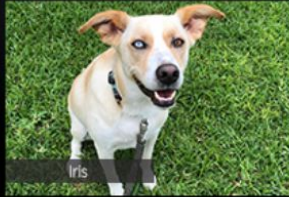
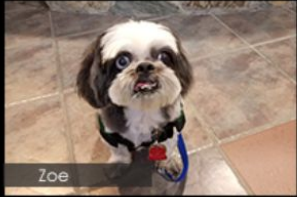




Setting an Agenda to End Sexual Violence



You are invited to turn on your camera



Feedback: What
we're learning,
what's missing, &
what you might
want to know next



Drop in the chat!

What made you want
to join this feedback
session today?



Feedback session goals

Us: Get your feedback, impressions; make a better report for ICASA

You: Review (some!) symposium highlights, see attendees again, keep thinking about prevention



Crash-course symposium review

What did you take with you?

What are you up to next?

What is going to make prevention possible?

What is going to get in the way?

Within prevention, what principles are most important to you?

Who do we need to pull into prevention practice/thinking?

What format(s) might be useful to you?



**Crash course
symposium
review**

What happened over a month ago?




Symposium purposes

**Plan for ICASA, informed
by you**

**Connections, education,
inspiration for +
between us all**



B	I	N	G	O
Implements teen dating violence prevention programming	Has targeted food insecurity or other economic and financial-related stressors	Implements risk assessments or screenings with clients	Focuses on engaging people who may notice abuse or signs of risk factors in others	Has partnered with a park district, local establishment, or other "third space"
Provides stable housing or support for securing stable housing	Interested in sexual autonomy and healthy sexual behaviors	Has delivered or supported the delivery of sexual health education	Has delivered train-the-trainer interventions	Explores power and privilege and how power and privilege "show up" in prevention
Offers technical assistance in how to deliver prevention	Has challenged a perspective that might be "blaming the victim"		Has included an emphasis on participant socio-political context	Has taken up workplace safety or workplace policies
Partners with local government	Loves partnering with other organizations and careholders to advocate for, select, adapt, and/or deliver prevention	Has worked with state-level agencies (e.g., IDPH, IDHS, ICJIA)	Attempts to engage men and boys as allies in prevention	Focuses on social norms (group-level beliefs and expectations of members' behavior)
Focuses on changing the context of peoples' lives (i.e., above and beyond individuals' behaviors)	Values diversity and inclusion in prevention staff/partners	Has tailored prevention programming for a specific community/ audience	Believes that an ounce of prevention is worth more than a pound of cure	Has formed a community advisory board/group



1. Read the strategy vignette together
2. Each identify and share **one** thing about this focus area that you're excited about, **one** barrier that could stall this focus area, and **one** way this focus area already connects to your work

Create Protective Environments



Primary

Inclusivity (DEI) (gender)
Training at all levels - youth
caregivers
professionals
community

Social norms
Consent/boundaries
gender norms

Secondary

Response to abuse -
systemic
and individual
community

Tertiary



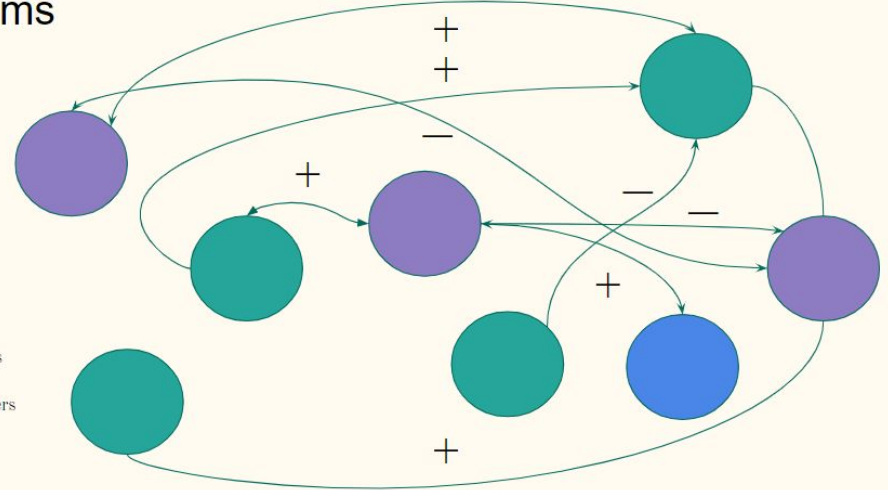
Counseling, Financial, Housing

Systems

Components

Interdependencies

Dynamics



Interview a partner!

