Iowa Plan for Sexual Violence Prevention 2009 - 2017

Presented by the

Iowa Sexual Violence Prevention Planning Committee

"Iowans and communities take action to prevent sexual violence"

In partnership with

Iowa Coalition Against Sexual Assault

Iowa Department of Public Health

University of Iowa College of Public Health

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Iowa Plan for Sexual Violence Prevention
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Preface

The Iowa Department of Public Health (IDPH) is responsible to manage federal funds for sexual violence prevention through the Centers for Disease Control and Prevention (CDC). During federal fiscal years 2007-09, Iowa has engaged in an assessment and planning effort that was directed by Cooperative Agreement # VF1CE001154 with the National Center for Injury Prevention and Control, Division of Violence Prevention. This report details the establishment of the statewide planning committee, the results of the assessment, and the first draft of Iowa's five-year plan. This plan was drafted in fulfillment of requirements for the Cooperative Agreement.

Sexual Violence Prevention Planning Committee

In February 2007, the Iowa Sexual Violence Prevention Planning Committee (SVPPC) was established. Its purpose was to build statewide capacity for comprehensive planning and evaluation of sexual violence prevention activities in Iowa. The planning committee members served to advise IDPH and the Iowa Coalition Against Sexual Assault (IowaCASA) on these activities related to the federal grant:

- Development of a vision statement for Iowa's sexual violence prevention program
- Selection of assessment tools for community prevention efforts and review of findings
- Adoption of a logic model to guide the program
- Development of a strategic plan for Iowa's program

Following guidelines established by CDC, the membership was intended to bring together representatives from state government, state sexual assault and domestic violence coalition staff, community sexual violence prevention programs, representatives of culturally diverse populations, and men's anti-violence groups. Each person signed a memorandum of understanding that specified roles and responsibilities of membership (see Appendix A). Members of Iowa's SVPPC are listed in Table 1.

Table 1. Iowa Sexual Violence Prevention Planning Committee Membership

Name	Agency/Organization	Position
Beth Barnhill	Iowa Coalition Against Sexual Assault	**Executive Director**
Tess Putnam	Iowa Coalition Against Domestic Violence	**Prevention Coordinator**
Janice Edmunds-Wells	Iowa Department of Public Health	**Minority Health Coordinator**
Cyndy Erickson	Iowa Department of Education	**Learning Supports Staff**
Adriana Flores	Latinas Unidas por un Nuevo Amanacer	**Latina SV program – Director**
Sheri Floyd	Iowa Coalition Against Sexual Assault	**Community Outreach Coordinator**
Diane Funk	Rape Victim Advocacy Program (Iowa City)	**Local SV program – Services Director**
Alan Heisterkamp	The Waitt Institute for Violence Prevention	**Gender violence project consultant**
Carol Hinton	Iowa Department of Public Health	**Adolescent Health Coordinator**
Mary Ingham	Crisis Intervention & Advocacy (Mason City)	**Local SV program – Director**
Josh Jasper	Riverview Center, Inc. (Dubuque)	**Local SV program – Director**
Annette Lynch	University of Northern Iowa	**Campus Flagship Grant Director**
Linda McGinnis	Iowa Dept. of Public Health	**Substance Abuse Prevention**
Steve Michael	Iowa Dept of Human Rights	**Criminal & Juvenile Justice Planning**
Corinne Peek-Asa PhD	U. of Iowa Injury Prevention Research Center	**Evaluation Consultant**
Donna Phillips	Iowa Department of Justice	**VAW Grant Program Manager**
Amber Russell	Prevent Child Abuse Iowa	**Prevention Coordinator**

Mindy Saak	Seeds of Hope (Grundy Center)	**Prevention/Education Coordinator**
Michael Shaw	Waypoint (Cedar Rapids)	**Local SV program – Prevention**
Allyson Simmons	Family Planning Council of Iowa	**Prevention Coordinator**
Judy Stafford	The Waitt Institute for Violence Prevention	**Project staff**
Johna Sullivan	Crisis Intervention & Advocacy (Adel)	**Local SV program – Director**
Ginger Yang PhD	U. of Iowa College of Public Health	**Evaluation Consultant**
Mira Yusef	Monsoon – Asian Women United	**SE Asian SV program – Director**

The Iowa SVPPC was staffed jointly by Binnie LeHew, the IDPH RPE Director, and Kelly Ziemann, the IowaCASA Prevention Coordinator. Members served in the role of an advisory group and were responsible to review and discuss material presented, bring in materials or resources related to their role on the committee, and make recommendations regarding the assessment process, identification of priority populations, and goals/objectives for the plan. Between April 2007 and June 2009, the SVPPC met a total of six times.

Purpose and Vision

During the first few meetings of the committee, a vision and mission statement were developed. Iowa's vision statement is "Iowans and communities take action to prevent sexual violence."

The Iowa SVPPC mission is to develop a comprehensive plan to prevent sexual violence before it occurs by

- changing individual beliefs and behaviors
- strengthening primary relationships
- changing organizational practices and policies, and
- shaping social norms that will promote healthy, respectful sexual behaviors.

Definitions of sexual violence

The committee adopted definitions that had been developed by the state of Kansas for their RPE program. These definitions had been distributed to member programs of the Iowa Coalition Against Sexual Assault in 2006 in preparation for the new federal grant period. Those definitions are included in Appendix B.

There was discussion and agreement that, for purposes of this planning process, the Iowa SVPPC would focus on *primary* prevention of sexual violence, or the prevention of first-time victimization or perpetration. While there are other programs in place to support secondary or tertiary prevention – such as federal Victims of Crime Act or Violence Against Women Act funds – there was agreement that the federal RPE funds were the only source that exclusively encouraged addressing sexual violence *before* it occurs.

The committee also agreed to define sexual violence as a broad term, not as a legal one. The definition is any sexual behavior that is unwanted or coerced. This behavior may be physical or verbal, including written communication.

Committee Accomplishments

The Iowa Sexual Violence Prevention Planning Committee (SVPPC) conducted the following activities between April 2007 and June 2009:

- Reviewed the history of the anti-sexual violence movement

- Reviewed the background of the RPE program – nationally, and in the state of Iowa
- Developed a vision and mission statement for the committee
- Reviewed and finalized assessment tools to be used for the community prevention assessment
- Reviewed the data obtained during the date source assessment and the state profile
- Discussed risk and protective factors for sexual violence
- Reviewed and discussed the findings from the community assessments
- Discussed the results of a training and technical assessment survey conducted by IowaCASA
- Received information on development of logic models and reviewed the national RPE program theory model and activities
- Described potential target populations, prioritized them, and selected the ones that would be the focus of the plan
- Drafted potential goals and objectives that would address areas of increasing prevention system capacity, building leadership, and improving surveillance
- Drafted logic models to address Iowa's universal population, to enhance prevention system capacity, and address target populations

This document is the first comprehensive sexual violence prevention plan for Iowa. The Iowa SVPPC will distribute it to partner agencies, the directors of the departments of public health and education, the Governor's office, Board of Regents, and members of the Sex Offender Research Council (a legislated body that oversees treatment and correctional issues related to sex offenses in Iowa). It will also be posted on the IDPH sexual violence prevention webpage, which can be found at http://www.idph.state.ia.us/bh/sv_prevention.asp.

The SVPPC continues its work to evaluate specific strategies for plan implementation, as recommended by the Division of Violence Prevention at the CDC/NCIPC.

EXECUTIVE SUMMARY

Between 2007 and 2009, Iowa completed a three-year assessment and planning process of its sexual violence prevention programming and capacity. This was done with the guidance of a 20-member sexual violence prevention planning committee, comprised of members from state government, non-governmental, and community prevention programs. An evaluator from the University of Iowa College of Public Health assisted in the assessment process.

Iowa is a relatively homogenous population in the upper Midwest; but population estimates of sexual violence are that one in 10 Iowans will experience a forced sexual experience in their lifetime. The rate for females is almost three times that of males, and the majority of the violence occurs prior to the age of 18. The majority of perpetrators are males and majority of victims are female. There are additional disparities among youth who are gay, lesbian, bi-sexual, transgendered, or queer (GLBTQ). For these reasons, Iowa has identified a universal population of youth in Pre-K through early college in an attempt to prevent the first time perpetration or victimization of sexual violence. Risk factors associated with perpetration include alcohol or drug use, childhood victimization, associating with sexually aggressive peers, growing up in a home where abuse was present, having little support from significant adults, living in a community that tolerates sexual violence, and social norms that promote masculine superiority and feminine inferiority.

Iowa has a strong history of civil rights and broad support for public education. In addition, the rural, farming nature of the state lends the population to a disposition toward self-sufficiency and community-mindedness. Iowans are hard workers who know the value of working together to achieve a common goal.

Since 1996, the Iowa Department of Public Health has administered federal Rape Prevention & Education (RPE) funds by contracting with the state sexual assault coalition to fund community prevention and education programming. There is a .50 FTE dedicates in the department who collaborates closely with IowaCASA Prevention Coordinator (.50 FTE) to provide training and technical assistance to communities on effective prevention strategies. Until 2009, all 28 member programs of the coalition received enough federal or state funding to support a .50 FTE in their communities. Reductions in federal and state funds over the last five years have recently required that local grants become competitive once more.

The Iowa Plan for Sexual Violence Prevention, 2009-2017, sets forth goals and objectives to reduce sexual violence among the universal population, increase the capacity of the state to do primary prevention activities, and target athletic groups and GLBTQ communities to reduce the incidence of sexual violence. The primary strategies embraced by the plan include targeting interventions to reduce individual beliefs, attitudes and behaviors that support sexual violence, strengthen relationships between youth and their peers or adults to increase protective factors, change organizational policies and practices that condone or support sexual violence, and change the social norms that allow sexual violence to occur.

For more information, visit the IDPH sexual violence prevention program webpage at www.idph.state.ia.us/bh/sv_prevention.asp or the IowaCASA website at www.iowacasa.org.

Needs and Resources Assessment Summary

STATE ASSESSMENT

Iowa's assessment process included conducting a data source assessment, a focus group process with local prevention programs, the development of a state profile, an assessment of current prevention programming and capacity, and an assessment of training and technical assistance needs in the area of sexual violence prevention programming. Finally, the SVPPC conducted a SWOT analysis – an assessment of Iowa's strengths, weaknesses, opportunities and threats – in the area of sexual violence prevention.

Data Source Assessment

With assistance from the program evaluator, an assessment of existing sources for sexual violence data was conducted. Each source is described below.

Uniform Crime Reports (UCR). The UCR is a database containing information on crimes committed in Iowa. Data is available on the county level, and for some of Iowa's largest cities. There is also data available for the three state universities. Summary statistics are also available by city size and suburban and rural sheriff's offices. Currently, statistics from 1998-2005 are available. New data is typically becomes available in the fall of the following year. Though the number of crimes committed is being measured in this database, there is limited data available on incidences of sexual violence. In many cases, data was not reported, or an estimate of the number of incidences was provided (for example, data might be reported in the form of 0-10 sexual assaults occurred during a particular year).

Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national survey regarding behaviors and risk factors administered to youth. In the state of Iowa, this information is held by the Iowa Department of Public Health, with links to the Centers for Disease Control and Prevention. This survey looks at various risk factors and risk behaviors, and is broken down by sex and age group. New data becomes available during the fall of the following year. Information on sexual violence is only available as an optional module. Iowa included questions about sexual violence during calendar years 2002 and 2006.

Iowa Court Information System (ICIS). ICIS is run by the Iowa Division of Criminal and Juvenile Justice Planning and contains information about various types of crimes committed. ICIS also contains information from the Juvenile Court Services, DHS Services, and School Liaison data. Information is available from 1999-2006, and new data becomes available during the spring of the following year. This data is broken down by judicial districts, and counties. While this database contains information on crimes committed, there is very limited data on incidences of sexual violence.

Iowa Youth Survey (IYS). The IYS is another database that contains information on various aspects of youth and adolescent behavior. The survey is jointly developed by the Iowa Dept. of Public Health and the Iowa Department of Education. The survey is conducted on all 6th, 8th, and 11th graders in participating school districts across the state. Information is currently available for 1999 and 2002, and 2005. Data is broken down by Area Education Agencies and then further

broken down into school districts and counties. This data is held by the Iowa Department of Education. While data on first time substance use and first suicide attempts is contained in this data set, there is no information on sexual violence. Questions about bullying behaviors were included beginning in 2005.

Child Abuse Statistics and Reports. The Child Abuse Statistics and Reports information is held by the Iowa Department of Human Services and broken down by counties and service areas designated by cities and judicial districts. This data set consists of reports of child abuse in Iowa that are unconfirmed, confirmed, and founded. Data is available for 2003-2006, though it was not explicitly stated when new data becomes available. While this is data on reports of child abuse, there is limited information on reports of sexual abuse.

Youth Risk Behavior Survey (YRBS). The YRBS survey measures various risk factors among youth and adolescents, and bears similarities to the BRFSS and the IYS. This data is held by the Iowa Department of Education and is available on the state level. Data is available from 1997-2005, and it is unclear when new data becomes available. There is one question included that asks about experience with forced sexual encounters. There is one question included about experiences with physical violence by a dating partner. Iowa generally considers the data gathered through the YRBS to be unreliable, since most school districts will not agree to conduct both the YRBS and the IYS. The majority of schools participate in the IYS.

Crime Victim Statistics. The Iowa Department of Justice, Crime Victim Assistance Division, collects data from sexual assault and domestic violence service programs across the state. This information includes number of victims receiving services, number of adults and children receiving shelter, and number of sexual assault exams billed to the state. Data is compiled annually during the state fiscal year (July 1 – June 30) and is usually available by the beginning of the new calendar year for the previous state fiscal year.

A chart describing the various data sources and their characteristics is included in Appendix C.

Focus Group Summary

Focus groups were conducted by the UI College of Public Health evaluator and a student intern during the spring of 2007. Two focus groups were hosted, following a train-the-trainer activity, with sexual violence advocates in regard to their ideas about training and conducting primary prevention activities. These were held on May 30, 2007 in Des Moines (5 participants) and June 6, 2007 in Iowa City (7 participants).

Overall, the focus groups conducted in Des Moines and Iowa City yielded a wealth of useful information. Participants of the focus groups felt that they were fairly well-prepared to conduct primary prevention activities, and that they were already conducting many primary prevention activities. Many of the suggestions for ways that IowaCASA could better help to facilitate affiliates' primary prevention activities were repeated several times. Such suggestions included

- Conducting more train-the-trainer sessions and making the materials for the train-the-trainer sessions available to IowaCASA affiliates.

