MOVING PREVENTION FORWARD

Setting an Agenda to End Sexual Violence

Moving Prevention Forward in Illinois

A Report Prepared by

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Executive Summary

Welcome to the Illinois Coalition Against Sexual Assault's (ICASA) Moving Prevention Forward final report! This report aims to provide input to guide ICASA's agenda for the primary prevention of sexual violence in Illinois. It also aims to review/capture the Moving Prevention Forward process and how we came to these recommendations. Report findings are based on data gathered in preparation for and in the implementation of the Moving Prevention Forward Symposium.

This report begins with an integrative summary that gives an overview of the Moving Prevention Forward method and high-level recommendations for ICASA's next steps in facilitating the implementation of sexual violence primary prevention across Illinois. Then this report continues with two parts:

Part 1 presents a systems-level analysis and resultant model (see Figure 1, p. 16) including factors that influence the implementation of primary prevention of sexual violence in Illinois. It identifies several key, cyclical relationships ("reinforcing loops") that perpetuate the status quo and hinder progress in primary prevention efforts. While Part 1 comes before Part 2, the data and themes relayed in Part 2 also shaped the systems model presented in Part 1.

These loops include:

- Root causes of sexual violence in systems of oppression and inequality
- Chronic underfunding of primary prevention efforts
- Limited local capacity to implement comprehensive prevention programming
- Prevention teams are frequently small and experience turnover
- Underrepresentation of diverse and marginalized voices in prevention work
- Mandated changes without sufficient accountability structures
- Difficulties in reaching insular environments and reluctant stakeholders

For each of these reinforcing loops, the report outlines potential "points of intervention" or priority actions that could help interrupt each of these dynamics. These include, for example, policy changes to strengthen economic supports, increasing and diversifying funding sources for prevention, exploring new prevention paradigms, creating state-level initiatives to guide local action, forming learning communities or communities of practice to support local preventionists efforts, including diverse voices in program design and access, centering community-driven approaches, establishing robust accountability mechanisms for funding, pursuing an effective institutional response to sexual violence, engaging a broad range of careholders[1] and cultivating new champions for change, identifying rewards and consequences to motivate organizational change (in

[1] *The term "careholders" is used in this document in and our systems model to serve to purposes: a) to move away from the term stakeholders which has been problematized given its roots in imperialism; and b) to communicate an ethic of care, investment and engagement. We do recognize that some desired partners may not be "care" holders yet, but this is the aspiration goal.*

culture and climate), encouraging coordination across key careholders, and using data driven approaches.

Part 1's summary emphasizes the interconnected nature of these challenges and the need for a holistic, systems-oriented approach to advancing sexual violence prevention in Illinois. It is intended to serve as a framework for ICASA and partners to collaboratively define and implement a strategic agenda for moving prevention forward in the state.

Part 2 provides descriptions and summaries/analysis from preventionist listening sessions, and from activities implemented at the Moving Prevention Forward symposium. Part 2 thus provides important "groundwork" for the systems map in Part 1 and provides readers with an opportunity to more deeply understand symposium participants' individual and group ideas. Part 2 is organized in chronological order by symposium activities. Each section begins with a description of the data collection and overview of findings; most sections then report raw data/contributions from individual participants and small groups. Each section ends with a pop-out summary of the conclusion/overall take-away from each activity/data section. The qualitative analyses within this section can help to illustrate what the prevention landscape (e.g., promising strategies, important barriers) in Illinois is or could/should be, from the perspective of symposium attendees.

Preventionist listening sessions, overall, emphasized the need for improved or increased partnerships (e.g., with fellow rape crisis centers, new settings, influential roles/community members, and groups with community/audience expertise), prevention staff support (e.g., connections across centers, ongoing education), and direction from ICASA (e.g., standards for prevention across sites). Preventionists reported that partnerships could be leveraged to bolster existing prevention efforts, engage more people in delivering/implementing prevention, targeting change in partnering organizations/settings, and pursuing broader change together. Additional highlights from the preventionist listening sessions include:

Preventionists see the following gaps/challenges in Illinois prevention services:

- Need for partnerships with new settings (e.g., alcohol-serving establishments, community sport teams)
- Community resistance and reluctant partners (e.g., need for more outreach, improved relationships and rapport to facilitate new or improved connections)
- Stigma of sexual violence, including related misinformation about sexual violence prevention
- Need to make prevention socioculturally[2] relevant and inclusive
- Curriculum and prevention intervention development (e.g., online resources, online safety, specialized trainings, trainings for specific populations)

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[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" (Nation et al. 2003).

- Limited prevention staff, staff support, and funding
- Need for more survivor support

Preventionists would like to see the following areas prioritized regarding the primary prevention of sexual violence in Illinois:

- Improve prevention content by addressing health equity, multiple forms of abuse, and audience engagement
- Implement prevention in settings beyond classrooms
- Educate and engage people across ages and roles
- Facilitate existing partner engagement and creation of new partnerships
- Prioritize funding and legislative action
- Increase staff support by strengthening preventionist teams with more people and increasing education
- Bolster partner education, practice change in survivor response settings

Preventionists suggested that ICASA could support and enhance prevention by:

- Educating preventionists, new and old
- Providing customized support for local preventionists
- Connecting preventionists to each other
- Providing standards/guidance for prevention efforts
- Facilitating preventionist partnership efforts (e.g., by mobilizing state partners, by promoting prevention programs on a statewide level)
- Supporting preventionists via center practices (e.g., time allowance for preventionist continuing education, increasing local site understanding of what prevention entails)
- Increasing funding and resources for prevention

Highlights from the Moving Prevention Forward symposium activities include:

- When presented with structured introduction/hands on activities regarding CDC focus areas (strengthening economic supports, creating protective environments, shifting social norms), local and statewide careholders (i.e., symposium attendees) demonstrate excitement for and increasingly specific ideas regarding these proposed areas of emphasis.

- The importance of socioculturally relevant prevention activities and engaging/centering/paying specific attention to minoritized communities is especially important in prevention. This attention is important in pursuing prevention that is effective, and that does not cause harm to partnering/attending community members.

- Prevention staff need more support in education/supervision and job quality/experience; this support may help improve prevention efforts, partnerships, and staff retention.