~5 minutes per person

1. What got you interested in sexual violence prevention?
2. What about prevention makes you feel hopeful?
3. What are you most proud of, regarding yourself or your work?
4. Express gratitude for them sharing!

Definitions of the Principles of Effective Programs

Principle	Definition
⑤ Comprehensive ✕	Multicomponent interventions that address critical domains (e.g., family, peers, community) that influence the development and perpetuation of the behaviors to be prevented ✕
⑧ Varied teaching methods	Programs involve diverse teaching methods that focus on increasing awareness and understanding of the problem behaviors and on acquiring or enhancing skills
④ Sufficient dosage * Problem 4 all	Programs provide enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects ✕
① Theory driven	Programs have a theoretical justification, are based on accurate information, and are supported by empirical research
⑥ Positive relationships	Programs provide exposure to adults and peers in a way that promotes strong relationships and supports positive outcomes
⑨ Appropriately timed ✕	Programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants ✕
② Socioculturally relevant ✕	Programs are tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation ✕
⑦ Outcome evaluation good but could be better ✕	Programs have clear goals and objectives and make an effort to systematically document their results relative to the goals
③ Well-trained staff ✕	Program staff support the program and are provided with training regarding the implementation of the intervention ✕

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention. Principles of effective prevention programs. *The American Psychologist*, 58(6-7), 449-456. doi:10.1037/0003-066x.58.6-7.449

4 I's of privilege & oppression



Individual	Relationship	Community	Societal
<p>individual topic activities</p> <p>Barry on Sudduths</p> <p>EMERGENCY burnout</p> <p>fail: lived experience</p>	<p>⊕ or ⊖ "bridge" person to participants:</p> <p>⊕ collaboration to deepen/improve material, & facilitate well</p>	<p>puts our work in silos</p> <p>disjointed - sometimes reinforces where stretches us too thin</p> <p>& time to build relationships gets deprioritized</p>	<p>media & dominant culture ideas reinforce harm</p>

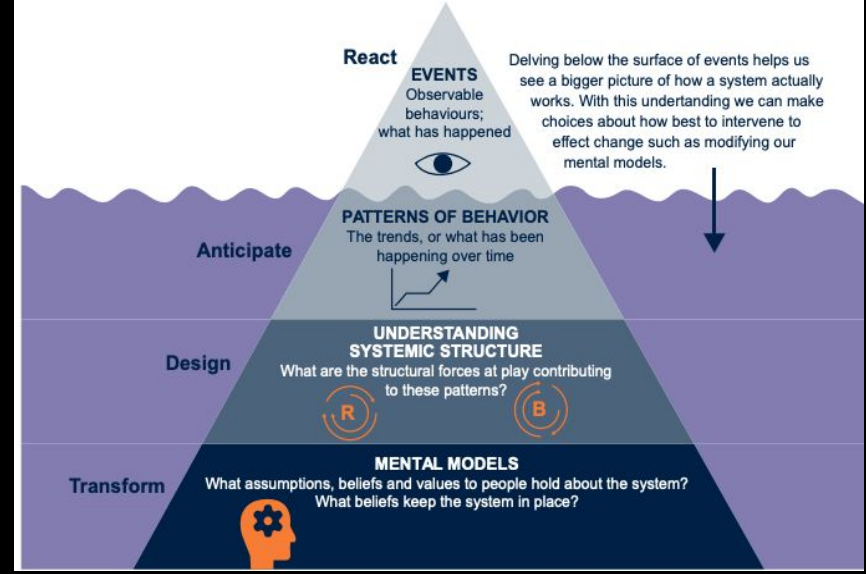
ACTIVITY: educational workshop series

prevention activity relevant to models

BARRIER or FACILITATOR

in share out got clarity that we are discussing

happening





1

CDC FOCUS AREAS

Important ideas about prevention

STRENGTHEN ECONOMIC SUPPORTS

- ✗ Employment, stable housing, financial stability, and food security are important protective factors
- ✗ Improving financial stability = reducing risk factors associated with victimization