- It was also suggested that training sessions be brought to the IowaCASA affiliates, by conducting multiple training sessions in different parts of the state.
- Many participants of the focus groups expressed concerns over limited money, staff, and resources, and felt that if training sessions were held in different parts of the state, it would be easier for affiliates to attend such sessions.
- Other suggestions for how IowaCASA could help facilitate primary prevention activities included developing a curriculum that would be accepted by schools to help ensure that IowaCASA affiliates can get into schools and conduct primary prevention activities. Children are the one of the primary audiences for primary prevention activities, and schools are main way of gaining access to this audience.

Aside from limited staff, money, and resources available, one of the main barriers that IowaCASA affiliates face in conducting primary prevention activities was not being able to get into schools because of the amount of materials that schools are required to cover. Some affiliates also reported not being told that they would not be permitted to discuss certain topics in schools. Affiliates were also very interested in the prospect of focusing primary prevention efforts on young men.

The main concern that was repeated numerous times during each focus group was the limited amount of money that affiliates have access to, which results directly in limited staff members.

State Profile

Using a community profile template that was developed by the Community Toolbox[1], IDPH completed a demographic profile of Iowa for the SVPPC. This profile is included in Appendix D. The profile was developed to allow communities to compare local data with state data. An additional page was added to include sexual violence data that was available at the local level.

Demographic description of Iowa. Iowa is a rural state in the upper Midwest, with a land area of 55,369 square miles. Iowa's population is almost 3 million. Compared to the national average of 79.6 persons per square mile, Iowa's population density is 52.4.

The median age in Iowa is 1.5 years longer than the U.S; this is generally due to the number of Iowans who live over 85. Just under 25 percent of Iowans are under the age of 18. Approximately 15 percent of the population has a disability, compared to 16.4 percent in the nation as a whole.

Iowans are predominantly white (92.6%). The next largest ethnic group is Latino (4.0%), followed by African American (2.6%) and SE Asian (1.6%). There is only one Native American settlement in Iowa, the Mesquakie. Native Americans comprise only 0.4% of Iowa's total population. Early immigrants were of German and Dutch origins; modern-day immigrants are Mexican, African and Eastern European. Within the last decade, Iowa has experienced a tremendous influx of immigrants who come seeking employment in the farm and meat-packing industries. This has introduced more opportunity for cultural diversity within the state; at the

[1] University of Kansas, http://ctb.ku.edu/en

same time placing stress on communities that are not prepared for the differences in language and ethnic traditions.

Economic information. The state's median income is lower than the U.S. average, but its poverty rates (7.2%) and unemployment rates (5.2%) are also lower. Residents are fairly stable; home ownership is 72.3 percent (66.2 nationally) and 67 percent of households are families with children. Iowa has a higher percentage of high school graduates than the national average, and takes great pride in its educational systems.

Iowa's economy is agriculturally based. Ten percent of the state's population resides in Des Moines, the largest city and state capital. Over the past three decades, rural communities have suffered from loss of agricultural income in the wake of the farm crisis of the 1980's and the decline of the family farm. Iowa has a higher rate of households where both parents work, compared to the U.S. as a whole.

Other influences. In 2007, the Iowa Legislature appropriated state general funds for sexual violence prevention. This occurred following a high-profile child sexual assault and murder that resulted in the adoption of a state law restricting residency requirements for convicted sex offenders. In the wake of this, advocates for children and sexual assault victims successfully pressed the legislature to commit funds for prevention. These funds support community grants for programs that target intra-family child sexual abuse (through the state child abuse prevention council) and acquaintance rape through the Iowa Coalition Against Sexual Assault.

During the same legislative session, the Sex Offender Research Council was also established. This body was given the task of identifying data on registered sex offenders, containment policies and practices, treatment options, and other emerging trends in the treatment and management of sex offenders in communities. In 2008 the Iowa Dept of Public Health was invited to participate as a member of the Council because of its work in the arena of prevention. The Council meets semi-annually and produces a report to the state legislature each January.

Assets and Resources

Current prevention programming & capacity. The Iowa Department of Public Health manages both the federal RPE funds and the state sexual violence prevention funds. A small amount of federal funds are retained by the department to cover the half-time program director. The remaining funds are contracted to the state sexual assault coalition. They, in turn, subcontract the majority of these funds to member programs that conduct local sexual violence prevention activities. Since 1997, IowaCASA has directed available prevention funds to support at least one half-time position in each of its member programs. These "prevention educators" have provided numerous educational sessions over the past decade to youth and professionals in their communities, all in the hope that raising awareness about sexual assault – its risks and impact – would eventually lead to a reduction in sexual violence.

Beginning in 2006 when the current RPE grant period started, IDPH and IowaCASA had been working to shift the state's prevention programming to activities directed toward primary prevention (as opposed to secondary and tertiary). Subcontractors were encouraged to use

curricula designed to change knowledge, attitudes and behaviors of youth in grades K-12, and to do more outcome evaluation. Iowa had not done any systematic assessment or planning related to its sexual violence prevention programming, however.

The SVPPC reviewed the RPE assessment tool for primary prevention activities that was drafted by the national RPE program. The tool was adopted, with the addition of eight more items that would assist with the data source assessment and the assessment of training and technical assistance needs. The IDPH, IowaCASA, and program evaluator decided that the community assessment tool would be used with IowaCASA member programs funded with federal and state funds to do sexual violence prevention, since there was a mechanism in place to assure all would complete them. A total of 28 programs returned the assessment. The tool is included in Appendix E.

The following section is a general summary of the responses compiled in the 28 assessments.

The three types of prevention or health promotion activities undertaken by community programs were sexual violence prevention, intimate partner violence prevention, and bullying prevention. All three of these activities were performed by all, or nearly all, of the 28 centers that completed the assessments. There were very few of the other activities listed in the assessment being done by any of the programs.

All of the centers reported having a person on staff that spends at least half of their time doing prevention or education. Twelve reported having a staff member certified, or in the process of being certified, by IowaCASA. (Note: IowaCASA has established a certification process for sexual assault counselors in the state; at this time, it does not cover prevention activities.) At least 22 of the centers reported that their sexual assault staff member has specific training in prevention.

There were six activities that community programs reported spending their time on. They are, in order of most time to least time:

- educational seminars,
- other efforts to increase awareness of the facts about or to help prevent sexual assault,
- planning prevention activities,
- preparation of informational materials,
- operation of hotlines, and
- training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities.

All respondents reported being committed to and supportive of activities for the primary prevention of sexual violence. The majority of programs reported that they commit personnel to activities for the primary prevention of sexual violence. Twelve of the programs reported that their agencies committed unrestricted financial resources to activities for the primary prevention of sexual violence; the others did not agree that this statement was true for their agency.

The majority of programs reported being knowledgeable about the primary prevention of sexual violence and having a mission statement that include ending, preventing, or eliminating sexual

violence. Twenty-four also said that leadership of their organization has a strong understanding of primary prevention of sexual violence; however seven of them reported that staff time allocated for primary prevention of sexual violence was *not* protected. The majority of them reported that their organization does not recruit and train volunteers to participate in activities for the primary prevention of sexual violence. In addition ten reported that most staff members do not regularly participate in meetings and activities related to primary prevention of sexual violence, and that primary prevention of sexual violence is not regularly discussed in staff meetings.

Nineteen of the programs reported that their organizations focus about equally on intervening with survivors of sexual violence and the primary prevention of sexual violence.

In regard to the question about use of the social ecological model, 13 of the 20 that responded to this question stated that it was used in their planning; three stated they were unsure if this model had been used in their planning. Of the thirteen responding, these were the numbers using the various levels for programming:

- Twelve are using strategies to address the individual level of change,
- Ten are using relationship level strategies,
- Eleven are using community level strategies, and
- Three centers reported using “macro” or social level strategies.

The primary prevention strategies that programs reported using the most were a research-based curriculum and general public/classroom presentations. The number of those reporting they focused on first-time perpetration and first-time victimization was roughly the same; many programs reported focusing on both. The vast majority of reported they target their prevention on “everyone”, versus a specific population group. The majority of programs reported their primary prevention efforts target all school-aged children (grades K-12), with schools being one of the primary settings for their prevention activities. Many other community organizations and churches were also common settings for primary prevention activities.

As a further analysis of the assessment results, the program evaluator developed a database to enter data from all of the returned surveys. The evaluation team decided to compare the assessment results between two cohorts: those judged to be using a prevention strategy that was clearly directed toward primary prevention (or at least appeared to be comprehensive) vs. those judged not to be. This was done to assess if there were factors that may influence a community program’s likelihood of adopting primary prevention strategies or not. The resulting analysis is included as an attachment in Appendix F.

<u>Other sexual violence prevention programming in Iowa.</u> In addition to the sexual violence prevention work being done through IowaCASA programs, there are sexual violence prevention activities done through two other state organizations, Prevent Child Abuse Iowa and the Family Planning Council of Iowa. The two groups chose not to distribute the community assessment tool to their community programs, so a brief summary of their prevention activities follows.

Prevent Child Abuse Iowa – with state general funds, the organization offers grants to local child abuse prevention councils to focus on prevention of intra-family child sexual abuse. There are

several curricula that are promoted, including Care for Kids/Nurturing Healthy Sexual Development and Take Charge of Your Body. The targeted populations are children and parents. The following table is a summary of the programs funded during state fiscal year 2008.

Table 2. Summary of Prevent Child Abuse Iowa funded SVP programs.

Program	Funds Received	No. of Projects	Parents/Adults Served	Children Served	Volunteers	Volunteer Hours
Sexual Abuse Prevention	$434,470	64	13,845	56,319	930	4,639

Sexual abuse prevention programs teach children how to protect themselves from sexual abuse and teach adults how to keep children safe from abuse. Instruction for children typically involves teaching them the appropriate names of their private body parts, discussing rules about who is allowed to touch their private parts and for what purpose, and helping children develop plans for keeping their bodies safe. Adult education, provided in home-based or group-based settings, teaches adults about sexual abuse and that the primary risk for sexual abuse comes from adults known to the family, and helps them identify actions they can take to keep children safe.

ICAPP-funded sexual abuse prevention programs are available in 67 of 99 Iowa counties. These are: Adams, Allamakee, Appanoose, Audubon, Benton, Black Hawk, Boone, Bremer, Buena Vista, Butler, Carroll, Cherokee, Chickasaw, Clarke, Clay, Clayton, Clinton, Crawford, Dallas, Davis, Decatur, Des Moines, Dickinson, Dubuque, Floyd, Greene, Grundy, Guthrie, Hardin, Howard, Ida, Iowa, Jackson, Jasper, Jefferson, Keokuk, Lee, Linn, Louisa, Lucas, Mahaska, Marion, Marshall, Mills, Mitchell, Monona, Montgomery, Muscatine, Palo Alto, Plymouth, Pocahontas, Polk, Pottawattamie, Ringgold, Sac, Scott, Sioux, Story, Tama, Van Buren, Wapello, Warren, Wayne, Winnebago, Winneshiek, Woodbury, and Worth.

Family Planning Council of Iowa – This organization distributes Title X (family planning) funds throughout Iowa. The prevention activities involve providing education to service recipients about healthy sexual behavior, responsible sexual behavior, and intimate partner violence prevention. Most of the agencies funded are local public health clinics or planned parenthood affiliates. They provide outreach to schools about sexual health, including sexual coercion, safer sex, family planning, birth control and self-esteem, and sexual decision-making. They also do outreach to employers in their communities about sexual health, including sexual coercion/harassment, safer sex, access to birth control and family planning. These programs, in particular, target vulnerable populations such as immigrant groups or people with disabilities.

<u>Current evaluation activities & capacity.</u> As required by the CDC, IDPH has contracted with an evaluator during the assessment phase of this project period in order to develop an evaluation component for the strategic plan and to evaluate the strategic planning process. IDPH has worked closely with the University of Iowa Injury Prevention Research Center on a number of projects over the years, and they identified an evaluator at the College of Public Health, Jintzen (Ginger) Yang PhD. Since FFY2007, she has assisted with the analysis of the community assessment surveys, conducted focus groups with community partners, and providing training on primary prevention concepts and logic models to the state planning committee.

During the last three years of grant reviews for local programming, it is apparent that community programs have a limited understanding and/or use of evaluation strategies. In March 2009, IowaCASA offered training on the use of pre-post surveys with its approved curricula to all funded prevention specialists. In addition, IDPH and IowaCASA plan to continue to work with the evaluator to offer training and technical assistance to community programs in the coming years that will increase their local evaluation capacity.

Training and Technical Assistance Availability and Capacity.

State Level Assessment. The capacity of current health department staff and sexual assault coalition staff to provide training and technical assistance to local programs so they improve their prevention capacity and meet federal grant expectations was assessed. The criteria used included years of experience and education, training in prevention skills, participation in state and national prevention training opportunities, and ability to conduct training for community professionals.

The state RPE Director has been in her position since 1997 and has been the only person to serve in this capacity since Iowa has received federal RPE funds. She has an MSW degree and has managed violence prevention programming at the state health department. She has conducted professional training on violence against women issues for 12 years, and on primary prevention of sexual violence/intimate partner violence for 4 years. The director has been an active participant on the RPE Directors' Council, serving as the first chair and on the steering committee for four years. She has also been a member of the strategic planning effort initiated by the CDC/NCIPC/DVP team for the national RPE program. She dedicates a .50 FTE effort to the Iowa RPE/SVP program.

The Iowa Coalition Against Sexual Assault has had two individuals serve in the Prevention Coordinator position since 2006. The first staff member had an MPH degree and worked in a community HIV prevention program prior to working for the coalition. She was also the training coordinator for the coalition, developing and administering certification classes and ongoing continuing education for local prevention specialists. This position is a .50 dedicated FTE. The current Prevention Coordinator has been in her position for 1.5 years. She has a bachelor's degree in human services and previously worked in a local SA/DV program as victim service advocate and prevention educator. She also worked for the state domestic violence coalition in their Americorps training program. She has attended two national conferences on sexual violence prevention, conducts training for the IowaCASA national Resource Sharing Project, and coordinates training programs for member agencies.

These individuals have also collaborated with state level partners at Prevent Child Abuse Iowa, Family Planning Council of Iowa, and other public health prevention programs. Both have completed training with the Care for Kids/Nurturing Healthy Sexual Development curriculum. In any areas where they do not have subject matter expertise, they are well-connected to individuals who can provide necessary resources. Both of these individuals have the necessary level of experience, vision, and commitment to provide the bulk of the training or technical assistance needed by community programs.