- ICASA may be particularly well-leveraged to facilitate entry into new settings and increased or deeper prevention partnerships by way of legislative work (e.g., mandating prevention efforts in different settings) and increasing statewide buy-in/prioritization for prevention.
- ICASA could prioritize and send clear messaging and guidance to local sites regarding bolstering prevention via use of data, community engagements, increased staff support, partnerships, education (i.e., awareness and knowledge-raising activities), attention to diversity, funding, and outer layer intervention.
- Moving the primary prevention of sexual violence forward in Illinois brings with it both a sense of excitement, and some feelings of being overwhelmed: there are many priorities in human services work, and enacting real change can be difficult.
- Moving prevention forward is not just the responsibility of ICASA. Local rape crisis centers, human service organizations and activists, and statewide agencies can share the load of primary prevention implementation. Examples of sharing the load include local sites implementing prevention as informed by ICASA, people (e.g., MPF attendees) sharing prevention and sexual violence knowledge that they gain from ICASA within their network, people in other fields beyond sexual violence bringing energy for sexual violence prevention to their domain of influence, and other organizations being responsive to partnership opportunities.

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A Report on Moving Prevention Forward in Illinois

This report sets an agenda for the Illinois Coalition Against Sexual Assault (ICASA) to move prevention forward in the state. ICASA is made up of certified rape crisis centers across Illinois. ICASA includes an administrative office and staff which under the guidance of its Governing Body (which is made up of rape crisis center representatives) to establish policy and manage funding for local rape crisis centers. Simultaneously, rape crisis centers also operate independently as local implementers. Thus, ICASA holds a duality: ICASA is both a state-level organization and, fundamentally, created and driven by local centers.

Report findings are based on data gathered in preparation for and in the implementation of the Moving Prevention Forward Symposium (March 27 – March 28, 2024). This symposium had two main goals: to assemble key careholders[3] from across Illinois to set an agenda for ICASA's sexual assault prevention priorities, and to connect, educate, and support these careholders' passion for the primary prevention of sexual violence. In choosing their invitation list, ICASA valued gathering people from diverse roles and organizations: from those working on the frontline of sexual violence prevention, domestic violence prevention, disability awareness and liberation, and LGBTQIA+ services to those working in state institutions (e.g., Department of Public Health; Department of Human Services), supporting statewide efforts. Data sources to set priorities included interviews (including interview memos) and surveys with possible symposium participants, listening sessions with ICASA preventionists, and symposium activities.

This report begins with an integrative summary of the data used in this project. Then, this report continues with two parts:

Part 1 focuses on the presentation of a systems dynamics model based on the information gathered prior to and during the symposium (see Figure 1, p. 16). This approach is more holistic and, admittedly, "messy" look at the system but conveys more of the complexity faced by preventionists in the day-to-day. Systems dynamics thinking is an approach to understanding complex *systems.* We focus on interconnections between key component parts, chronic relationships that maintain the status quo ("feedback loops" or "reinforcing/causal loops"), and dynamic behaviors within a system. We want to be pushing ourselves to continuously think about the dynamics and relationships between important factors in human services, rather than only thinking about various factors in isolation (e.g., one particular funding source, one "type" of local organization, one focus area?). Further, we wanted to identify priorities for "interrupting" reinforcing loops. These possible "interruptions" are proposed priorities for Moving

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Prevention Forward in Illinois. This was a collective modeling process and, thus, the model reflects collective input from all participants working across three participatory modeling groups. The model is meant to reflect collective concerns and experiences, which might vary from a systems model that is derived from the empirical literature.

Part 2 is a "closer to the data" summary of what was learned from preventionist listening sessions and symposium activities. Part 2 examines and supports the broader conclusions in Part 1. Part 2 provides an overview of listening session and symposium activities and the kinds of input provided by participants; it includes qualitative coding of worksheets and notecards from the symposium activities, a summary of activities, prominent themes and participant ideas, and insights into symposium attendees' priorities and considerations for prevention strategy implementation.

While MPF focused on the primary prevention of sexual violence, unsurprisingly many of our findings sound similar to concerns experienced across prevention topics (e.g., substance use; domestic violence). Thus, this report may be useful to a variety of prevention implementers. A cross-topic look at experiences with prevention implementation may be especially valuable, as preventionists in local communities are often engaged in overlapping efforts (e.g., anti-bullying programs, healthy dating relationship promotion, and schools-based education to address climates for LGBTQIA+ youth).

ICASA Process and Priorities: An Integrative Summary

Initial Assumptions and Constraints

From November 2023 – June 2024, ICASA engaged in a participatory process with nonprofit and human service leaders in order to (a) understand the landscape of sexual violence prevention across the state of Illinois, with an emphasis on identifying strengths, limitations, and opportunities for collaboration, and to (b) identify statewide sexual violence prevention priorities, as represented in a model.

All processes include assumptions. In undertaking this process, ICASA made/worked from the following assumptions, which were documented/written prior to data collection:

1. Sexual violence prevention exists, at least in part, due to community/systems/societal-level factors as represented in policies, practices, and social norms. For example, sexual violence exists because of or is exacerbated by oppressions including but not limited to sexism, racism, ableism, transphobia/cissexism, and economic inequality.
2. It is true that sexual violence occurs across demographic and social groups, and that all people experience barriers to preventing and receiving appropriate, thoughtful responses to sexual violence. It is also true that sexual violence is more often targeted at women, children, and minoritized individuals, and that minoritized individuals often experience more and more intense barriers to preventing and receiving appropriate, thoughtful responses to sexual violence.
3. Sexual violence prevention includes a broad umbrella of efforts, across the socio-ecological model: for example, prevention can include individual-level efforts such as education or awareness-raising presentations, as well as systems-level interventions such as family leave policies and uniform staff responses to problematic behavior (e.g., in alcohol-serving establishments).
4. Individual-level sexual violence prevention efforts are valuable; they are also, alone, not sufficient to end sexual violence.
5. Sexual violence shares risk and protective factors with other forms of violence and harm. As a result, efforts to prevent other social problems (e.g., housing insecurity, discrimination, lack of educational/vocational opportunities) may overlap with efforts to prevent sexual violence.
6. While many social issues overlap (e.g., share risk and protective factors), there is value to bringing a sexual violence-specific lens to sexual violence prevention efforts.
7. Sexual violence prevention efforts are being conducted by a host of people, not all of whom work in nonprofits or specifically identify themselves as sexual violence preventionists.
8. Statewide prevention priorities will be strongest if they are informed by (a) a variety of people who have attempted or are attempting sexual violence prevention efforts, and (b) research evidence.