CREATE PROTECTIVE ENVIRONMENTS

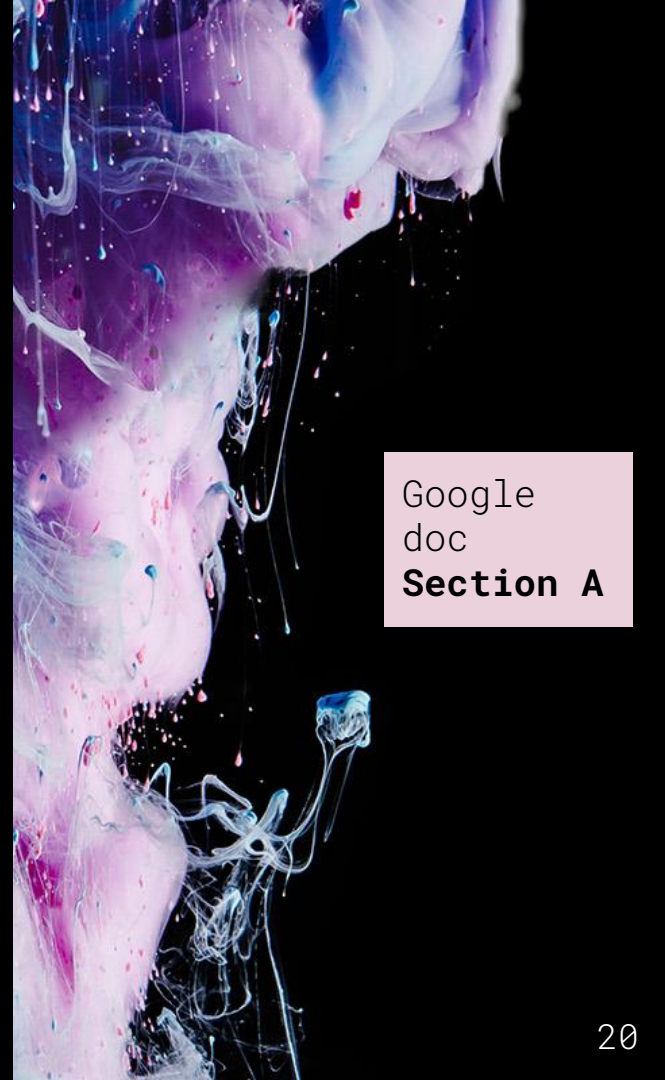
- ✗ Change community characteristics
- ✗ Community structures, social norms, environment, policies
- ✗ Context of people's lives
- ✗ Beyond any one individual

PROMOTE SOCIAL NORMS THAT PROTECT AGAINST VIOLENCE

- X Group-level beliefs and expectations of members' behavior
- X Acceptance of violence, restrictive gender norms

CDC focus area	Level	Theme	Prevention activity ideas
Create protective environment	Primary	Daily/mundane organizational processes and environment	<p>Integrated into other things – not just stand alone sexual harassment activities</p> <p>Setting expectations of sexual harassment in the workplace, shown in hiring process, job descriptions, within interview process, and onboarding</p> <p>Hiring process</p> <p>Onboarding</p> <p>Institutional onboarding plan</p> <p>Sexual Citizens (sexual geographies)</p> <p>Train the trainer</p>
		Attention to organizational values and culture	<p>Identifying organizational core values including DEI and anti-violence</p> <p>Community values</p> <p>Communicating community values</p> <p>Higher-ed institutional change</p>
		Specific attention to	<p>Inclusivity (DEI; gender)</p>