Local Needs Assessment. As part of the community assessments completed by IowaCASA programs, each was asked about training and technical assistance needs. The majority of respondents stated that training or technical assistance in the following areas was needed:

- Developing and implementing culturally relevant primary prevention strategies,
- theories related to primary prevention on sexual violence,
- the social ecological model,
- strategies for the primary prevention of sexual violence,
- understanding differences between primary prevention of sexual violence and campaigns to raise awareness about sexual violence,
- planning and conducting a community needs and resources assessment,
- planning primary prevention programming,
- creating a prevention program logic model,
- evaluating prevention strategies, and
- increasing sustainability of prevention strategies.

Very few barriers were identified by IowaCASA programs. Those that were identified included:

- training sessions were offered too far away,
- training times were inconvenient, and
- programs did not have funding to send staff to trainings that require an overnight stay.

Factors that were <u>not</u> considered to be barriers by any centers (or only by a few) included:

- organizations not providing time off from regular work duties to attend trainings,
- limited access to web technology,
- technical assistance staff not having the expertise centers need, and
- programs not having access to technical assistance.

In two subsequent years, IowaCASA conducted surveys with member programs to identify their level of experience, approaches to prevention programming and potential TA needs. Summaries of the surveys done in 2008 and 2009 are included in Appendix G. Some of the key findings are:

- The vast majority of community prevention specialists have been working in their positions less than 4 years.
- Only one-fourth of local prevention staff use approved curricula with programmatic fidelity; however half have ongoing and regular contact with the target groups they serve.
- Programs still do not feel competent to address community readiness and are not confident about the materials and resources they are using.

Since 2006, IowaCASA has offered two continuing education sessions annually to its entire membership on topics related to primary prevention. Any program receiving federal or state funds is required to send their prevention staff. The topics have covered a range of primary prevention concepts, including the social ecological model and use of research-based curricula. These required sessions will continue during the implementation phase, incorporating priority topics identified.

SWOT Analysis

Following the presentation of community assessment findings to the Iowa SVPPC, the committee conducted a "SWOT" (strengths, weaknesses, opportunities and threats) analysis. The following section is a summary of the analysis.

Strengths

- The state sexual assault coalition is a strong organization with stable leadership that has been active in national policy efforts for the past few decades.
  - They have successfully partnered with a variety of governmental and non-profit organizations
  - They have promoted the development of services for marginalized communities (Latina, African American, SE Asian, Deaf, and GLBTQ)
  - They are one of the contractors for the National Resource Sharing Project, offering technical assistance to other state coalitions on issues relating to violence against women.
- The state health department has staff in leadership position that supports primary prevention of sexual violence and collaborates well with the state coalition and other state stakeholders. This person has been in her position for 12 years, and has participated in national committees related to RPE/sexual violence prevention planning and program implementation.
- Iowa's regents system has been a supportive partner with the DOJ Campus Flagship Grant.
- Iowa's legislature has tackled two initiatives that support SV prevention efforts –
  - Mandating all schools to have a bullying/harassment policy
  - Sex Offender Research Council's work to improve the 2,000 foot law
  - Funding for sexual violence prevention efforts for three years.
- Iowa has the ability to gather trend data on bulling among Iowa youth (IYS).
- Iowa has local level prevention coalitions that include a variety of youth organizations (4-H, scouting programs, youth serving agencies, substance abuse prevention, etc.)

Weaknesses

- Iowa has a lack of good local data regarding sexual violence (it is all tied to crime reports).
- IDPH and IowaCASA needs to improve how program outcomes are defined and measured; more program evaluation needs to be done.
- The SVPPC has struggled to gain meaningful involvement of the state department of education in the planning process, as well as with the development of prevention resources for local schools. This seems to be in place for substance abuse prevention but has not been extended to sexual violence prevention.
- There needs to be state level leadership (from school administrators and the Dept. of Education) to direct the College of Education at UNI to view the gender-based work in progress as a priority, as well as to embrace the types of competencies needed for educators to integrate violence prevention into their skills. The current need is to have a person who can work within the college of education to get the project into the curriculum.
- Iowa could strengthen interconnections between gender-based organizations, faith-based groups, men's anti-violence organizations and other "crossover" groups such as substance abuse prevention, etc.

- The work that has been done at the state level is largely "personality" driven and not as *institutionalized* as would be beneficial (often, community partners and leaders burn out easily).
- There is still a systemic denial of sexual violence – they are deeply entrenched values that sabotage our efforts to publicize sexual violence as a social problem. (Ex: Blind support for athletic teams that overlook individual athletes' exploitation of women.)
- On a local level, Iowa can only support funding a ½-time prevention specialist in each of the community sexual assault agencies, and they are very low-paying positions – this creates a lot of change and low commitment for local prevention work.

Opportunities

- There are opportunities to partner with positive fatherhood and other Men's Strength movements that advocate ending violence against women.
- The newly adopted core curriculum by the Iowa Dept of Education has a section that includes social skill development where prevention strategies could be included; this could occur through a stronger partnership with the School Administrators of Iowa.
- The Dept. of Justice Campus Grant provides an opportunity to experiment with a defined population (college aged) across different levels of the social ecology.
- There are a number of "youth led" groups that provide potential to develop leadership for sexual violence prevention activities. These include Just Eliminate Lies, the Youth Congress, State of Iowa Youth Advisory Council, and Iowa Character Counts.
- The Mentors in Violence Prevention/Coaching boys into Men project being managed by the Waitt Institute for Violence Prevention in Sioux City provides a wonderful opportunity to learn about results of their bystander intervention program with young men.
- With recent reform in the state on sex offender legislation (reducing those being monitored to those at highest risk and creating safe zones instead of the restrictions on living within 2,000 feet of schools, day care centers) – there is hope to make more reform in how Iowa intervenes with youthful offenders to decriminalize some of the sanctions (such as child pornography).

Threats

- The current state of the economy threatens available services and prevention funds over the next few years. This also threatens to dismantle community systems that have taken 20-25 years to develop. A recent 10% across-the-board cut instituted by Iowa's Governor resulted in the elimination of two community programs, for example.
- Iowa has a great disparity in resources and capacity available in its rural areas (especially southern Iowa) compared to the rest of the state.
- There is increased burnout among local victim service professionals who have carried the banner for prevention for the past few decades.
- There has been an attitude among policy makers, especially during challenging times, that prevention is "disposable".
- There is quite a bit of funding placed into the treatment of sex offenders, some of those interventions are not necessarily effective.
- There is still an underlying/subconscious belief in inequality between the sexes and sexism that tends to maintain the *status quo* and prevent greater efforts to prevent sexual violence.

Risk & Protective Factors for Sexual Violence

The World Health Report on Violence and Health has identified the following risk factors for sexual victimization and perpetration. They are organized by different levels of the social ecological model.

Individual Factors

- Alcohol and drug use*
- Coercive sexual fantasies
- Impulsive and antisocial tendencies
- Preference for impersonal sex
- Hostility towards women
- Hypermasculinity
- Childhood history of sexual and physical abuse
- Witnessed family violence as a child

Relationship Factors

- Association with sexually aggressive and delinquent peers*
- Family environment characterized by physical violence and few resources
- Strong patriarchal relationship or familial environment
- Emotionally unsupportive familial environment*

Community Factors

- Lack of employment opportunities*
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

Societal Factors

- Poverty*
- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to gender equity
- High tolerance levels of crime and other forms of violence

The risk factors identified with a * are those for which some data are available in the state. Through the Iowa Youth Survey (mentioned previously), we can begin to get an idea of how much our 6th through 11th grade youth are engaging in alcohol and drug use, associating with negative peers, working part-time jobs, and receiving family support. The only population based survey that has provided incidence data on sexual violence in Iowa is the Youth Risk Behavior Survey (one question) and the Behavioral Risk Factor Surveillance System Survey (questions included in 1999 and 2005 only). The remaining demographic issues (poverty, employment rates) are available through other sources.

GOALS & OBJECTIVES

The first draft of Iowa's goals and objectives for sexual violence prevention were completed by the SVPPC in May 2009. These were reviewed and finalized by the committee in November 2009. Appendix G includes more detail with objectives and timelines. The goals are listed below, organized into five broad subject areas.

Reducing the Incidence of Sexual Violence in Iowa

This area encompasses Iowa's broad desire to continue efforts to decrease sexual violence in the state. This will be done by targeting youth under the age of 20, and incorporating comprehensive prevention programming that is directed toward the primary prevention of sexual perpetration or victimization. The target populations reflect both universal and targeted populations deemed to be at risk.

GOAL 1: Reduce first-time perpetration of sexual violence in Iowa by providing comprehensive community sexual violence prevention programming in Iowa communities to youth aged 9-17 and college freshmen in the first 6 weeks of school.

GOAL 2: Community athletics programs for youth will introduce bystander intervention and other prevention strategies targeting young men into their programming.

GOAL 3: Youth identifying as GLBTQ will report decreased incidents of sexual harassment and an increase in supports available to them through schools and community-based organizations.

Increasing Prevention System Capacity

This area reflects Iowa's recognition that there is still a great need to increase state and local capacity to conduct sexual violence prevention programming, especially in the area of primary prevention strategies (as opposed to tertiary or secondary). In addition, there is a need to direct more effort toward engaging men into primary prevention programming and to expand strategies into the community and policy levels of the social ecology.

GOAL 1: Engage other youth serving organizations and community anti-violence groups in prevention work at the state and local level.

GOAL 2: Expand the capacity of Iowa's community SVP specialists to develop, implement and evaluate primary prevention programming for sexual violence.

GOAL 3: Increase the involvement of men's anti-violence organizations in Iowa's sexual violence prevention work.

GOAL 4: Expand the UNI College of Education to offer a specialty in gender violence by creating a certificate program for educators and school administrators.

Data & Surveillance

The SVPPC recognizes that the availability of data specific to sexual violence and its risk/protective factors is limited. These goals reflect Iowa's desire to expand the data used to monitor sexual violence and its desired outcomes, and to be able to evaluate prevention strategies that are implemented.

GOAL 1: Improve the usefulness of Iowa's surveillance data on sexual violence.

GOAL 2: Use the identified data source(s) to inform and improve our prevention strategies.

Partnership Development

The work of increasing prevention capacity will require an increase in partnerships at the state and community levels. Because sexual violence is a complex issue that intersects with many others, and Iowa must function in an era of declining revenues for categorical programs, goals in this area reflect an attempt to share knowledge, skills, and resources to integrate sexual violence prevention work into other related areas.

GOAL 1: Expand prevention partnerships among organizations that support our shared vision, "Iowans and communities take action to prevent sexual violence."

GOAL 2: Increase the involvement of men's organizations in statewide planning and implementation efforts for sexual violence prevention programming.

Building Leadership Support

Sexual violence is at the core of many forms of social oppression in our society. We cannot expect to reduce or eliminate it without the recognition by our public officials that it is a problem amenable to public health strategies and is deserving of resources and policies directed toward reducing it.

GOAL 1: Expand the commitment of policymakers and executive branch officials to address sexual violence prevention.

GOAL 2: Integrate sexual violence prevention activities into the youth development framework adopted by the Iowa Collaboration for Youth Development.

Logic models for the universal population, selected population, and increasing prevention system capacity are included in Appendix I.

STRATEGIES, CONTEXT & CAPACITY OVERVIEW

Strategies for universal and selected populations

Iowa's plan adopts a broad strategy of using effective (research-based) prevention principles and interventions that are based on the social ecological model. The universal population is identified as youth in Iowa who are pre-kindergarten age through early college. Emphasis will be placed on opportunities for infusing prevention strategies into the education system, based on appropriate developmental levels. However, local programs may select to work through education or other community-based systems depending on the resources and opportunities in their community. Activities will embrace interventions directed at changing individual knowledge, attitudes and behaviors; strengthening relationships between youth and their parents or other significant adults; changing community organization policies and practices that condone sexual violence; and changing policies and/or social norms that support sexual violence. There will be activities identified at both the state and local levels, as described in the specific goals and objectives of the plan.

The SVPPC prioritized two selected populations: 1) youth and adults participating in school- or community-based athletic programs; and 2) GLBTQ youth. The strategies selected to use with athletic programs are based on bystander intervention and adult social skills training. The levels of the social ecology targeting individual change, strengthening relationships, changing policies and practices that promote sexual violence, and changing social norms will also be promoted. With GLBTQ youth, the strategies will initially involve doing some community mobilization to increase partnerships that can help create communities of support among GLBTQ youth in schools. Training for education professionals, monitoring and changing school policies, and promoting social norms of equality and respect are the main strategies planned for this population.

More details on these strategies are included in the logic models placed in Appendix I.

Contextual Issues

The determination of target populations and implementation strategies came out of the SWOT assessment and reflects many of Iowa's strengths and current opportunities and resources. With the passage of legislation in prior years requiring all schools in Iowa to have bullying and harassment policies, and the potential for a dating violence prevention programming to be mandated in the upcoming year – schools are in need of the content knowledge that community sexual violence prevention specialists have to offer. The biggest challenge faced by these approaches is the need to forge stronger relationships with the state department of education and local school districts. However, recent efforts by the largest education college in the state to incorporate gender violence programming into their education degrees promises to begin a culture change with future generations of educators.

Iowa also has resources available to increase evaluation and dissemination of effective prevention programming. The WAITT Institute for Violence Prevention has committed funding and training resources to implement prevention programming in one community, Sioux City.

They have been using several nationally known programs - Mentors in Violence Prevention (Jackson Katz) and Coaching Boys into Men (Family Violence Prevention Fund) – to evaluate the impact within several high school settings. This project, coupled with the resources and other research being conducted through the University of Iowa's Injury Prevention Research Center, offer strong potential for Iowa to continuously evaluate and adapt the strategies that are implemented.

Level of Current State and Community Capacity

The assessment of current state training and technical assistance capacity described earlier identified that both IDPH and IowaCASA have qualified staff to serve primary roles in building local prevention capacity. Specific strategies have been identified at the state level to be able to accomplish this.

The SVPPC developed goals and objectives to increase partner involvement, build leadership support, and increase prevention system capacity. Refer to Appendices H and I for more details.

Some of the assumptions that these goals were based on is that the current staff would stay in place over the next five years, that the current level of funding would remain the same or be increased, and that the proposed Gender Violence Institute will be established at the University of Northern Iowa. These resources seem critical to assure the success of Iowa's plan.

The specific strategies that IDPH and IowaCASA will use include providing targeted training and technical assistance to community programs on assessment, community readiness, selection of prevention strategies and program evaluation. IowaCASA is considering establishing a certification program for prevention, similar to the one they now offer for sexual assault advocates. They plan to identify strong local programs to serve as mentors for ones in communities that need more guidance and support to develop their prevention capacity.

The state level prevention capacity activities also include strengthening partnerships with education department staff and other public health prevention programs (substance abuse, reproductive health, and tobacco); and doing more cross-training at state and regional conferences to identify ways that sexual violence prevention strategies can be infused into other related programming.