All processes occur within constraints. In undertaking this process, ICASA made/worked from the following constraints:

1. The process was [originally] set to begin in November 2023 and end by May 2024.
2. The process was designed, at the onset, to center nonprofit providers/employees' perspectives.
3. The process was designed, at the onset, to include a statewide, in-person symposium.

Overview of the Moving Prevention Forward Method

Pre-symposium interviews and surveys

Moving Prevention Forward data collection began with pre-symposium interviews (15 participants) and interview memos. ICASA Prevention Coordinator, Kasey Pryer, and Chief Operating Officer, Corrin McWhirter, drafted an interview contact list based on ICASA connections (i.e., existing partners in sexual violence prevention and intervention), topic areas that ICASA valued (e.g., searching for organization representatives who could speak about housing stability, centering Black families, and reaching youth outside of schools), and violence prevention areas with shared risk and protective factors (e.g., substance use prevention, child abuse, and domestic violence). Pryer conducted interviews, most of which were virtual or via phone. Interview questions were drafted by consultants in partnership with Pryer and McWhirter; sample questions included, "Which risk and protective factors does your agency address?"; "How do you see your work directly or indirectly addressing sexual violence prevention?"; and "What role could ICASA and/or other state agencies play in supporting your work?" A majority of interviews were recorded and reviewed by consultants; Pryer also wrote interview memos after each interview. Memo questions included, "What is something you heard in this interview that you would like more people in the state to know about?" and "How, practically, might this interview inform planning symposium efforts." See Supplemental Materials for the interview protocol and memo template.

A pre-symposium survey (14 participants) also gathered information on risk and protective factors that various potential attendees targeted, target audiences, individual knowledge about sexual violence prevention, potential ICASA priorities, and logistical symposium attendance questions (e.g., if attendance was possible).

The purpose of pre-symposium interviews and surveys was to gather information that would inform symposium activities (e.g., identifying individual participant goals of networking/partnership opportunities and knowledge gains; providing consultants with enough information to assign attendees to modeling teams), help shape understanding of the landscape of sexual violence prevention (e.g., common implemented prevention activities), and, pragmatically, help introduce Pryer (a new ICASA employee in a new coalition role, Prevention Coordinator) to careholders.

Preventionist listening sessions

Two virtual listening sessions were held for local rape crisis center preventionists (over 40 participants). Preventionists engaged in small group discussions and activities involving a virtual whiteboard (Google's Jamboard) to provide information on gaps in sexual violence prevention practice, possible priorities, prevention collaboration, and opportunities for ICASA support. See Supplemental Materials for the listening sessions' agenda.

The purpose of preventionist listening sessions were to explicitly include preventionist insight into symposium activity planning (e.g., using listening session findings to shape areas that may need more educational activities at the symposium, including defining outer layer/structural prevention activities) and to gather data on potential ICASA priorities (e.g., clearer messaging regarding what preventionists "should" be doing in prevention, unified or united efforts across the state).

Moving Prevention Forward symposium

The centerpiece to ICASA's Moving Prevention Forward effort was the in-person symposium, which occurred in Springfield, IL, from Wednesday, March 27 – Thursday, March 28 (approximately 35 participants). This two-day event featured a variety of activities to (a) connect, educate, and support attendees' thinking regarding the primary prevention of sexual violence in Illinois, and (b) provide data to help determine potential ICASA priorities for the primary prevention of sexual violence. A majority of time in these days was spent creating systems maps that corresponded to CDC focus areas (strengthen economic supports, create protective environments, and promote social norms that protect against violence). Please see "Part 1" of this report for a description of systems mapping activities, and "Part 2" for further data collection conducted at the symposium. With an eye for quality improvement, ICASA also conducted evaluations of the symposium before participants departed. Evaluations included highlighting attendee knowledge gain and feelings of inclusion in prevention; these evaluations are not included in this report, as they do not directly serve to identify ICASA priorities, but were instead focused on the quality and experience of the event itself.

Feedback sessions

Two virtual (Zoom) feedback sessions were hosted approximately one month after the in-person symposium. The purpose of these feedback sessions were to share summary findings from in-person activities and to selectively ask for elaboration (e.g., gathering information regarding if the take-aways participants thought they would take with them from the symposium indeed were being pursued), and to offer another point of connection between attendees. See Supplemental Materials for session slides.

It is important to note that these efforts and the resulting report and recommendations are not meant to be final or complete, but to start a conversation to better understand priorities to advance sexual violence primary prevention in Illinois. This process and the recommendations contained here are based on the participation and expertise of many key careholders throughout the state.

Key Findings and Recommendations

Taken together, the following are possible priority areas for ICASA, regarding the implementation of primary prevention of sexual violence in Illinois:

- **Increase organizational support for prevention staff**: Staff education/professional development (e.g., primary prevention, structural change, partnership creation and maintenance, CDC focus areas) and job quality (e.g., supervision, livable wage) may improve prevention implementation quality and curtail high preventionist turn-over.

- **Provide explicit guidance for prevention activities at local sites**: In an effort to pursue structural change, including via CDC's focus areas, and to provide increased support/direction for local staff, ICASA may consider "top-down" initiatives, which may also help unite preventionists along shared prevention activities (e.g., shared messaging, shared values/standards). This may include creating learning communities and shared initiatives for the use of funds that may constrain some local flexibility in designing prevention efforts, but may also concentrate resources on shared aims including primary prevention priorities. Funding is a perineal issue for human services work. Unsurprisingly, throughout MPF activities, participants requested more funding for prevention in general; and, more funding (or, restriction of existing funding) to emphasize *primary* prevention. This may shift local practice via tangible support and implicit/explicit messaging regarding what preventionists "should" be doing in prevention work.

- **Pursue policy changes**: ICASA may be well-positioned to pursue statewide or regional policy change, which may then support local implementation of increasingly complex prevention activities. Pursuing policy change, especially those that may foster economic supports and other structural changes, and in institutional responses to sexual violence (in an effort to take crisis work "off the plate" of many preventionists) may be an especially good fit for ICASA, given ICASA's extant legislative action.