...MPF attendees provided ICASA with a variety of prevention activity ideas that (a) attendees are excited about, (b) appropriately map onto primary, secondary, and tertiary prevention levels, and (c) largely reflect CDC example prevention activities. **Initially, MPF attendees especially highlighted trainings/workshops** (a focus that would expand as the symposium went on), **integrating GBV-specific content with allied topics, population-specific attention in designing and implementing prevention activities, and frequently mentioned the importance of prioritizing/mandating/ integrating prevention across settings.**



Google
doc
Section A



**What did you
take with you?**

Take-away notecards

Google doc **Section B**

Top themes:

- **Hope**
- **Partnership**
 - Collaboration, new connections
- **Prevention and systems thinking**
 - Knowledge of prevention levels, SEM layers, systems mapping, prevention strategies, focus areas

Less common, but salient:

- **Overwhelmed**

Since the symposium, how have you felt, heard, seen, implemented these key group take-aways?

- **Hope**
- **Partnership**
 - Collaboration, new connections
- **Prevention and systems thinking**
 - Knowledge of prevention levels, SEM layers, systems mapping, prevention strategies, focus areas
- **Overwhelmed**

Jamboard!

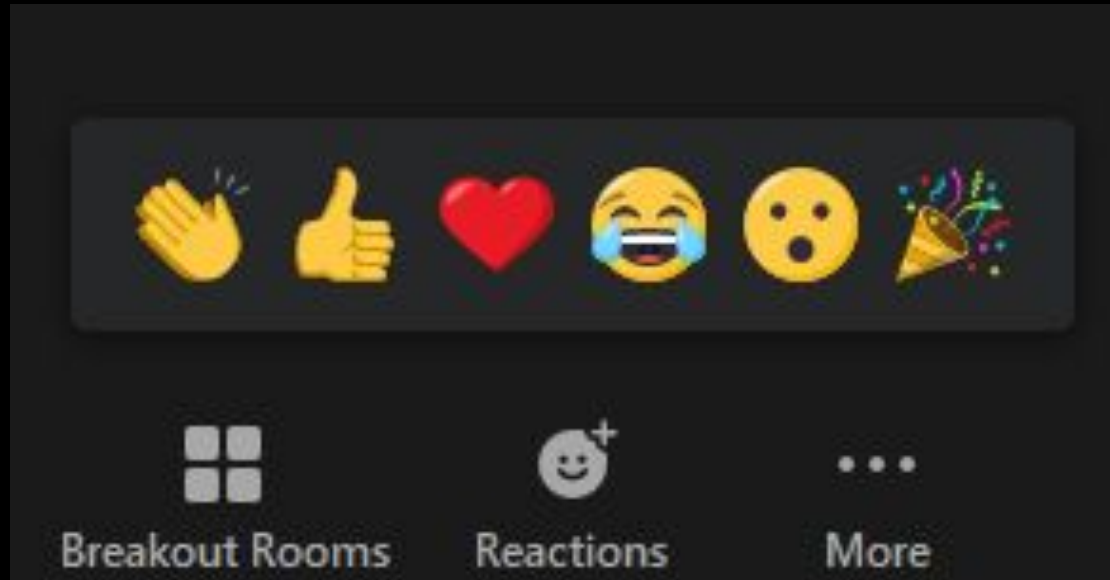


**What are you up
to next?**

Your 15%

Google doc **Section C**

I'll read the themes -- you share a thumbs up when this 15% is true for you.



Then, I'll ask: What's missing?

- **Share knowledge** gained at symposium with colleagues
- **Promote or integrate sexual violence-specific services** (including prevention and response) into your existing services/work
- Pursue **partnerships** (especially with fellow symposium attendees)
- Bring an **attention to specific populations**, diversity, and inclusion to services (including prevention)
- Continue to **implement prevention or support** (e.g., supervision) preventionists

What's missing?

What else would you like to see local and statewide careholders (in addition to/beyond ICASA) taking up?

Please write in the Google doc!



**Within prevention,
which principles are
most important to you?**

***Principles of effective
prevention ranking
activity***

Google doc **Section D**

Attendees prioritize “socioculturally relevant” and “well-trained staff” principles.