Finally, the Iowa RPE/SVP program will continue to build its evaluation capacity. The University of Iowa will assist in the identification of measures to assess state program outcomes and offer additional training and technical assistance needed for community-based programs to better evaluate their individual interventions. Both of the Regents institutions will continue their ongoing research evaluating community program interventions (projects now in existence in Sioux City, Iowa City, and Waterloo).

APPENDICES

Appendix A – Memorandum of Understanding for Iowa SVPPC

Appendix B – Definitions

Appendix C – Data Source Assessment Comparison Chart

Appendix D – Iowa Profile

Appendix E – Community Prevention Capacity Assessment Tool

Appendix F – Community Assessment Analysis with Primary Prevention Comparison

Appendix G – IowaCASA Training & Technical Assistance Survey

Appendix H – Iowa's Goals for Sexual Violence Prevention 2009 – 2017

Appendix I – Logic Models for Universal Population, Prevention System Capacity, and Target Populations

APPENDIX A
Iowa Sexual Violence Prevention Planning Committee
Memorandum of Understanding

The Iowa Coalition Against Sexual Assault and Iowa Department of Public Health invite your participation on a new planning committee to address sexual violence prevention in Iowa. The purpose of the committee is to build statewide capacity for comprehensive planning and evaluation of sexual violence prevention activities in Iowa. Members are asked to commit to participation as identified below through September 2008.

Participants in the Iowa Sexual Violence Prevention Planning Committee will have the following ***opportunities***:

1. Make an historical difference by being part of a social change movement to effectively address the epidemic of sexual violence in Iowa.
2. Participate in an innovative approach to strategic planning, community mobilization and empowerment evaluation that will lead to personal capacity building and skill development. These skills can be applied in a variety of work and community settings.
3. Network with others from a variety of diverse communities and perspectives with a shared commitment to preventing sexual violence at the local and state levels.
4. Be part of forging a new path for sexual violence prevention that will inform and shape the future of the national sexual violence prevention program.

Participants in the Sexual Violence Prevention Planning Committee will ***commit*** to the following:

1. Attend and participate in Planning Committee meetings four times annually.
2. Participate in scheduled conference calls as needed (not more than two annually).
3. Notify coordinators in advance if unable to participate in a schedule meeting or call.
4. Read distributed materials relevant to the committee's work and be prepared to discuss materials and apply to work during meetings.
5. Lend expertise and input from your individual background and/or community/ constituency at meetings and discuss relevant information from the committee with your community/constituency as appropriate.
6. Participate in development and implementation of planning and evaluation capacity-building activities regarding sexual violence prevention in Iowa.
7. Commit to respectful constructive participation in all committee work, honoring all participants' diverse and equally important voices.
8. Commit to integrating and addressing the issue of diversity in all sexual violence prevention activities and approaches.
9. Participate in an innovative approach to strategic planning, community mobilization and evaluation which incorporates the following guiding principles:
   a. Focus on primary prevention *before* rather than *after* violence has occurred.
   b. Emphasize the development of assets rather than a sole focus on problems and needs.
   c. Use a public health approach to preventing sexual violence (i.e., a community-oriented approach that takes the onus from victims and advocates and encourages the entire community to prevent sexual violence).

d. Use of an ecological model (i.e. one that works to develop innovative and effective ways to prevent sexual violence that addresses individual, relationship, community, and societal influences).
e. Use of an empowerment approach to assessment, planning and evaluation (i.e. focusing on program improvement, ownership and social justice).

Committee participation will be renewed annually, subject to demonstrated and ongoing commitment to active participation, and if applicable, continuity of members' individual institutional affiliation.

Please sign below:

______________________________	____________________
Planning Committee member	Date
______________________________	____________________
Supervisor (if applicable)	Date
______________________________	____________________
Luana Nelson-Brown, IowaCASA	Date
______________________________	____________________
Binnie LeHew, IDPH	Date

APPENDIX B

RAPE PREVENTION AND EDUCATION TERMS AND DEFINITIONS

ASSESSMENT
Estimation of the relative magnitude, importance, or value of an issue or problem.
Examples: Literature review; Survey; Data Collection; Listening Sessions; Focus Groups

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ATTITUDES
A relatively constant feeling, predisposition, or set of beliefs directed toward an object, person, or situations.
Example: Women who walk alone at night deserve to be raped

BEHAVIOR
An action that has a specific frequency, duration, and purpose, whether conscious or unconscious.
Examples: Fighting; Bullying; Carrying a weapon; Teasing

BELIEF
A statement or proposition, declared or implied, that is emotionally and/or intellectually accepted as true by a person or group.
Examples: "There is nothing we can do about it"; "Boys will be boys"

COLLABORATION
A process through which parties can see different aspects of a problem and can constructively explore their differences and search for solutions that go beyond their own limited vision of what is possible. (Taken from: Collaborating: Finding Common Ground for Multi Party Problems, Barbara Gray, 1989)
Examples: Coalition, Task Force, Advisory Council

COMMUNITY
A collective of people identified by common values and mutual concern for the development and well-being of their group or geographical area.
Examples: City; County

CURRICULUM
A course of study.

ENVIRONMENT
The totality of social, biological, and physical circumstances surrounding a defined quality of life, health, or behavioral goal or problem.
Examples: School; Home; Community

EVALUATION METHODS

FORMATIVE EVALUATION (before programmatic activities begin)
Any combination of measurements obtained and judgments made before or during the implementation of materials, methods, activities, or programs to control, assure, or improve the quality of performance or delivery. Usually occurs while the program is being developed.
Examples: Literature search; Expert opinion; Listening sessions; Public forum

PROCESS EVALUATION (during program implementation)
The assessment of policies, materials, personnel, performance, quality of practice or services, and other inputs and implementation experiences. Research to determine how well the program is operating.
Examples: Are deadlines being met? Is the policy being implemented? Are the participants comprehending the materials?

IMPACT EVALUATION (short-term evaluation)
The assessment or measurement of program effects on intermediate objectives. Research on how well a program is meeting its goals of changes in people's knowledge, attitudes, beliefs, behaviors or environments.
Example: Pre/Post Test Measures

OUTCOME EVALUATION (long-term evaluation)
Assessment of the effects of a program on the ultimate objectives, including changes in health and social benefits or quality of life. Research to determine how well programs succeeded in achieving their ultimate objective of reducing morbidity and mortality.
Example: Pre-test/ 6 months Post-test/ 12 months Post-test

IMPLEMENTATION
The act of converting program objectives into actions.

INTERVENTION
The method, device, or process used to prevent an undesirable outcome. The part of a strategy, incorporating method and technique, that actually reaches a person or population.
Examples: Implementing a bullying prevention curriculum; Increasing community awareness through a media campaign; Conducting a sexual harassment workshop for school personnel

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LISTENING SESSIONS
An informal version of the focus group. A group of people openly discuss their responses to a series of questions or statements.

LONGITUDINAL
An intervention or program that is implemented over an extended period of time.

MEDIA ADVOCACY
Using the mass media to increase public awareness and to motivate action on an issue or idea. It includes developing relationships with media outlets to educate and inform them about an issue or cause and as a result, creating a relationship that leads to better informed stories that impart an

accurate or favorable message to the public.

Examples: Public Service Announcements; Letters to the editor; Media campaign

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NETWORKING
Establishing contacts for the purpose of exchanging information or services

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POINT-IN-TIME PRESENTATION
Presentations focused on increasing awareness or changing knowledge. Does not include follow-up.

PLANNING
The process of defining needs, establishing priorities, diagnosing causes of problems, assessing resources and barriers, and allocating resources to achieve objectives.

PROGRAM PLAN
A set of planned activities occurring over time designed to achieve specified objectives.

GOALS/MISSION
A concise statement, preferably one sentence that describes the overriding goal of the project. The mission statement should answer WHAT you want to do with your project and WHY you want to do it.

Example: To create an environment of zero-tolerance for all types of violence.

OBJECTIVES
The specific and measurable results you will accomplish with the project. Each objective should identify a date by when it will be accomplished.

Example: By December 2001, a community coalition will have developed a comprehensive plan to attain the mission.

STRATEGIES
Identifies HOW you are going to meet your projects mission and objectives.

Example: A coalition comprised of school personnel, community members, university faculty and staff, representatives from the faith community, social service agencies, students, businesses, and other individuals and organizations who have an interest in preventing sexual violence will be formed to provide guidance on developing a comprehensive plan.

ACTION ITEMS
A break-down of the strategies into individual STEPS and identify a date by when each step will be accomplished.

Example: By December 2001, the project director will identify members and compile addresses.

PROGRAM POPULATION
The target audience for the program plan.

Example: Residents of ABC County or XYZ City

INTERVENTION POPULATION
The target audience receiving the intervention.

Examples: Males in XYZ Middle School; At-risk Females/Males in ABC High School

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PUBLIC HEALTH MODEL

Primary Prevention (pre-injury)

Activities that prevent the health-related problem from ever occurring – in this case, prevent the first-time perpetration of sexual violence.

Examples: Programs that facilitate acceptance of sexual responsibility by males; Programs that teach potential abusers to recognize early warning signs and get help

Secondary Prevention (injury)

Early treatment for a health-related problem

Examples: Services for survivors soon after they have been attacked; SANE/SART

Tertiary Prevention (post-injury)

Treatment for a well-entrenched health problem

Examples: Treatment for adults who disclose childhood sexual abuse; Treatment for convicted sex offenders to keep them from re-offending; Medical treatment for a rape victim

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RISK FACTORS

Characteristics of individuals (genetic, behavioral, environmental exposures, and sociocultural living conditions) that increase the probability that they will experience a disease or specific cause of death.

SURVEILLANCE

On-going systematic collection of data used to monitor and track trends, estimate the magnitude of a program or health-related problem, and provide centralized or standardized information.

SOURCES: The following were used to compile the list of terms and definitions**.**

1) Green, Lawrence and Kreuter, Marshall. (1991). *Health Promotion Planning An Educational and Environmental Approach.* Mountain View, CA: Mayfield Publishing Company

2) National Center for Injury Prevention and Control, Centers for Disease Control. (1998). *Demonstrating Your Program's Worth: A Primer on Evaluation for Programs to Prevent Unintentional Injury.*

APPENDIX C – Iowa Data Source Assessment Chart

	UCR	BRFSS	ICIS	IYS	DHS	YRBS
Agency Holding the Data	Iowa Dept. of Public Safety	Iowa Dept. of Public Health	Iowa Div. of Criminal Justice and Juvenile Justice Planning	State of Iowa, Iowa Dept. of Education	Iowa Dept. of Human Services	Iowa Dept. of Education
Years Data Available	1998-2005	1995, 1997-98, 1999-2005	1999-2006	1999, 2002, 2005 (partial)	2003-2006	1997-2005
1st Time Perpetration	No	No	No	Substance use, suicide attempts	No	No
Most Recent Yr. Data Available	2005	2005	2006	2002 (all), 2005 (partial)	2006	2005
Break Down by Gender	DA data only	Yes	JCS and School Liason Data	Yes	No	Yes
Break Down by Race	DA data only	Yes	JCS, DHS Services, School Liason Data	Summary results	No	No
Break Down by Urban/Rural Location	DA data only	No	No (county data only)	Summary results	No (county data only)	No
Break Down by Income	No	Yes	No	No	No	No
Other Data Available by Request	No	Yes	No	Yes	No	No

	UCR	BRFSS	ICIS	IYS	DHS	YRBS
Localness of Data	Some cities, 3 state universities, summary stats on more local level	State	Judicial districts (counties)	Area Education Agency (school districts, counties)	County (service areas designated by cities and judicial districts)	State
How Data is Accessible	Internet	Internet	Internet	Internet	Internet	Internet
Ease of Accessibility	Finding stats difficult; once found, easy to use/interpret	Easy to find from IDPH website	Easy to access	Easy to find, difficult to analyze and interpret	Easy to access	Somewhat difficult to find, easy to use once found
Unit of Analysis	County, some cities	Various factors	Various factors	Various factors	Reports of child abuse	Various factors
What is Being Measured	Crimes committed	Various risk factors, behaviors	Various types of crimes committed	Various aspects of youth behavior	Reports of child abuse (not confirmed, confirmed, founded)	Various risk factors, behaviors
When New Data is Available	Fall of following year	Fall of following year	Spring of following year	N/A	N/A	N/A

APPENDIX D - Iowa Profile

Community/State: State of Iowa

Source of data: U.S. Census Year: 2000-2007

Community type: Urban____ Rural____ Suburban____ Other_____ *(list by %)*

Geographic size of description: Iowa has a land area of 55,369 square miles; it is bordered on the west and east by the Missouri and Mississippi Rivers, respectively. There are an estimated 52.4 persons per sq. mile; compared to 79.6 persons nationally.

Source of data: U.S. Census Year: 2000

Total population

	USA	State
Unemployment rate:	8.5%*	5.2%*
Per capita income:	$26,178	$24,078
Mean annual wage	$32,390	$35,910
Median Household income	$50,007	$46,399
Families below poverty level (%):	9.8%	7.2%

Source of data: American Community Survey Year: 2005-2007
*Bureau of Labor Statistics 2009

Age distribution in years

USA

Age	%	No.
<5	6.9	
18-64	17.1	
≥ 65	12.6	
Total population:		301,621,157

Median age: 36.4

State

Age	%	No.
<5	**6.6**	**195,916**
5-14	**13.0**	**387,400**
15-24	**14.5**	**433,507**
25-64	**51.2**	**1,529,880**
≥ 65	**14.7**	**439,243**
Total population:		**2,988,046**

Median age: **37.9**

Source of data: U.S. Census/ACS Year: 2007 estimates

Disability status

USA

Age	%	No.
5-20		
21-64		
> 65		
Total population:		

State

Age	%	No.
5-20	**7.3**	**49,880**
21-64	**15.2**	**244,183**
> 65	**37.8**	**152,602**
Total population:		**446,665**

Number of households, by household size

	USA	State
Living alone:		313,083 – 27.2%
Single parent +C:		98,270 – 8.6%
Married w/C:		633,254 – 55.1%
Family HH w/C:		769,684 – 67.0%
Total number of households:		1,149,476

Source of data: U.S. Census Year: 2000

Annual household income

Amount	USA %	USA No.	State %	State No.
< $15,000:			14.9	171,116
$15,000-$24,999:			14.4	165,122
$25,000-$49,999:			33.7	386,917
$50,000+:			37.1	427,042

Median income: | Median income: $39,469

Source of data: U.S. Census Year: 2000

Marital status*

	%	No.	No. by sex: Male	No. by sex: Female
Never married:	24.9	579,279	n/a	n/a
Married:	57.8	1,343,339	n/a	n/a
Separated:	1.0	23,583	n/a	n/a
Widowed:	7.2	167,895	28,409	139,486
Divorced:	9.1	210,767	96,020	114,747
Total:	100.0	2,324,863		

* Generally includes persons 18 years of age and older.