- **Build a foundation for local partnerships**: As a statewide coalition, ICASA may be well-positioned to create the necessary foundation for local sites to pursue partnerships, for example by increasing pressure on businesses and other coalitions to consider sexual violence prevention, training preventionists on partnership creation, promoting prevention practices at the state level, and helping to connect preventionists and relevant statewide organizations that can further support important local connections.

- **Center diversity, equity, inclusion and intersectionality**: From uniting preventionists in learning communities or via technical assistance and funding that emphasizes community engagement and socioculturally relevant programming, to focusing on hiring and retaining staff that reflect local communities, ICASA may continue to focus on diversity, equity, inclusion, and intersectionality in center outputs (i.e., prevention) and climate (i.e., internal preventionist/staff experiences and training within centers).

- **Use data and evidence-driven approaches**: ICASA may secure partnerships to find and utilize existing data sources, pursue further systematic methods of understanding prevention and implementation (e.g., needs assessments), lay a foundation for local evaluation, and provide technical assistance for local sites utilizing research/theory and practical data collection methods to better understand and implement local prevention.

Part 1: Getting to the "Big Picture" in Setting Priorities for Moving Prevention Forward in Illinois

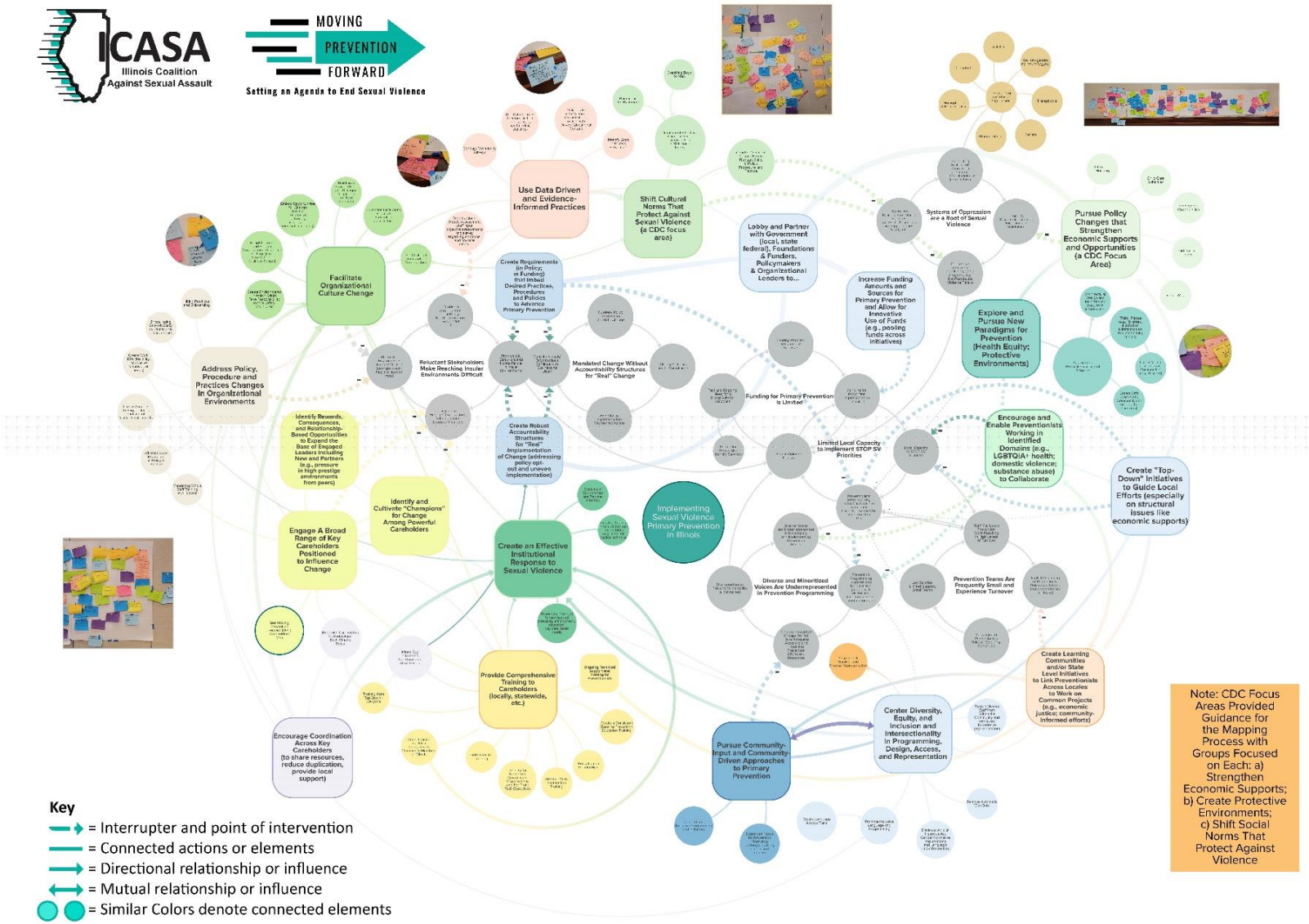
Systems Dynamics, Reinforcing Loops and Points of Intervention

What factors shape the implementation of primary prevention of sexual violence in Illinois? This was one question posed to participants in the Moving Prevention Forward symposium. Participants were divided into three groups based on their expertise and role. Each group was assigned the task of thinking about this big question as it related to one of three CDC priorities for sexual violence prevention: a) Strengthen Economic Supports; b) Create Protective Environments; and c) Shift Social Norms. For example, one group was asked to consider: Economic supports is one approach to primary prevention of sexual violence. What factors (careholders, resources, dynamics - constraining and facilitating) shape the implementation of economic supports? Each of these areas requires complex changes and the aim was to approach the question of implementation from a systems dynamic's perspective. To prepare for this work, participants started with an exercise to Draw Toast. This exercise set systems thinking in motion; this was followed sharing of didactic information to elaborate on systems dynamics modeling and to create baseline knowledge for all participants. Each group was encouraged to think broadly and systemically and not to figure it all out before beginning to identify system components. Participants also engaged in exercises to go on "gallery walks" and give feedback on each other's models using "I Like, I Wish, I Wonder, What if?" prompts. They also engaged in supporting exercises to identify dynamics "below the surface" using the Iceberg exercise, to construct Careholder Maps, and to identify critical Levers for Change. The efforts of these groups were reflected in models they built on the walls including large sticky notes including components and arrows beginning to link those components. From this work and other data generated during the symposium (see Part 2), the system dynamic model in Figure 1 was created. Notably, while three groups engaged in modeling, ultimately, we created one model. We did so because it became clear as we examined each model that they had many shared elements and dynamics. In keeping with a systems approach, we integrated across the three focal areas. In doing so, we also preserve how tightly linked each of these priority areas are to one another; actions to address social norms will address protective environments, etc.