Principle (from Nation et al., 2003)	Average ranking	Standard deviation
Socioculturally relevant	1.7	.48
Well-trained staff	2	.94
Comprehensive	3.2	1.75
Theory driven	5	3.53
Varied teaching methods	5.5	2.27
Positive relationships	6.25	1.58
Outcome evaluation	6.33	1.12
Appropriately timed	7.22	2.11

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In conclusion, we learned that MPF attendees especially value prevention implementation that is socioculturally relevant and delivered by well-trained staff. Attendees view these two principles as essential for facilitating other principles of effective prevention and for both (a) bringing about positive change, and (b) avoiding perpetrating harm in prevention implementation.



Critical priorities nominations

Still in
Google doc **Section D**

Critical priority	Crowd sourcing group score	Overall ranking place
Statewide collaboration to lift the priority of primary prevention higher than victim services post-violence	23	1
Remove opt-out for all groups	22	2
Intentional inclusion of diverse communities in SV prevention tables	22	2
A critical priority is funding for better services, paying workers, and getting materials for education. e.g., curriculum, condoms, Plan B, etc.	22	2
Training & professional development for client facing staff. Involve people from community in <u>decision making</u> efforts.	22	2
A critical priority in moving primary prevention forward in IL is a better understanding of where gaps lie in the state, so they can start to be <u>filled</u> . Who is getting what, where, by whom?	21	3
I think a critical priority would be to have primary prevention be something ICASA is willing to push as an agenda to all centers. The same way we do with advocacy and direct client service work. We can prioritize prevention legislation and lobby the same way other laws <u>have been supported</u> .	21	3
Wide spread education on healthy relationships that meets diverse needs, including in school settings	21	3
Creating community cohesion/prevention culture	21	3
Comprehensive + consistent staff trainings	21	3
Navigating the needs and capacity within community, county, state, then federal level to collab by the gaps w/ specified organizations and institutions	20	4

Critical priority theme	Average crowd-sourcing rating	Standard deviation	% of nominations coded under this theme
Use of data	21	0 (one nomination coded)	3.45%
Community engagement	20.67	2.31	10.34%
Staff support	20	3.37	13.79%
Prioritizing prevention	19.57	3.15	24.14%
Partnerships	19.25	2.49	27.59%
Education	19	4.08	24.14%
Attention to diversity	18.40	3.65	17.24%
Funding	17.88	2.53	27.59%
Outer layer intervention (including policy)	17.43	2.82	24.14%

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Outer layer intervention (including policy)	17.43	2.82	24.14%

In conclusion, we learned that MPF attendees want ICASA to prioritize use of data, community engagement, staff support, partnerships, education, attention to diversity, funding, and outer layer intervention (including policy) going forward. These priorities frequently overlap.



**What is going to make
prevention possible?**

**What is going to
get in the way?**

***SEM facilitators/barriers
worksheet***

Google doc **Section E**

Prevention activity	Individual	Relationship	Community	Societal
Educational workshop	Students/ participants' sleep Students/ participants' past trauma	Students trusting educator Family issues Work relationships/ support Teacher help/support Burnout	Gender expectations SES status Knowing/being in same community Recognizing/ relating to lived experience Neighborhood issues Overwhelming workload/ stretched too thin	Rape culture Media Systems of oppression Policy impacting where programs happen/ what happens
State mandated sexual violence/ harassment prevention training for all businesses/	New staff training All staff <u>one(?)</u> Apathy towards annual requirements	Coworkers Interns Volunteers In-person/ virtual training	Partnerships with other organizations The people we are working with in other programs Using community to increase(?) cultural norms in society	Increase(?) norms Increase(?) advocacy

Across prevention strategies and CDC focus areas, participants highlighted:

- considering multiple organizational roles
- individual and community access
- cultural norms and individual perspectives that may lead to a lack of buy-in for prevention
- state/societal-level actions: policy/mandates for prevention, increased funding
- partnership/collaboration within strategies
- staff support

In conclusion, we learned that MPF attendees across CDC focus areas identify a lack of access, partnerships, buy-in, mandates/policies, and staff support/”bandwidth” as important barriers for implementing primary prevention of sexual violence. Participants frequently identified cultural norms and policies as being influential for what kinds of prevention activities may be implemented, and how much support they may receive when implemented. While education-based prevention was a commonly selected strategy for exploration, outer layer considerations such as norms, policies, and organizational context were frequently noted as important aspects of implementation.