Source of data: U.S. Census Year: 2000

Racial / ethnic composition

	Total		Male		Female	
	No.	%	No.	%	No.	%
White*	2,710,344	**92.6**	1,322,760	48.8	1,387,584	51.2
Black	61,853	**2.6**	32,210	52.1	29,643	47.9
Hispanic**	82,473	**4.0**	44,939	54.5	37,534	45.5
American Indian***	8,989	**0.4**	4,416	49.1	4,573	50.9
Asian****	37,644	**1.6**	18,659	49.6	18,985	50.4
Two or more races	31,778	**1.0**	16,063	50.5	15,715	49.5
Other	37,420	n/a	21,021	56.2	16,399	43.8

*Non Hispanic ** Includes both blacks and whites. ***Or Alaska Native. ****Or Pacific Islander.

Source of data: U.S. Census Year: 2007 estimates

Education

Number of persons currently enrolled:

	State
Elementary school (K-8)	376,781
High school	175,856
Technical school	n/a
College	187,306

Educational achievement (% of adults who completed):

	State
Elementary school	5.6
9 to < 12th grade	8.3
High school	36.1
Technical school	n/a
College: 1-3 years	28.5
4 years	14.7
≥ 5 years	6.5

Source of data: U.S. Census Year: 2000

Sexual Violence Statistics

	State		U.S. (2005)
Sex offense data			
Forcible Sex Offenses			
No. of victims	2,064		
Population Rate	70.3 per 100,000	47.9 per FBI	63.5 per 100,000
Nonforcible Sex Offenses			
No. of victims	202		
Population Rate	6.9 per 100,000		

No. of Victims by Age (forcible rape only)	
0-12	158
13-17	291
18-20	167
21-29	181
30-39	82
40+	101

No. of Victims by Gender 935 female/45 male

No. of Victims by Race/Ethnic background	
African/American	84
Caucasian/ Hispanic	855
Native American	3
SE/Asian	6
Other/Unknown	32

No. of arrests (forcible rape)	
17 and under	50
18 and older	100

Relationship to victim	
Family member	114
Acquaintance	477
Dating/IP	71
Stranger/Other	181

Source of data: Iowa Dept of Public Safety, UCR Year: 2007

Service Data

	State
No. of adult victims receiving services	2,176
No. of teen/child victims receiving services	1,852
No of family members receiving services	N/A

Source of data: Iowa Dept of Justice, CVAD Year: FY2007

APPENDIX E

Primary Prevention Activities Among Rape Prevention and Education (RPE) Funding Recipients and Community Sexual Assault Service Programs

Introduction/Instructions:

This questionnaire was developed by Iowa Department of Public Health and Iowa Coalition Against Sexual Assault as part of a statewide RPE planning process to learn about local RPE primary prevention efforts. This information is important to help the Iowa Sexual Violence Prevention Planning Committee plan for future activities. The responses from this questionnaire will help to identify strengths and resources within Iowa so that future prevention activities can build on these strengths.

The information gathered from this questionnaire will be aggregated before it is presented to the committee. Individual questionnaires will only be reviewed by IDPH, IowaCASA, and UI-CPH staff that are conducting and compiling the responses. There will be no identifying information released to anyone else.

This questionnaire should be completed by the person(s) most familiar with the work on primary prevention of sexual violence that your organization does, such as your RPE Prevention/Education staff member. The questions cover multiple topics, and may require information from more than one person within your organization. If that happens, you should work together to complete **one** copy of the questionnaire (please do **not** have each person complete a separate copy).

Please complete this questionnaire by May 30th, 2007 and send it to:

Binnie LeHew
Iowa Department of Public Health
321 E. 12th St.
Des Moines, IA 50319-0075

If you have any questions about this questionnaire, you can contact Binnie at (515) 281-5032 or blehew@idph.state.ia.us.

Identifying Information

1. Name of organization / agency:

2. Name of the person completing this survey:

3. Position of the person completing this survey:

4. What type of organization /agency is this? (check all that apply)
   - ☐ Rape Crisis Center
   - ☐ Domestic violence agency
   - ☐ Coordinated Community Response/SART/SANE
   - ☐ Public health agency
   - ☐ Faith Based organization
   - ☐ Education organization
   - ☐ Tribal organization
   - ☐ Social justice organization
   - ☐ Youth development organization
   - ☐ Parenting program
   - ☐ Prevention agency
   - ☐ Multi-service/Social service agency
   - ☐ Mental health agency
   - ☐ Hospital
   - ☐ Health clinic
   - ☐ Other (describe):

5. What counties are served by this organization / agency:

6. Main type of geographic location served (Check all that apply):
   - ☐ Urban
   - ☐ Suburban
   - ☐ Rural
   - ☐ Tribal/Reservation

7. What is the main service or product your organization provides?

8. Describe the connection between the work of your organization and sexual violence prevention:

9. What types of prevention and/or health promotion programming does your organization provide? (Check all that apply)
   - ☐ Addictions Prevention (Alcohol, Tobacco and other Drugs)
   - ☐ Bullying Prevention
   - ☐ Gang Prevention
   - ☐ Intimate Partner Violence(or Domestic Violence) Prevention
   - ☐ Mentoring
   - ☐ Sexual Health Promotion
   - ☐ Sexual Violence Prevention
   - ☐ Youth Development
   - ☐ Other health related prevention, please specify ____________
   - ☐ Other violence related prevention, please specify ________________
   - ☐ Other, please specify _______________
   - ☐ NA/This organization does not do prevention or health promotion work

10. Do you have a person on your staff who spends time doing prevention/education?

☐ Yes ☐ No

10a. If yes, how much time do they spend doing prevention/education?

☐ Full time
☐ At least half-time
☐ Less than half-time

10b. Is s/he certified by IowaCASA?

☐ Yes
☐ No
☐ In process since ___________(what date)

10c. Has s/he had specific training in prevention?

☐ Yes (Please describe):

☐ No

11. How would you describe your primary audience(s) for your prevention/education services?

Age range:

Setting(s):

Other:

12. Do you use any of the following data sources to describe your community, plan your programs, or evaluate your activities? (circle Y or N for Yes or No)

Data Source	**Do you use it?**		**Do you find it useful?**		**Can you get data for your specific target audience or geographic area?**	
Uniform Crime Reports	Y	N	Y	N	Y	N
Iowa Youth Survey	Y	N	Y	N	Y	N
Behavioral Risk Factor Surveillance System	Y	N	Y	N	Y	N
Other (please name):	Y	N	Y	N	Y	N

13. Are there other sources of data that you use? If so, please tell us:

Data source	**Used for**
1.	1.
2.	2.
3.	3.

14. Do you have a strategic plan for your agency? ☐ Yes ☐ No

If yes,

14a. When was it developed? ______________________________

14b. How long does it last? ______________________________

14c. Does it identify primary prevention as a goal/objective? ☐ Yes ☐ No

Continue on the next page

RPE Program/Funding

Definitions for this section:

Primary Prevention of Sexual Violence is defined as strategies that take place *before* sexual violence has occurred to prevent initial perpetration or victimization. Sexual violence prevention strategies may be aimed at changing people's attitudes and behaviors or the environments and systems that are related to sexual violence. Sexual violence prevention strategies can include strategies to prevent either first time perpetration or first time victimization.

Training is defined as an organized activity leading to the development and application of desired skills or behaviors. An example would be organization staff members attending training on strategies for the primary prevention of sexual violence.

Evaluation is the systematic collection and assessment of information to provide useful feedback about something.

A **Planning Process** is a systematic way of looking at community needs and resources and planning strategies to address the needs identified.

---

1. How much funding does your organization receive from the Rape Prevention and Education (RPE) Program?
   $_________

---

2. Approximately what percentage of the total staff time at your organization is spent on the following activities? (Put a zero if no time is spent on an activity, and make sure the total percentages add up to 100%)

2a. _________% Educational seminars

2b. _________% Operation of hotlines

2c. _________% Training programs for professionals

2d. _________% Preparation of informational material

2e. _________% Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities

2f. _________% Education to increase the awareness about drugs used to facilitate rapes or sexual assault

2g. _________% Efforts to increase awareness of the facts about or to help prevent sexual assault ***in underserved communities*** (e.g. individuals with disabilities)

2h. _________% Other efforts to increase awareness of the facts about or to help prevent sexual assault

2i. _________% Public campaigns/social norms change activities

2j. _________% Community mobilization

2k. _________% Changing public policies or organizational policies

2l. _________% Planning prevention activities

2m. _________% Evaluation of prevention activities

2n. _________% Administrative activities

2o. _________% Other RPE funded activities (describe):

---

3. How many staff members of your organization work on RPE activities (including those supported with or without RPE funds)?

Continue on the next page

RPE Program/Funding (Continued)

4. How many Full-time Equivalents (FTEs) are paid from RPE funding?

5. Does your organization receive funding for primary prevention of sexual violence from any sources other than the RPE program?
   - ☐ Yes (if yes, please answer question 5a)
   - ☐ No
   - ☐ Don't know

5a. Identify the other sources that provide your organization with funding for sexual violence primary prevention (select all that apply):
   - ☐ Prevent Child Abuse Iowa
   - ☐ State funding
   - ☐ County/Municipal
   - ☐ United Way
   - ☐ Foundation
   - ☐ Fund raising or private donations
   - ☐ Other, describe:

Organizational Support for Primary Prevention of Sexual Violence

Definitions for this section:
Primary Prevention of Sexual Violence is defined as strategies that take place *before* sexual violence has occurred to prevent initial perpetration or victimization. Sexual violence prevention strategies may be aimed at changing people's attitudes and behaviors or the environments and systems that are related to sexual violence. Sexual violence prevention strategies can include strategies to prevent either first time perpetration or first time victimization.
Intervention is defined here as strategies to help survivors of sexual violence or to keep perpetrators of sexual violence from re-offending.
Evidence-based approaches are strategies that have been evaluated and found to have an effect.
Evaluation is the systematic collection and assessment of information to provide useful feedback about something.

For each of the following characteristics, please mark how strongly you agree or disagree with the following statements about your organization and staff members of your organization.

		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
1.	My organization is committed to and supportive of activities for the primary prevention of sexual violence.	☐	☐	☐	☐	☐
2.	My organization commits personnel to activities for the primary prevention of sexual violence.	☐	☐	☐	☐	☐
3.	My organization commits unrestricted financial resources to activities for the primary prevention of sexual violence.	☐	☐	☐	☐	☐
4.	My organization is knowledgeable about the primary prevention of sexual violence.	☐	☐	☐	☐	☐
5.	My organization has a mission statement which includes ending, preventing, or eliminating sexual violence.	☐	☐	☐	☐	☐
6.	The leadership of my organization (e.g. executive director, board of directors) has a strong understanding of primary prevention of sexual violence.	☐	☐	☐	☐	☐
7.	Staff time allocated for primary prevention of sexual violence is protected (i.e. prevention staff members are not pulled away to do crisis or intervention work).	☐	☐	☐	☐	☐
8.	My organization recruits and trains volunteers to participate in activities for the primary prevention of sexual violence.	☐	☐	☐	☐	☐
9.	All staff members see primary prevention of sexual violence as an essential part of our organization's work.	☐	☐	☐	☐	☐
10.	Most staff members regularly participate in meetings and activities related to primary prevention of sexual violence.	☐	☐	☐	☐	☐
11.	Primary prevention of sexual violence is regularly discussed in staff meetings.	☐	☐	☐	☐	☐
12.	Most staff members see program planning as an essential part of our organization's work.	☐	☐	☐	☐	☐
13.	Most staff members see using evidence-based approaches as an essential part of our organization's work.	☐	☐	☐	☐	☐
14.	Most staff members see evaluation activities as an essential part of our organization's work.	☐	☐	☐	☐	☐

Continue on the next page

Organizational Support for Primary Prevention of Sexual Violence (Continued)

Select the response below that best represents your organization's approach to balancing primary prevention of sexual violence and intervention work (such as assisting survivors of sexual violence):

15.
- ☐ My organization focuses **only** on intervention with survivors of sexual violence, and does no primary prevention of sexual violence.
- ☐ My organization focuses **mostly** on intervention with survivors of sexual violence, and does little primary prevention of sexual violence.
- ☐ My organization focuses **about equally** on intervening with survivors of sexual violence and the primary prevention of sexual violence.
- ☐ My organization focuses **mostly** on the primary prevention of sexual violence, and does little intervention with survivors of sexual violence.
- ☐ My organization focuses **only** on the primary prevention of sexual violence, and does no intervention with survivors of sexual violence.
- ☐ My organization **does not** focus on either the primary prevention of sexual violence or intervention with survivors of sexual violence.

Information and Skill Building Needs and Barriers

Definitions for this section:

Primary Prevention of Sexual Violence is defined as strategies that prevent sexual violence from happening the first time. Sexual violence prevention strategies may be aimed at changing people's attitudes and behaviors or the environments and systems that are related to sexual violence. Sexual violence prevention strategies can include strategies to prevent either first time perpetration or first time victimization.

The **Social Ecological Model** is a model used to understand the factors that contribute to the occurrence of sexual violence and other social problems. According to this model, things about individuals, relationships, communities, society all work together in complex ways to influence the occurrence of sexual violence.

Training is defined as an organized activity leading to the development and application of desired skills or behaviors. An example would be organization staff members attending training on strategies for the primary prevention of sexual violence.

Technical Assistance is defined as specific and situational assistance. It involves problem-solving within a particular setting. An example would be the IA Department of Public Health helping with your agency's planning process.