In systems dynamics thinking, a reinforcing loop (also known as a feedback loop) is a cycle that repeats itself. These cycles promote the growth or decline of a particular behavior or observation (e.g., chronically low levels of funding for primary prevention). Once a loop is set in motion, it tends to continue "on its own," unless an external force intervenes.

Figure 1 displays the reinforcing loops and related system components that were identified through MPF. It is important to note that these loops are not empirically derived; there is no data that establishes the relationship as "truth." Rather, we believe this map captures the experiences and wisdom of observers working within this system (i.e., MPF attendees). Further, these reinforcing loops are not exhaustive! Most certainly other careholders within the system would identify other loops and other data analysts

Figure 1: A Systems Map of Sexual Violence Primary Prevention Implementation in Illinois *(Click **here** to access a PDF version of the figure.)*



The images included within the map were created by Moving Prevention Forward Symposium participants in March 2024.

could identify more loops or characterize them in different ways. The loops we identified here were salient in the MPF symposium. Importantly, these loops are identified not to remain stuck on what hinders progress, but to identify the component parts of these loops so that they can be *interrupted through actions* that are poised to create new reinforcing loops; ones that might advance primary prevention implementation.

In this report, we identify and describe each loop. After each loop description, we propose levers for change that might interrupt each loop. As you read this report, you might move between the text and Figure 1; you might also choose to "just" read this report.

Here are some tips for reading the systems map:

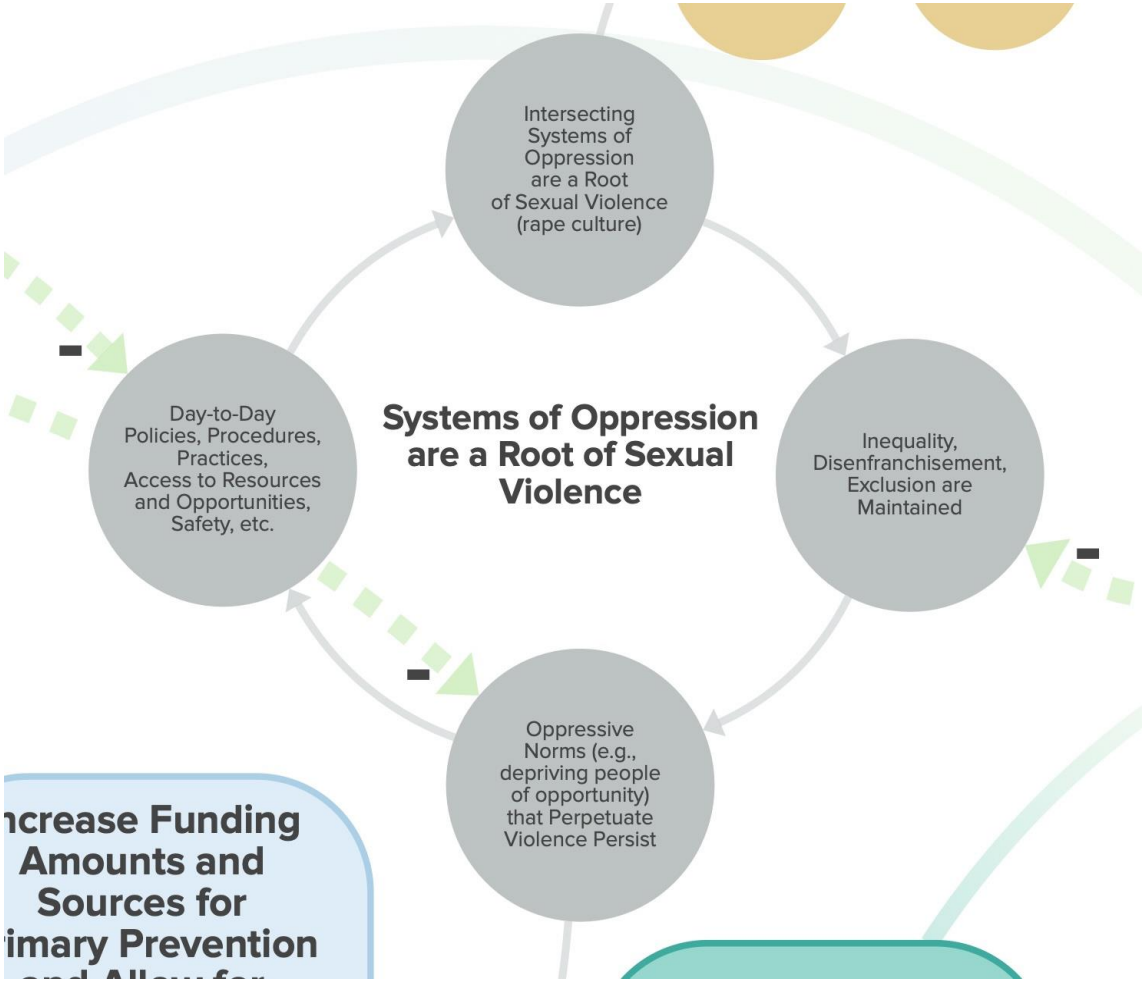
- **Grey circles and arrows are reinforcing loops.** The loops described below are depicted in grey.
- **Square boxes are levers for change and ICASA's priorities.** Levers for change are depicted as square boxes; these boxes are potential priorities for ICASA.
- **Dotted lines denote interruptions.** These are actions that we believe could change a reinforcing loop.
- **Solid lines without arrows show a connection.** These connections are between a larger construct (e.g., facilitating organizational change) and some of the specific actions that participants identified to enact that change (e.g., building shared vision and dialog regarding the reality of violence).
- **Similar Colors**. Boxes, circles, and arrows with similar colors in the same area represent connected themes.