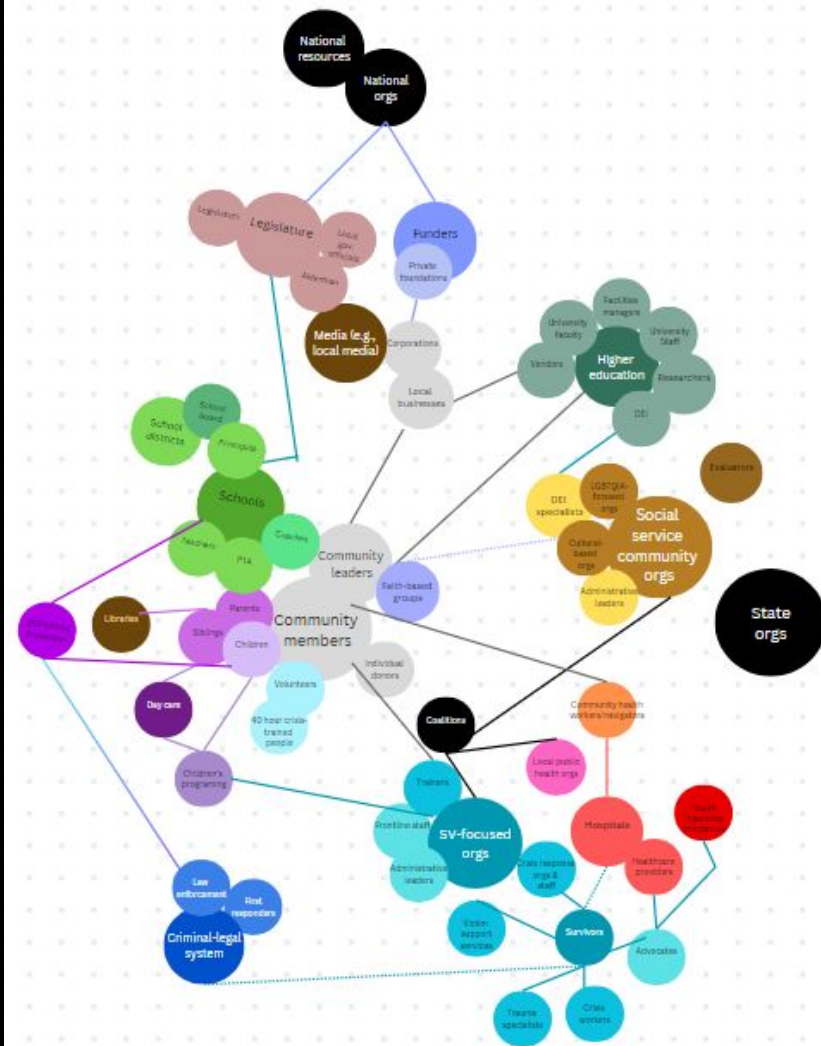


**Who do we need to
pull into prevention
practice/thinking?**

Careholders map

Google doc **Section F**

- National resources, national orgs
- Legislature
- Media
- Funders
- Corporations, businesses
- Higher education
- Social service community orgs
- Criminal-legal system
- Family members
- Sexual violence-focused orgs
- Hospitals/healthcare
- Local public health orgs
- Community health workers
- State orgs
- Evaluators
- Community members





**What format(s)
might be useful to
you?**

Reporting out

Google doc **Section G**

- Traditional text-driven tech report
- Visual-driven tech report/infographics
- Newsletter format/series
- Video presentation
- Website/dashboard reporting





Thank you!

arieger2@illinois.edu

[Slidesgo.com](https://www.slidesgo.com)