1. Please rate how much the staff at your organization needs ***information*** on the following topics.

		Very Much Needed	**Somewhat Needed**	**Somewhat Unneeded**	**Not Needed At All**
1a.	Developing and implementing culturally relevant primary prevention strategies.	☐	☐	☐	☐
1b.	Data collection methods and strategies	☐	☐	☐	☐
1c.	Theories related to primary prevention of sexual violence	☐	☐	☐	☐
1d.	The social ecological model and sexual violence prevention	☐	☐	☐	☐
1e.	Strategies for the primary prevention of sexual violence	☐	☐	☐	☐
1f.	Differences between primary prevention of sexual violence and campaigns to raise awareness about sexual violence	☐	☐	☐	☐
1g.	Other areas (*Describe*):	☐	☐	☐	☐

2. Please rate how much the staff at your organization needs ***skill building*** in the following areas.

		Very Much Needed	**Somewhat Needed**	**Somewhat Unneeded**	**Not Needed At All**
2a.	Planning and conducting a community needs and resources assessment	☐	☐	☐	☐
2b.	Planning primary prevention programming	☐	☐	☐	☐
2c.	Developing theory-based prevention strategies	☐	☐	☐	☐
2d.	Creating a prevention program logic model	☐	☐	☐	☐
2e.	Evaluation of prevention strategies	☐	☐	☐	☐
2f.	Increasing sustainability of prevention strategies	☐	☐	☐	☐
2g.	Other areas (*Describe*):	☐	☐	☐	☐

Continue on the next page

Information and Skill Building Needs and Barriers (Continued)

3. How much, if at all, have any of the following barriers affected the ability of your organization's staff members to participate in the training and technical assistance offered by the Iowa Department of Public Health or Iowa CASA in the past year?

		Very Much a Barrier	Somewhat of a Barrier	Not Very Much of a Barrier	Not at All a Barrier
3a.	Trainings are offered too far away	☐	☐	☐	☐
3b.	Training times are not convenient	☐	☐	☐	☐
3c.	My organization does not have funding to send staff to trainings that require an overnight stay	☐	☐	☐	☐
3d.	My organization does not provide time off from regular work duties to attend trainings	☐	☐	☐	☐
3e.	Training content has not matched organization staff members' needs	☐	☐	☐	☐
3f.	Limited access to web technology	☐	☐	☐	☐
3g.	Technical assistance content has not matched organization staff members' needs	☐	☐	☐	☐
3h.	Technical assistance staff are difficult to contact	☐	☐	☐	☐
3i.	Technical assistance staff do not return calls or emails or respond to requests in a timely manner	☐	☐	☐	☐
3j.	Technical assistance staff do not have the expertise I need	☐	☐	☐	☐
3k.	My organization does not have access to technical assistance	☐	☐	☐	☐
3l.	Other *(Describe):*	☐	☐	☐	☐

4. Have your organization's staff members received training or technical assistance related to primary prevention of sexual violence from sources other than IDPH or IowaCASA in the past year?

   ☐ Yes (if yes, please list the sources in the space below)

   ☐ No

   Additional sources of training and technical assistance:

Sexual Violence Primary Prevention Strategies
Primary Prevention Strategy 1

Definitions for this section:
Primary Prevention of Sexual Violence is defined as strategies (or activities) that take place *before* sexual violence has occurred to prevent initial perpetration or victimization. Sexual violence prevention strategies may be aimed at changing people's attitudes and behaviors or the environments and systems that are related to sexual violence. Sexual violence prevention strategies can include strategies to prevent either first time perpetration or first time victimization.
The **Social Ecological Model** is a model used to understand the factors that contribute to the occurrence of sexual violence and other social problems. According to this model, things about individuals, relationships, communities, society all work together in complex ways to influence the occurrence of sexual violence.
Evaluation is the systematic collection and assessment of information to provide useful feedback about something.
A **Planning Process** is a systematic way of looking at community needs and resources and planning strategies to address the needs identified.

If your organization carried out any strategies for primary prevention of sexual violence in the past year, please provide information about <u>one</u> strategy used in the space below. You will be asked to complete this information for a total of two strategies.

1a. Strategy Name:

1b. What is the source of funding for this primary prevention strategy?

- ☐ RPE Funds
- ☐ State funding
- ☐ County/Municipal
- ☐ United Way
- ☐ Foundation
- ☐ Fund raising or private donations
- ☐ Other, describe ___________________
- ☐ Don't know, not involved in budgets/grants

1c. Please describe the primary prevention strategy in your own words:

1d. Was the social ecological model used when planning this strategy?

- ☐ Yes
- ☐ No
- ☐ Unsure / Not familiar with the social ecological model

If yes, please select the levels of the social ecological model this strategy addresses:

- ☐ <u>Individual's</u> social and cognitive skills to decrease the likelihood of that individual becoming a victim or perpetrator
- ☐ <u>Relationships</u> with peers, intimate partners, or family members that support sexual violence
- ☐ <u>Community</u> or <u>social environments</u> such as schools, workplaces, or neighborhoods that contribute to or tolerate sexual violence
- ☐ <u>Macro-level societal factors</u> such as gender inequality, religious attitudes or belief systems or economic or social policies that influence sexual violence

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1e. Did you use a planning process to select this strategy?

- ☐ Yes
- ☐ No
- ☐ Unsure

If yes, please describe the process below:

Sexual Violence Primary Prevention Strategies
Primary Prevention Strategy 1 (Continued)

1f. Which of the following categories best describes your primary prevention strategy?

☐ Use of research based curriculum

Curriculum that is used: ____
How was this curriculum selected? _________________________________
How many sessions does this curriculum last? ______________________
How frequently do sessions take place? ___________________________
Who is the intended audience? ___________________________________
About how many people are reached by this strategy each year? ______

☐ Community mobilization strategies

What community are/did you work with? ___________________________
How long have/did you worked with this community? ________________
What types of mobilization strategies have you used? _______________
____

☐ Use of theatre or arts programming

Type of programming used: _____________________________________
How many sessions are provided? _________________________________
How frequently do sessions take place? ___________________________
Who is the intended audience? ___________________________________
About how many people are reached by this strategy each year? _______

☐ General public/classroom presentations (with a specific primary prevention message)

Topic(s) of presentation: ____
How many sessions are provided? _________________________________
How frequently do sessions take place? ___________________________
Who is the intended audience? ___________________________________
About how many people are reached by this strategy each year? _______

☐ Training of related professionals on primary prevention

Topic(s) of training provided: _____________________________________
How many sessions are provided? _________________________________
How frequently do sessions take place? ___________________________
Who is the intended audience? (check all that apply)

- ☐ teachers and other school staff and administrators
- ☐ mental health professionals
- ☐ medical professionals
- ☐ youth serving organizations
- ☐ other (specify): ____________________________________

About how many people are reached by this strategy each year? _______

☐ Public and/or organizational policy advocacy

Type of policy: ____
Level of policy change (check all levels that apply):

- ☐ local school(s) or school district
- ☐ local organizations
- ☐ local government
- ☐ state organization
- ☐ state government
- ☐ national organization
- ☐ national government

☐ Another type of primary prevention strategy, describe:

Sexual Violence Primary Prevention Strategies
Primary Prevention Strategy 1 (Continued)

1g. What did this strategy focus on preventing? (Select all that apply)

- ☐ First time perpetration
- ☐ First time victimization

1h. Was this strategy aimed at . . . (select one)

- ☐ Everyone regardless of risk for perpetration or victimization (for instance all persons associated with a school, workplace, church, or neighborhood)
- ☐ A specific group at risk for perpetration or victimization (for instance young men exposed to high levels of peer support for sexual violence).
- ☐ Those who have already perpetrated or been victimized.

1i. How much staff time is spent on this strategy per week?

1j. What training do staff members receive about how to carry out the strategy?

1k. Has your organization evaluated your organization's use of this strategy?

- ☐ Yes (if yes, please answer the following questions)
- ☐ No

1l. What did your evaluation measure?

1m. How is this strategy being evaluated? (select all that apply)

- ☐ Process evaluation (an evaluation assessing what activities were implemented, the number of people reached, participant satisfaction, the quality of the implementation, and the strengths and weaknesses of the implementation)
- ☐ Outcome evaluation (an evaluation assessing what outcomes have been achieved, e.g. an evaluation that compares attitudes about sexual violence among adolescents before and after they participate in a prevention program)
- ☐ Other (describe):

1n. How were the findings from this evaluation used?

Sexual Violence Primary Prevention Strategies
Primary Prevention Strategy 2

Definitions for this section:
Primary Prevention of Sexual Violence is defined as strategies (or activities) that take place *before* sexual violence has occurred to prevent initial perpetration or victimization. Sexual violence prevention strategies may be aimed at changing people's attitudes and behaviors or the environments and systems that are related to sexual violence. Sexual violence prevention strategies can include strategies to prevent either first time perpetration or first time victimization.
The Social Ecological Model is a model used to understand the factors that contribute to the occurrence of sexual violence and other social problems. According to this model, things about individuals, relationships, communities, society all work together in complex ways to influence the occurrence of sexual violence.
Evaluation is the systematic collection and assessment of information to provide useful feedback about something. A Planning Process is a systematic way of looking at community needs and resources and planning strategies to address the needs identified.

If your organization carried out more than one sexual violence primary prevention strategy in the past year, please provide information about a <u>second</u> strategy in the space below.

2a. Strategy Name:

2b. What is the source of funding for this primary prevention strategy?
- ☐ RPE Funds
- ☐ State funding
- ☐ County/Municipal
- ☐ United Way
- ☐ Foundation
- ☐ Fund raising or private donations
- ☐ Other, describe ____________________
- ☐ Don't know, not involved in budgets/grants

2c. Please describe the primary prevention strategy in your own words:

2d. Was the social ecological model used when planning this strategy?
- ☐ Yes
- ☐ No
- ☐ Unsure / Not familiar with the social ecological model

If yes, please select the levels of the social ecological model this strategy addresses:
- ☐ <u>Individual's</u> social and cognitive skills to decrease the likelihood of that individual becoming a victim or perpetrator
- ☐ <u>Relationships</u> with peers, intimate partners, or family members that support sexual violence
- ☐ <u>Community</u> or <u>social environments</u> such as schools, workplaces, or neighborhoods that contribute to or tolerate sexual violence
- ☐ <u>Macro-level societal factors</u> such as gender inequality, religious attitudes or belief systems or economic or social policies that influence sexual violence

2e. Did you use a planning process to select this strategy?
- ☐ Yes
- ☐ No
- ☐ Unsure

If yes, please describe the process below:

Sexual Violence Primary Prevention Strategies
Primary Prevention Strategy 2 (Continued)

2f. Which of the following categories best describes your primary prevention strategy?

☐ Use of research based curriculum
- Curriculum that is used: ____
- How was this curriculum selected? _________________________________
- How many sessions does this curriculum last? ______________________
- How frequently do sessions take place? ___________________________
- Who is the intended audience? _________________________________
- About how many people are reached by this strategy each year? ______

☐ Community mobilization strategies
- What community are/did you work with? ___________________________
- How long have/did you worked with this community? _______________
- What types of mobilization strategies have you used? _______________
  ____

☐ Use of theatre or arts programming
- Type of programming used: ______________________________________
- How many sessions are provided? ________________________________
- How frequently do sessions take place? ___________________________
- Who is the intended audience? _________________________________
- About how many people are reached by this strategy each year? _______

☐ General public/classroom presentations (with a specific primary prevention message)
- Topic(s) of presentation: ______________________________________
- How many sessions are provided? ________________________________
- How frequently do sessions take place? ___________________________
- Who is the intended audience? _________________________________
- About how many people are reached by this strategy each year? _______

☐ Training of related professionals on primary prevention
- Topic(s) of training provided: ___________________________________
- How many sessions are provided? ________________________________
- How frequently do sessions take place? ___________________________
- Who is the intended audience? (check all that apply)
  - ☐ teachers and other school staff and administrators
  - ☐ mental health professionals
  - ☐ medical professionals
  - ☐ youth serving organizations
  - ☐ other (specify): ___________________________________
- About how many people are reached by this strategy each year? _______

☐ Public and/or organizational policy advocacy
- Type of policy: ____
- Level of policy change (check all levels that apply):
  - ☐ local school(s) or school district
  - ☐ local organizations
  - ☐ local government
  - ☐ state organization
  - ☐ state government
  - ☐ national organization
  - ☐ national government

☐ Another type of primary prevention strategy, describe:

Sexual Violence Primary Prevention Strategies
Primary Prevention Strategy 2 (Continued)

2g. What did this strategy focus on preventing? (Select all that apply)

- ☐ First time perpetration
- ☐ First time victimization

2h. Was this strategy aimed at . . . (select one)

- ☐ Everyone regardless of risk for perpetration or victimization (for instance all persons associated with a school, workplace, church, or neighborhood)
- ☐ A specific group at risk for perpetration or victimization (for instance young men exposed to high levels of peer support for sexual violence).
- ☐ Those who have already perpetrated or been victimized.

2i. How much staff time is spent on this strategy per week?

2j. What training do staff members receive about how to carry out the strategy?

2k. Has your organization evaluated your organization's use of this strategy?

- ☐ Yes (if yes, please answer the following questions)
- ☐ No

2l. What did your evaluation measure?

2m. How is this strategy being evaluated? (select all that apply)

- ☐ Process evaluation (an evaluation assessing what activities were implemented, the number of people reached, participant satisfaction, the quality of the implementation, and the strengths and weaknesses of the implementation)
- ☐ Outcome evaluation (an evaluation assessing what outcomes have been achieved, e.g. an evaluation that compares attitudes about sexual violence among adolescents before and after they participate in a prevention program)
- ☐ Other (describe):

2n. How were the findings from this evaluation used?

Questions on Partners involved in Sexual Violence Prevention

1. Does your organization participate in any community partnerships or coalitions that work on primary prevention?
   - ☐ Yes (if yes, please provide the name below and briefly describe it)
   - ☐ No

   Community Partnership or Coalition name and descriptions:

2. What types of other organizations does your organization work with on primary prevention?

   MARK ALL THAT APPLY
   - ☐ Sexual violence victim service agencies/Rape Crisis Centers
   - ☐ Criminal justice system: police, judges, prosecutors, legal services, etc.
   - ☐ Other state, county or city government agencies and officials
   - ☐ Health care: hospitals, doctors' offices, clinics, etc.
   - ☐ Mental health programs and
   - ☐ Addiction services
   - ☐ Prevention for alcohol, tobacco and other drugs
   - ☐ Schools (K-12)
   - ☐ Colleges and universities
   - ☐ Public health: state, county or city departments of public health
   - ☐ Domestic violence victim services agencies
   - ☐ Sex offender management boards or treatment providers
   - ☐ Youth serving organizations
   - ☐ Faith community
   - ☐ Business community
   - ☐ Neighborhoods
   - ☐ Media
   - ☐ Other *(Specify):*___________________

3. Please provide names and contact information for any organizations that are doing **sexual violence** prevention work in your community.

Thank you so much for your participation! Please return by May 30th in the envelope provided.