While the model attempts to illustrate specific areas in which actions could "interrupt" in a system, there are inevitably multiple, interrelated points of intervention. This is a system, after all! Thus, there are many connections made throughout the model to denote ties or connections across major interrupters, or priorities (square boxes), because they are inevitably tied to one another. Change in any lever will be interdependent with other levers. For the purposes of relative brevity below, each priority action is listed under one reinforcing loop. But, note that the model contains other potential pathways for interruption, and it was common for an "interrupter" to have potential to disrupt more than one reinforcing loop.

1. Systems of Oppression are a Root Cause of Violence

This reinforcing loop starts with the core issue that intersecting systems of oppression are a root of sexual violence. See Figure 2. Inequality, disenfranchisement, and exclusion are perpetuated, as racist, oppressive norms that enable and justify violence persist (e.g., the exclusion of many communities from prevention funding, programming that does not center, engage, or create/tailor content for marginalized people). These harmful cultural norms become embedded in day-to-day policies, procedures, and practices, further limiting access to resources and opportunities, and compromising safety (e.g., excluding many Black families from equitable housing; perpetuating difficulties of women securing loans; the de-sexualization and exclusion of people living with disabilities in prevention education). This self-reinforcing cycle then continues, maintaining the underlying conditions that allow sexual violence to occur (e.g., major power differences, lack of prevention education). Breaking this loop requires addressing the systemic drivers of oppression and transforming the cultural narratives that enable violence to be normalized.

Figure 2: Systems of Oppression are a Root Cause of Sexual Violence



It is important to note that while systems of oppression are rightly invoked as a root cause of violence, how to create change at this macro-structural level and its permeations at all levels of a social ecology are often underarticulated. For example, throughout the symposium, participants identified systems of oppression as a central theme, but did not always explicate specific actions within their and ICASA's spheres of control and influence. While it is essential to address this reinforcing loop as ever present, work must be done to continue to deconstruct and delineate a course of action to implement statewide and in locales. Below we offer one lever for change, advanced by the CDC, to address economic supports. Throughout the systems map, however, there are other recommended actions that would also interrupt and address systemic inequalities.

Interrupting this Reinforcing Loop Might Include Efforts to:

1a. Pursue policy changes that strengthen economic supports and create opportunities for those most affected by sexual violence.

This point of intervention is a CDC focus area that participants were asked to consider and examine in their systems mapping work. See Figure 3.

Figure 3: Policy Changes to Strengthen Economic Supports

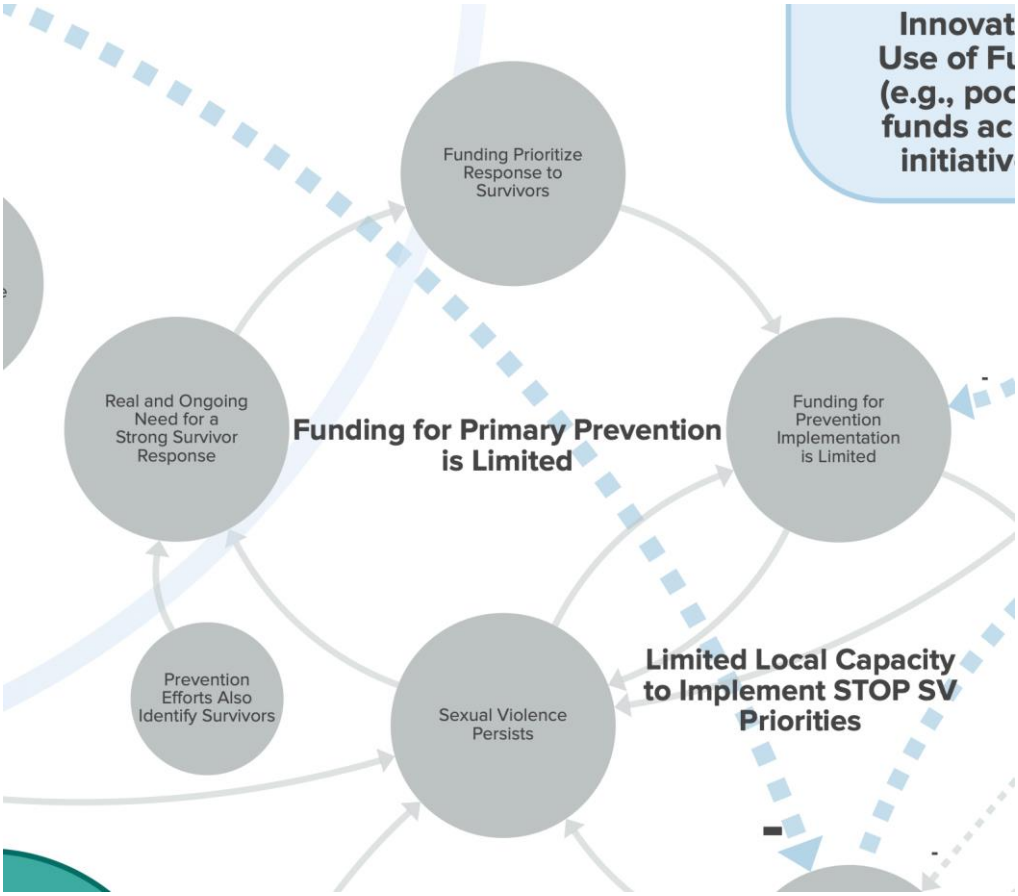
Policy changes to strengthen economic supports can include advocating for and implementing affordable housing initiatives, ensuring access to childcare subsidies that enable parents to work, creating robust employment opportunities that are inclusive and accessible for all segments of the population, supporting paid parental leave to provide security for families during critical times, and establishing a livable wage to lift individuals out of poverty. Such policies can buffer against the stresses that exacerbate vulnerabilities to sexual assault, establishing a more equitable and resilient society. By providing a strong economic foundation, communities are empowered, reducing the conditions that allow for assault and violence to perpetuate, thereby initiating a positive feedback loop of prevention and protection. Increasing economic supports is a CDC focus area for the primary prevention of sexual violence, and one modeling group was specifically assigned to think about and model economic support initiatives in Illinois.

