in adopting a pubic health paradigm. However, it does offer great insight into the fundamental principles underlying public health theory and is a useful resource for that reason alone.

WCSAP *Welcomes...*

Executive Director Betty Bailey:
"Small places, close to home"

By **BETTY L. BAILEY**, EXECUTIVE DIRECTOR, WCSAP

Betty L. Bailey

Several years ago I attended a music festival and, while there, I saw a button that read, "the meek are getting ready." It's from a famous quote that the meek shall inherit the earth. Well, the meek are ready!

After my WCSAP Lobby Day address, a colleague asked if I would write down my remarks. I agreed and have adapted them here for you. I began with a quote from Eleanor Roosevelt:

"Where do universal human rights begin? In small places, close to home — so close and so small that they cannot be seen on any map of the world … Unless these rights have meaning there they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world."

Congratulations for the important work that you do; I acknowledge you for being those *concerted citizens whose actions uphold human rights*, the important rights of safety, respect and dignity for women, children and others.

It occurs to me that we live in a world of "winners" and "losers" — a place where some seem to deserve the basic rights of safety, respect and dignity, while others do not. In that world, winners stay away from losers. Perhaps they stay away out of fear that they will become one, or fear that they are one. We, in this movement, do not live in **that** world. Every day we go to work we link up with the dignity and beauty of someone that that other world left as a victim, unworthy of basic human rights. Our work breaks through the façade of that other world and puts us where universal human rights begin. We are working *in those small places, close to home — so close and so small that they cannot be seen on any map of the world.*

While others continued important work back home, I celebratd that so many member agency representatives came to Lobby Day to link up with the dignity and beauty of your lawmakers and staffs! Our legislators need to see and hear you because of the world in which you work. Please do not underestimate the value of what you have to say, because

the world in which you live and work needs to be talked about in public places and to those who can alter an aspect of that other world.

Several years ago I attended a music festival and, while there, I saw a button that read, "the meek are getting ready." For those who are not familiar, it's from a famous quote that the meek shall inherit the earth. Well, the meek are ready! And we've got some talking to do with our public servants, their staff and each other. I might add that it's never too late to arrange to host your own "Lobby Day" and make that call or send an e-mail to your Congressional representatives!

Thank you for the inspiring work that you do and for taking the time to engage in the important work of talking to our legislators. I am honored to have joined you and look forward to getting to know you, your programs and advancing our work together through WCSAP.   ◈

Event Planner Tara Wolfe Joins WCSAP Staff

My name is Tara Wolfe and I am the new event planner here at WCSAP. I just want to briefly introduce myself and say how excited I am to be a part of this organization!

I began working in the anti-violence against women movement while I was in college. As a volunteer and employee at the local battered women's shelter, I spent two years supporting survivors of abuse. After graduating from the University of Kansas, I moved with my partner to Seattle (insert Kansas jokes here!). I had left the Land of Oz and relocated to the Emerald City.

Tara Wolfe

All in all, I have been in western Washington for over four years. I have worked at Eastside Domestic Violence Program and Domestic Violence and Sexual Assault Services of Whatcom County. For about seven years I have been an advocate for survivors of sexual and domestic violence. I have also done volunteer work in the HIV/AIDS field and am currently serving as secretary on the board of directors for The Northwest Network of Bisexual, Trans, Lesbian and Gay Survivors of Abuse in Seattle.

I am thrilled to be the event planner for WCSAP as I sincerely admire the leadership of the organization. My plans include exploring the Olympic Peninsula and attending The Evergreen State College for a master's degree in Public Administration.

I look forward to meeting all of you connected to Washington State sexual assault programs! Thank you for all your hard work. You can contact me at tara@wcsap.org. ◈

*W*hat's Going On at *Your* CSAP

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Got news?

Let us know and we'll publish your news in the next issue of Partners in Social Change. Submissions are due quarterly. Send an e-mail to lydia@wcsap.org.

Prevention Webinar Series

The theme of this year's Prevention Web Conference (Webinar) series is "Frameworks." There are many frameworks that inform and/or contribute to our analysis of sexual violence. Understanding the underlying assumptions inherent in a framework can provide valuable insight and objectivity to program planning and implementation. So far, we have explored three of four frameworks utilized extensively within Washington State to develop our sexual violence prevention strategy: *Feminist Theory / Rape Culture*, *The Classic Public Health Approach* and *The Social-Ecological Model.* The final presentation in this series, *Community Development to Prevent Sexual Assault: A Loftquist Review*, is scheduled for May 9, 2007. For more details and to register, visit our Web site.

Prevention Dialogue Series

Sexual violence prevention work can be both exhilarating and challenging. There are numerous commonalities and similarities in applying sexual violence prevention frameworks and theory to our daily work. However, there are some profound differences that occur when sexual violence prevention strategies are implemented across various settings. **Prevention Dialogues** are Web-based discussions that utilize Webinar technology; so far, we have focused on exploring the challenges of implementing sexual violence prevention strategies in specific settings: *Frontier Counties* and *Urban Environments*. Next up: *Dual or Multi-Service Agencies* (April 11, 2007), and *Sexual Violence-Specific Agencies* (June 13, 2007). To register, visit our Web site at www.wcsap.org. These sessions are not trainings but rather facilitated conversations. Join us!

PARTNERS in *Social Change*

We'd love to know what you think!
**WCSAP welcomes your feedback
about this publication.
Just send an e-mail to**

lydia@wcsap.org

2007 ANNUAL CONFERENCE

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MAY 22-24

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Services
&
Ourselves

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