APPENDIX F

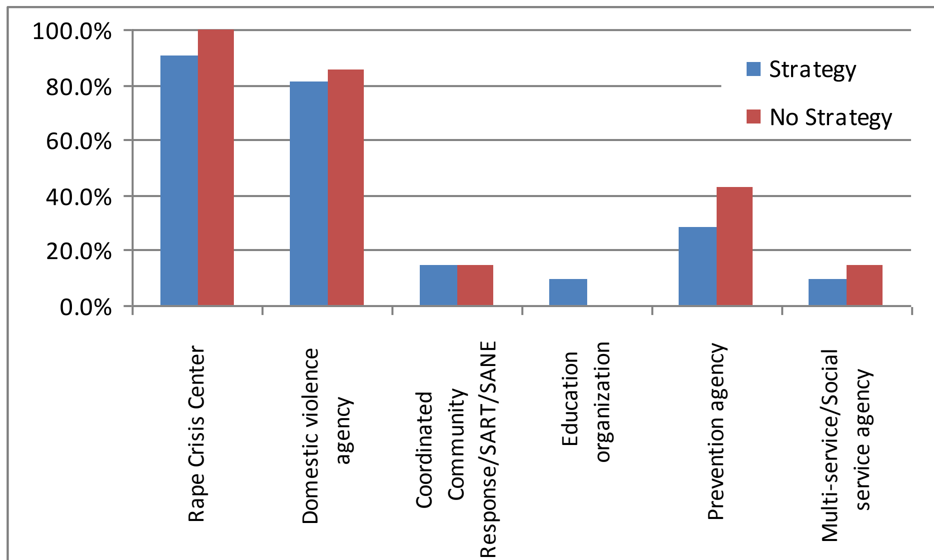
Community Assessment Analysis with Primary Prevention Comparison

Summary

The Primary Prevention Activities Among Rape Prevention and Education (RPE) Funding Recipients and Community Sexual Assault Service Programs survey was sent to RPE organizations around the state. Twenty eight were completed and returned. Each organization's strategies were analyzed according to population served (urban versus rural) and whether or not the strategies included primary prevention activities. Each organization's status as one that has a primary prevention strategy or one that does not was determined using two survey items. The first item asked the organization representative to describe his or her organization's primary prevention strategy in his or her own words. These responses were analyzed and coded as indicative of primary prevention strategies or not. The second item asked the organization representative to select a category that best described his or her organization's primary prevention strategies. Responses to this survey item were also coded as indicative of the organization having a primary prevention strategy. Thereafter, various characteristics of each organization were analyzed according to each organization's level of implementation of primary prevention strategies. These characteristics included organization type, programs implemented, staff activities, staff training, organizational partners, and funding.

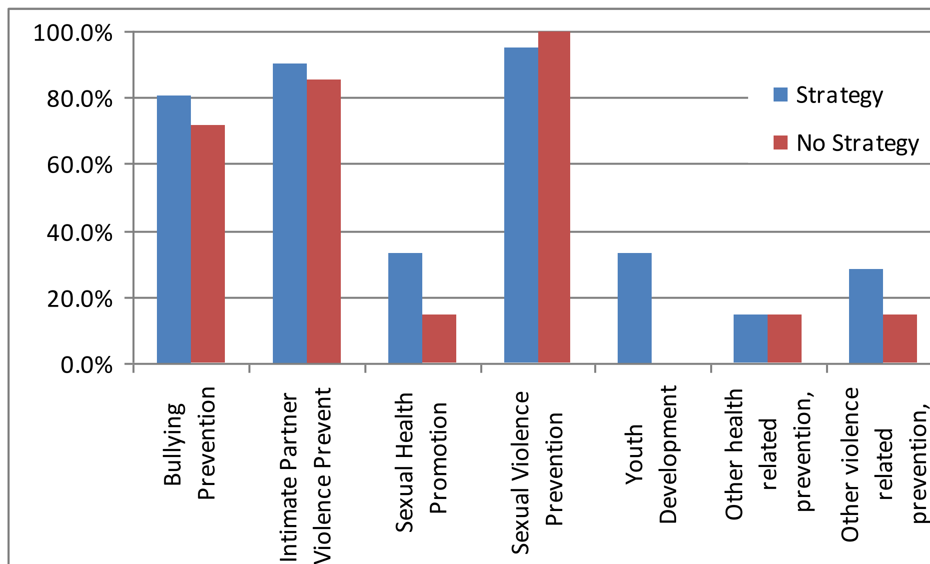
No differences in strategy were observed between organizations that target urban and/or rural populations. However, differences in the aforementioned characteristics were observed between organizations with primary prevention strategies and organizations without primary prevention strategies. The findings indicated that the factors most likely to result in an organization implementing any RPE programs are related to resources and funding. When provided with adequate resources and programs by agencies such as IowaCASA, organizations will implement them. However, the factors that result in organizations implementing primary prevention strategies remain unclear. According to discrepancies noted in responses to various survey items regarding the nature of primary prevention strategies given by multiple organizations, the concept of primary prevention may not be fully understood and, therefore, improperly implemented by these organizations. Having at least one staff member trained in primary prevention was one organizational factor that increased the likelihood of an organization implementing primary prevention strategies. More training may be needed to ensure that all organizations have an accurate understanding of primary prevention and are thus able to incorporate it effectively into their programs and strategies in the future.

Chart 1. Indicated Organization Type in Organizations With and Without Primary Prevention Strategies



- There were no differences in organization type among those that implemented a primary prevention strategy and those that did not.

Chart 2. Types of Prevention and/or Health Promotion Programming Provided by Organizations With and Without Primary Prevention Strategies

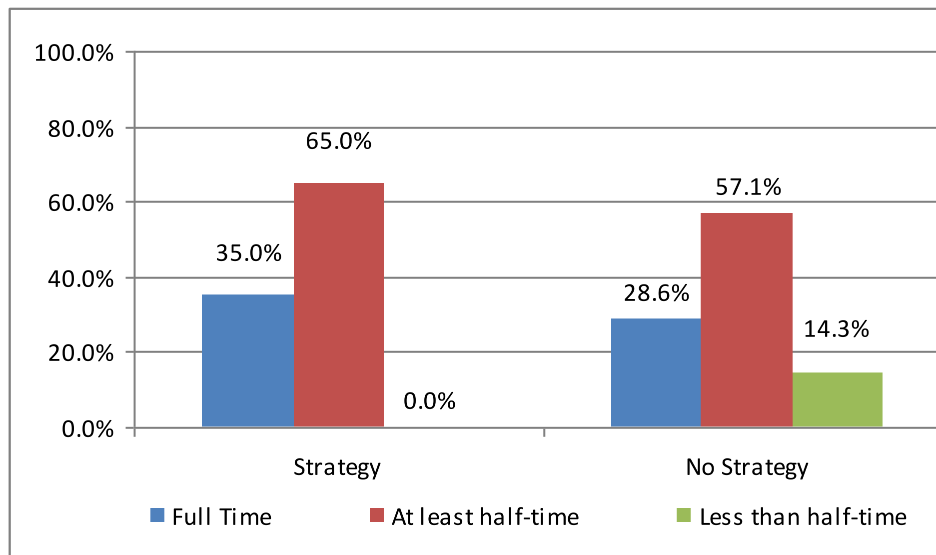


- Organizations with primary prevention strategies were more likely to provide sexual health promotion than organizations without primary prevention strategies.
- Organizations with primary prevention strategies were more likely to provide youth development services than organizations without primary prevention strategies.
- There were no differences in other types of prevention and/or health promotion programming provided between organizations that implemented a primary prevention strategy and those that did not.

Chart 3. Percentage of Organizations that have at Least One Person on Staff who Spends Time Doing Prevention/Education Compared by Implementation of Primary Prevention Strategy

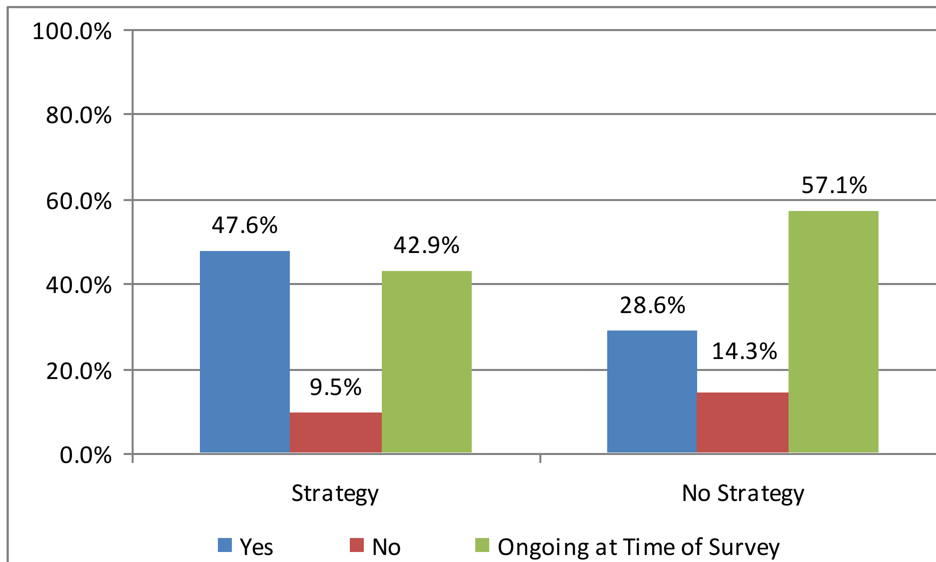
- Most organizations have at least one staff member who spends time doing prevention/education regardless of whether or not they have implemented a primary prevention strategy.

Chart 4. Time Spent by Staff on Prevention/Education Among Organizations With and Without Primary Prevention Strategies



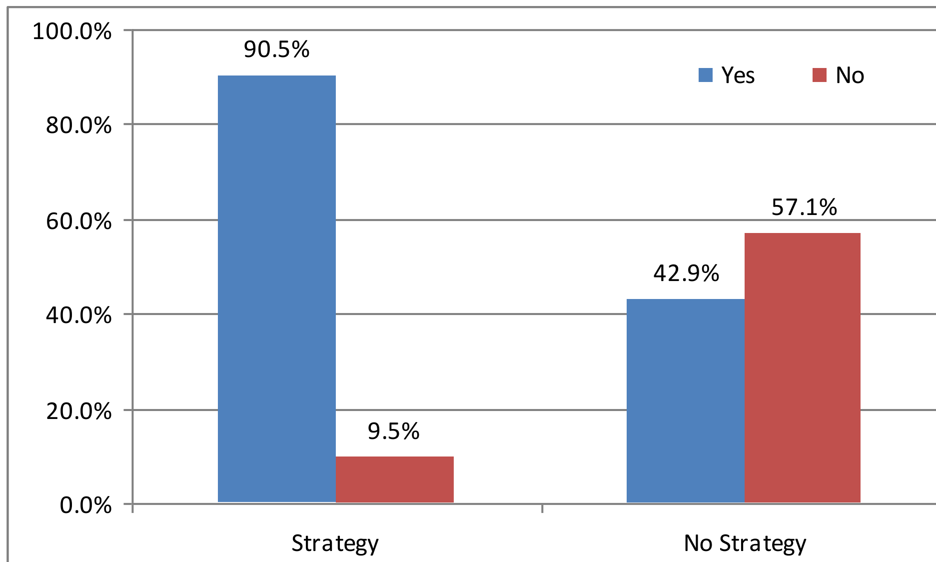
- Organizations with primary prevention strategies were more likely to have prevention/education staff members who spent at least half-time on prevention/education

Chart 5. Certification of Prevention/Education Staff by IowaCASA among Organizations With and Without Primary Prevention Strategies



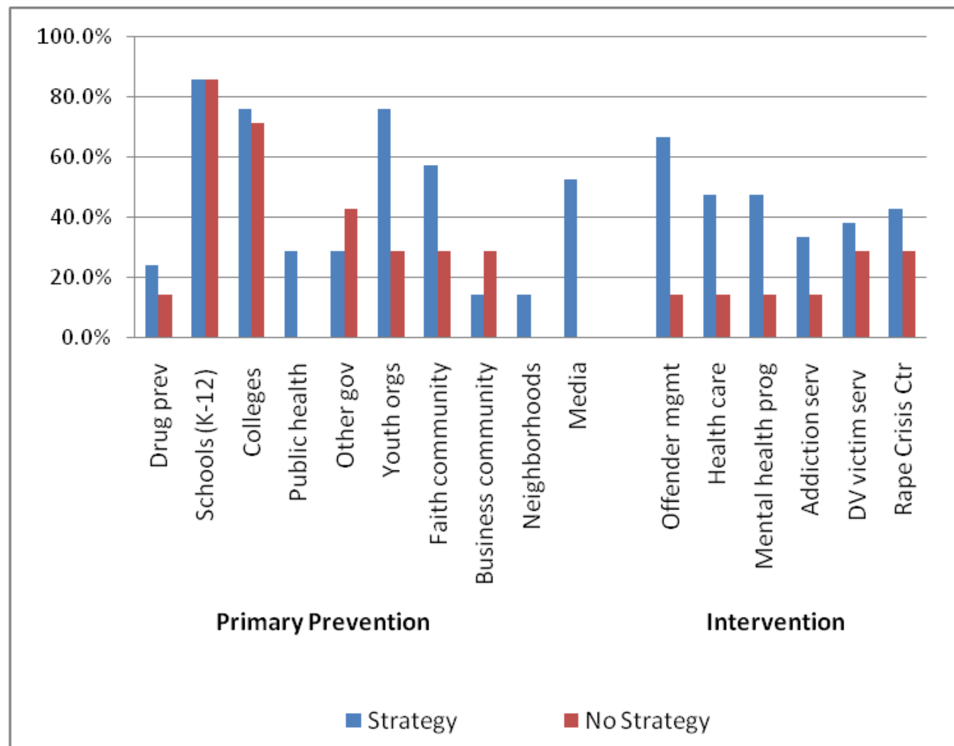
- Organizations with primary prevention strategies were more likely to have prevention/education staff members who were certified by IowaCASA.