During the symposium, participants were very thoughtful about the complexity of increasing economic supports (particularly in the modeling group assigned to consider economic supports). They recognized the need to engage in systemic change in policy, and that some of these changes would be beyond the capacity of preventionists within local communities. ICASA has and can continue to play a critical role in advancing a health equity and socio-structural approach to primary prevention by advocating for state-level policy change. The CDC has highlighted ICASA's legislative action as an exemplar of statewide prevention action; in the future, ICASA may specifically focus on passing and instantiating policies that focus on economic supports statewide. ICASA may also emphasize training and technical assistance for local preventionist work on economic supports (e.g., city-level livable wage campaigns).

2. Funding for Primary Prevention is Limited

Inevitably, issues of adequate funding arise as a chronic challenge. See Figure 4. This reinforcing loop begins with funding prioritizing the response to survivors of sexual violence. Response to survivors is important and in line with ICASA's mission. However, the historic and current emphasis on survivor response (both within and beyond ICASA) results in limited funding available for implementing effective prevention efforts. As a result, sexual violence persists, leading to an ongoing and real need for a strong survivor response system. For example, when preventionists are able to enter a locale for prevention education, it is not uncommon for survivors to disclose their experiences to preventionists. This in turn drives more focus towards crisis response, rather than proactive prevention, continuing the cycle. Breaking this loop requires a rebalancing of resources to adequately support both survivor services and comprehensive prevention programs aimed at addressing the root causes of sexual violence. Ideally, this would not involve a redistribution of limited resources, but an expansion of the resources available.

Figure 4: Funding for Primary Prevention is Limited

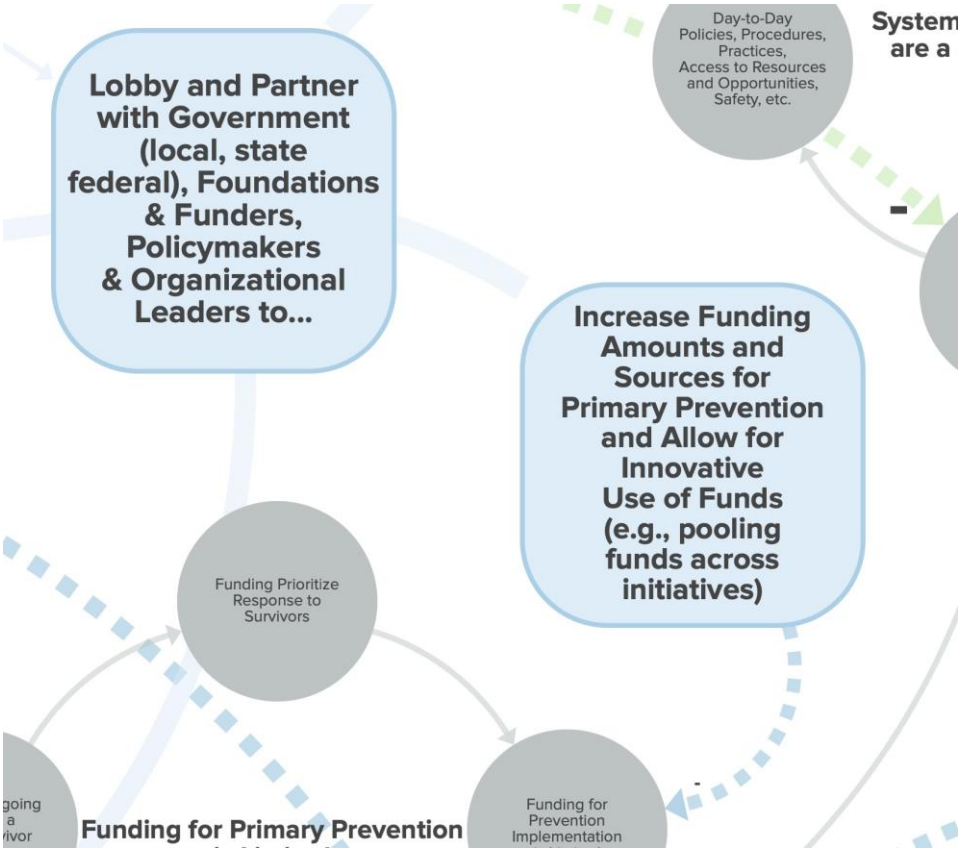


Interrupting this Reinforcing Loop Might Include Efforts To…

2a. Increase Funding Amounts and Sources for Primary Prevention and Allow for Innovative Use of Funds (e.g., pooling funds across initiatives)

Increasing funding for primary prevention efforts and allowing for innovative use of those funds, such as pooling resources across initiatives, could be an effective strategy spearheaded by ICASA. See Figure 5. This approach could provide local preventionists with more flexibility and resources to develop and implement tailored solutions within their communities including working with partners on shared initiatives with pooled funds. By pooling funds or identifying funding partnerships, ICASA could help local programs access a larger pool of resources and explore novel, evidence-based interventions that may have a greater collective impact. Additionally, the coalition could work to secure additional funding sources (business partners; foundations, local funding sources) and advocate for policy changes that prioritize and sustain primary prevention initiatives at the state and local level. These funded efforts could remain steadfast in their commitment to *primary* prevention of sexual violence.

Figure 5: Increase Funding Amounts and Sources for Primary Prevention and Allow for Innovative Use of Funds



3. Limited Local Capacity & Prevention Teams Are Frequently Small and Experience Turnover

These reinforcing loops work in tandem given that both affect local capacity to implement prevention efforts. See Figure 6.