Chart 6. Percentage of Prevention/Education Staff that Received Specific Training in Prevention among Organizations With and Without Primary Prevention Strategies



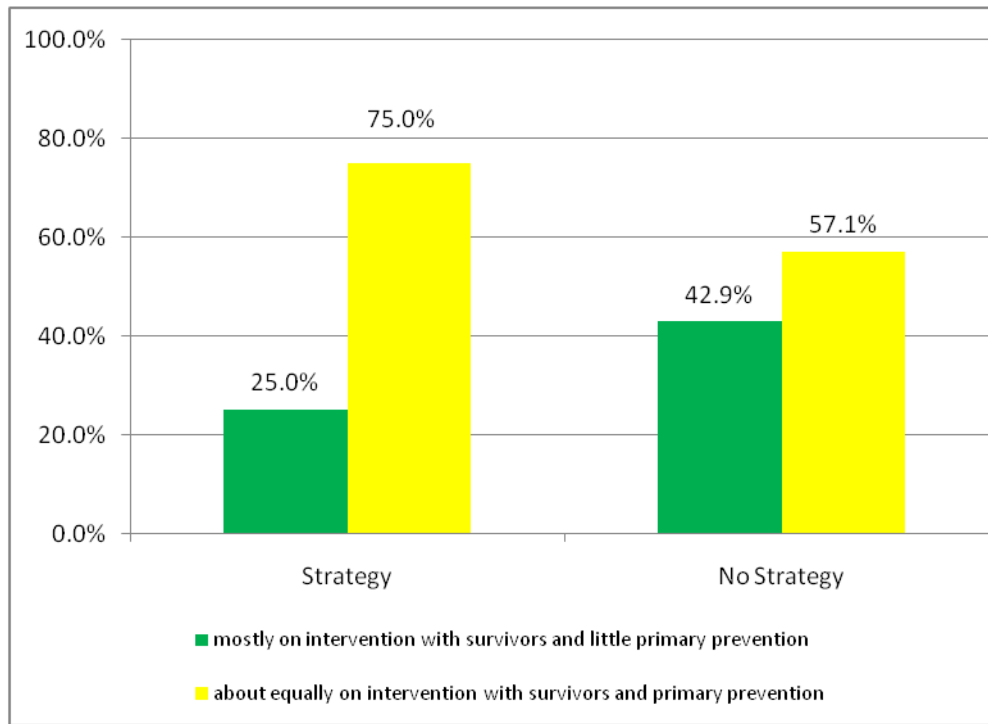
- Organizations with primary prevention strategies were more likely to have staff that received specific training in prevention.

Chart 7. Types of Other Organizations with which Surveyed Organizations Work on Primary Prevention Compared Between Organizations With and Without Primary Prevention Strategies



- Organizations with primary prevention strategies were more likely than those without primary prevention strategies to collaborate with organizations of multiple types including:
  - Organizations that provide primary prevention services
    - alcohol and other drug prevention services
    - public health officials and agencies
    - youth-serving organizations
    - faith-based organizations
    - neighborhoods
    - and the media
  - As well as organizations that provide intervention services
    - sex offender management boards and the criminal justice system
    - health care organizations
    - addiction services
    - and other domestic and/or sexual assault victim services
- There was no difference in the likelihood of an organization to work with schools (K-12) or colleges/universities regardless of implementation of primary prevention strategies.

Chart 8. Approach of Organization to Balancing Primary Prevention of Sexual Violence and Intervention Work among Organizations With and Without Primary Prevention Strategies



- Organizations with primary prevention strategies were slightly more likely to balance intervention and primary prevention rather than focus more heavily on intervention.
- These results may be indicative of confusion among the surveyed organizations regarding the nature of primary prevention as the majority of organizations coded as having no primary prevention strategies indicated they provided a balance of intervention and primary prevention services.

APPENDIX G
IowaCASA Training and TA Survey Summaries

May 2008
# of Respondents: 11

Agency Affiliation: Local RPE projects[2] (8 rural, 3 urban)

Length of time working in prevention:

6 mos – 1 yr.	4
1-2 years	4
2-5 years	3

Highest Degree

HS diploma/AA degree	2
Bachelor's degree	8
Master's degree	1

Prevention Coursework

2 reported specific coursework that addressed "prevention"

IowaCASA curriculum rating (scale of 1-5; 1 being lowest and 5 the highest)

Quit It (avg. 3.2; 5 have used it 10 times or more)
Bullyproof (avg. 3.4; 4 have used it 10 times or more)
Gender Violence/Gender Justice (avg. 3.2; 4 have used it 10 times or more
Flirting or Hurting (avg. 3.4; 5 have used it 10 times or more)
Expect Respect (avg. 4.25; 5 have used it 10 times or more)
Safe Dates (avg. 4.2; 4 have used it 10 times or more)

Comments:

- Using the longer curricula (the ones with many sessions) are hard because schools don't let you come in for more than a few times
- Would like some sort of rape prevention curricula for an older (high school) audience
- Gender Violence and Expect Respect are well received by high school students
- A curriculum "Make the Peace" works well with males; also like one called "Young Women's Lives" to use with HS girls.

[2] *Programs represented*: Burlington, Cedar Rapids, Dubuque, Fort Dodge, Iowa City, Keokuk, Mason City, Oskaloosa, Ottumwa, Sioux City, Waverly

June 2009
# of respondents: 22

Agency affiliation: Local RPE projects

Length of time in position:

< 1 year:	10 (45%)	**6-9 years:**	0
2-4 years:	11 (50%)	**10+ years:**	1 (5%)
3-5 years:	1 (5%)		

How well do you understand the RPE/SVP program, purpose and implementation?

Not at all:	0	Adequately:	12 (55%)
Somewhat:	8 (36%)	Totally:	3 (14%)

How many times per month do you present RPE/SVP programming in the schools?

1-5:	9 (41%)	11-15:	6 (27%)
6-10:	5 (23%)	> 16:	3 (14%)

How do you typically use the materials?

I develop my own: 1 (5%)
Use some approved curricula/use my own: 15 (68%)
Use only approved curricula, but not exactly as written: 4 (18%)
Always use approved curricula exactly as written: 2 (9%)

Which of the following best describes the MAJORIY of what you do for RPE/SVP:

One-time presentations to community groups*: 4 (18%)
Multi-day presentations with one group* over a period of < 3 months: 9 (41%)
Multi-day presentations with one group* on an ongoing basis: 10 (45%)
* school, religious groups, or civic organizations

Understanding the one of the goals of RPE/SVP is to saturate the community with a prevention message, how well do you feel you are currently doing this?

Very well:	3 (14%)	Minimally:	2 (9%)
Well:	6 (27%)	Not at all:	0
Somewhat:	11(50%)		

If you are not satisfied with the level of saturation, what do you feel are the barriers to accomplishing this? (mark all that apply)

Our community is resistant to our services: 11 (50%)
My program does not understand/prioritize SVP work: 2 (9%)
I an unclear about how to achieve saturation: 3 (14%)
Other agencies offer competing services in our area: 7 (32%)
The approved curricula do not meet the needs of my community: 9 (41%)

Appendix H – Iowa's Goals for Sexual Violence Prevention 2009-2017

Reducing the Incidence of Sexual Violence in Iowa

GOAL 1: Reduce first-time perpetration of sexual violence in Iowa by providing comprehensive community sexual violence prevention programming in at least 20 Iowa communities to youth aged 9-17 and college freshmen in the first 6 weeks of school.

Who/What	will change HOW (by how much)	By When	How will we know
Iowa youth aged 9-17 in communities receiving SVP funds.	Will report 10% fewer experiences of bullying or forced sexual experiences.	December 2017	Data from Iowa Youth Survey (bullying questions) Data from Youth Risk Behavior Survey (SV question)
College freshmen at Regents Institutions in the first 6 weeks of school	Will report 15% fewer experiences of sexual violence or alcohol-facilitated rapes.	December 2017	Reports from Regents Institutions.

GOAL 2: Community athletics programs for youth will introduce bystander intervention and other prevention strategies targeting young men into their programming.

Who/What	will change HOW (by how much)	By When	How will we know
Community SVP programs	Will offer training and educational resources to coaches on model bystander intervention strategies in at least two community settings.	October 2015	# of training sessions conducted # of athletic programs reporting adoption of programming.

GOAL 3: Youth identifying as GLBTQ will report decreased incidents of sexual harassment and an increase in supports available to them through schools and community-based organizations.

Who/What	will change HOW (by how much)	By When	How will we know
Youth in Iowa identifying as GLBTQ	Report 10% fewer incidents of sexual harassment.	December 2017	Reports to the GLBTQ Task Force in Schools.
Youth in Iowa identifying as GLBTQ	Identify an increase in support available from school or community-based organizations.	December 2015	Calls to community SV Service programs/hotlines, or GLBTQ Task Force in Schools.

Appendix H – Iowa's Goals for Sexual Violence Prevention 2009-2017

Increasing Prevention System Capacity

GOAL 1: Engage other youth serving organizations and community anti-violence groups in prevention work at the state and local level.

Who/What	will change HOW (by how much)	By When	How will we know
IowaCASA, IDPH & members of the SVPPC	Increase by 20% the number of youth serving and culturally specific organizations that are part of the statewide implementation group.	November 2011	The MOU's of new members.
IowaCASA and IDPH	Host a presentation or symposium on prevention that highlights the intersection of SV with other forms of youth risk behaviors.	November 2013	Completion of symposium and list of attendees.
The state SVPPC/Implementation Committee	Expand the number of collaborative projects by two that are directed toward SVP/IPV prevention.	June 2015	Grant applications, program proposals.

GOAL 2: Expand the capacity of Iowa's community SVP specialists to develop, implement and evaluate primary prevention programming for sexual violence.

Who/What	will change HOW (by how much)	By When	How will we know
IowaCASA, IDPH, and UI College of Public Health	Increase knowledge and skills of community RPE Prevention Specialists to develop community assessments, logic models, and SVP plans by 50%.	October 2011	Pre- and post test results; Contents of subcontractor applications
Community SV Prevention Specialists	Increase use of the "9 principles of effective prevention programs" by 50%.	November 2012	Content of local prevention plans and grant applications
IowaCASA/Community SV Prevention Specialists	Increase in the use of outcome evaluation measures for local programming by 50%.	November 2015	Inclusion of outcome measures in work plans; Summary of results

Appendix H – Iowa's Goals for Sexual Violence Prevention 2009-2017

GOAL 3: Increase the involvement of men's anti-violence organizations in Iowa's sexual violence prevention work.

Who/What	will change HOW (by how much)	By When	How will we know
IowaCASA	Will survey men's organizations and community programs to identify prevention strategies and key partners	October 2010	Summary of groups, contacts, and activities.
IDPH/IowaCASA	Will invite representatives to join state planning/implementation group.	January 2011	MOU for participation
Men's anti-violence organizations	Will participate in statewide prevention meetings 4 times/year, and contribute to special projects	November 2011	Representation on state and local prevention teams.

GOAL 4: Expand the UNI College of Education to offer a specialty in gender violence by creating a certificate program for educators and school administrators.

Who/What	will change HOW (by how much)	By When	How will we know
UNI – Campus Grant staff and University collaborators, Dept. of Education, IDPH	Will develop a curriculum to include several courses related to gender violence prevention in schools.	December 2011	Curriculum completed.
IDPH, IowaCASA, Board of Regents, Dept. of Education, Sex Offender Research Council	Will advocate for bystander intervention activities as part of formal teacher/administrator training programs.	December 2013	Position paper developed; Policy support statements received
UNI – College of Education	Expand gender studies curriculum to include skills in bystander intervention.	June 2015	There will be a certificate program for all teachers and school administration grads.

Appendix H – Iowa's Goals for Sexual Violence Prevention 2009-2017

Data & Surveillance

GOAL 1: Improve the usefulness of Iowa's surveillance data on sexual violence.

Who/What	will change HOW (by how much)	By When	How will we know
IDPH	will develop a profile of sexual violence and its risk and protective factors, using data from state and national sources.	Annually, beginning 1/1/10.	Profile will be distributed to local partners and posted on the IDPH website.
IDPH and IowaCASA	will develop a set of common definitions for sexual violence prevention programs and measures.	February 2010	Definitions posted to IDPH website and distributed to subcontractors.
IDPH & IowaCASA	will increase the knowledge of community prevention specialists by 25% about selection of indicators and measures for the activities they include in their local plan(s).	October 2010	Pre- and post- training assessments.

GOAL 2: Use the identified data source(s) to inform and improve our prevention strategies.

Who/What	will change HOW (by how much)	By When	How will we know
IDPH & IowaCASA	will review data on sexual violence risk and protective factors to select indicators that can be used by local programs.	June 2010	Recommended indicators will be distributed.
IowaCASA	Will increase the number of programs that report outcome data on their prevention programming by 25%.	November 2010	Results will be reported in the bi-annual contract report submitted to IDPH.
IDPH & UI CPH/IPRC	Will complete a report on the costs of sexual violence in Iowa (modeled after the MN report).	October 2010	Report completed and distributed.

Appendix H – Iowa's Goals for Sexual Violence Prevention 2009-2017

Partnership Development

GOAL 1: Expand prevention partnerships among organizations that support our shared vision, "Iowans and communities take action to prevent sexual violence."

Who/What	will change HOW (by how much)	By When	How will we know
IDPH	Increase participation on shared prevention initiatives with the Iowa Depts. of Education, Human Rights, Human Services, Board of Regents and other bureaus in Public Health.	November 2013	# of collaborative grants or projects acquired. # of plans or programs that increase activity related to SVP.
IowaCASA	Increase the number of local prevention partners that collaborate with sexual violence prevention subcontractors.	November 2012	# and type of partnerships as reported in annual grant application.
J.E.L., S.I.Y.A.C., and other youth-led anti-violence organizations	Support the development of a youth-led campaign to engage young people in bystander intervention to prevent first-time perpetration & victimization of SV.	April 2014	Advisory group established; Campaign developed

GOAL 2: Increase the involvement of men's organizations in statewide planning and implementation efforts for sexual violence prevention programming.

Who/What	will change HOW (by how much)	By When	How will we know
IDPH, IowaCASA, members of the Iowa SVPPC	Identify and recruit at least three more organizations to participate in the implementation committee.	October 2010	MOU; attendance at meetings

Appendix H – Iowa's Goals for Sexual Violence Prevention 2009-2017

Building Leadership Support

GOAL 1: Expand the commitment of policymakers and executive branch officials to address sexual violence prevention.

Who/What	will change HOW (by how much)	By When	How will we know
Iowa Dept. of Education	Increase participation in state level SVP activities and promote stronger linkages between schools and community SVP programs.	October 2012	Attendance at state level meetings; Policy statement by Dept.
Iowa Governor's office	Participate in at least one public event per year that promotes a protective factor or reduces a risk factor for sexual violence.	Annually, by October 2013	# and type of events
Sex Offender Research Council	Add at least two recommendations to their annual report to the Legislature on strategies to reduce first-time perpetration of sexual violence.	January 2011	# of strategies included in annual report.
Iowa Legislature	Will increase funding for state sexual violence prevention activities by 15%.	June 2012	Appropriations bill

GOAL 2: Integrate sexual violence prevention activities into the youth development framework adopted by the Iowa Collaboration for Youth Development.

Who/What	will change HOW (by how much)	By When	How will we know
IDPH and ICYD	Jointly promote programming that is evidence based, using youth development strategies that also address risk and protective factors for sexual violence.	December 2013	ICYD participation in SVP implementation activities; SVP risk & protective factors linked with other forms of youth risk behaviors