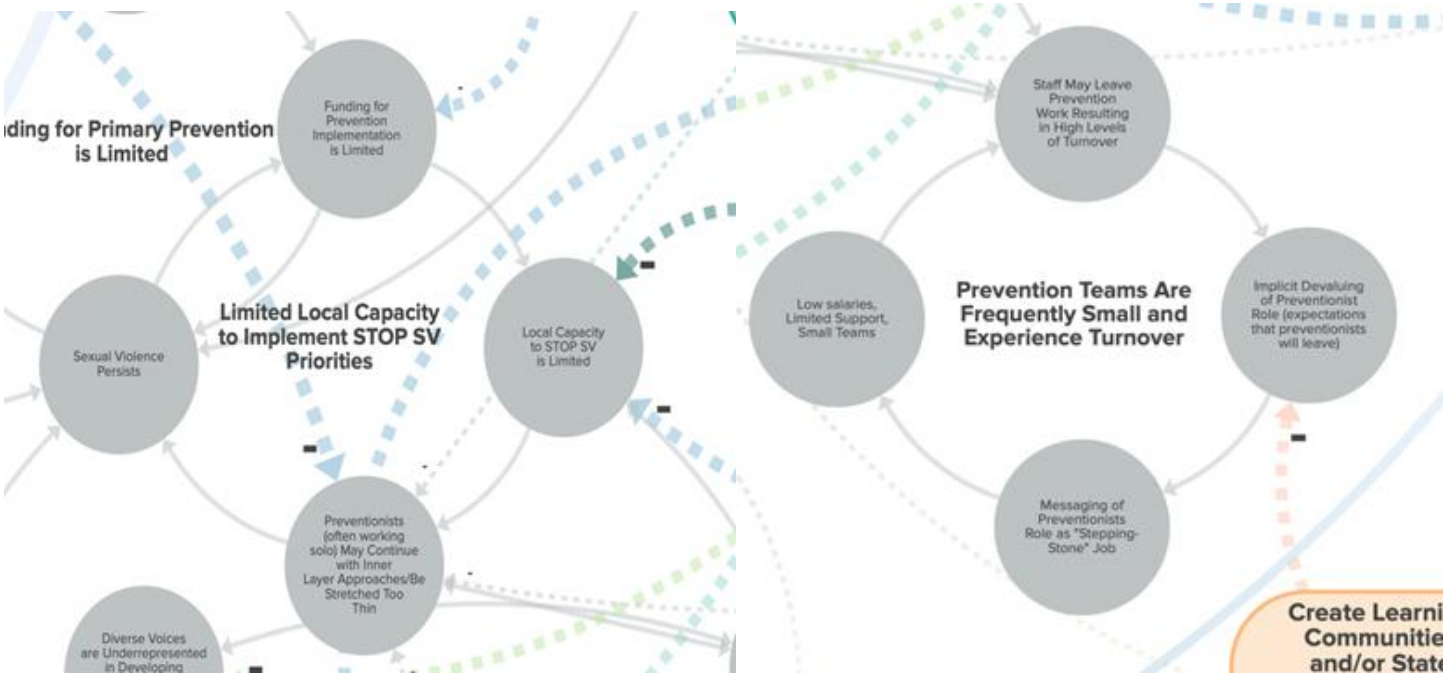
The “limited local capacity” reinforcing loop also begins with limited funding for implementing sexual violence prevention programs. As a result, local capacity to stop sexual violence is constrained, as prevention efforts are underfunded and understaffed.

Relatedly, preventionists, often working solo, may then be forced to focus on approaches that target individual awareness, knowledge, and attitudes rather than structural issues (e.g., the CDC focus areas of economic supports, social norms, protective environments). This may happen because reaching individuals requires a lot of energy and expertise, is relatively quicker to implement with defined measurable outcomes that can appeal to partners and funders, and relatively more feasible for a solo preventionist (or a small team of preventionists) to implement. When asked to implement increasingly complex structural prevention initiatives, preventionists find themselves stretched even more thinly than they already are. The continued prevalence

of sexual violence then perpetuates the need for more funding to be directed towards crisis response rather than proactive prevention, continuing the vicious cycle (because the urgency to respond to individual crisis and the need for individual healing is so high). Breaking this loop requires a significant increase in dedicated resources for comprehensive, evidence-based prevention programming at the community level.

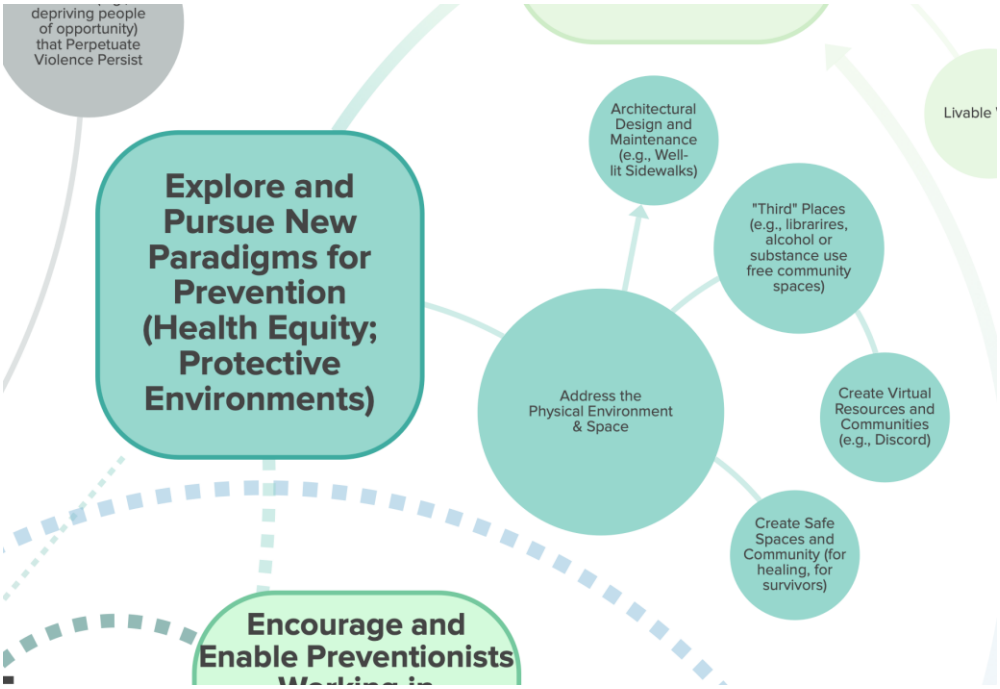
Preventionist turnover may be high given the demands inherent in the role. There may be an implicit devaluing of preventionist work and a perception that preventionist positions are a “stepping-stone” to other opportunities. At the symposium, many participants mentioned the need for higher salaries. This is a perennial problem in human service delivery organizations. There may be ways to move toward increasingly livable wages for preventionists, as well as finding other ways to support and reward preventionists’ work and communicate their value.

Figure 6: Limited Local Capacity and Small Prevention Teams



Interrupting this Reinforcing Loop Might Include Efforts To…

Figure 7: Explore and Pursue New Paradigms for Prevention



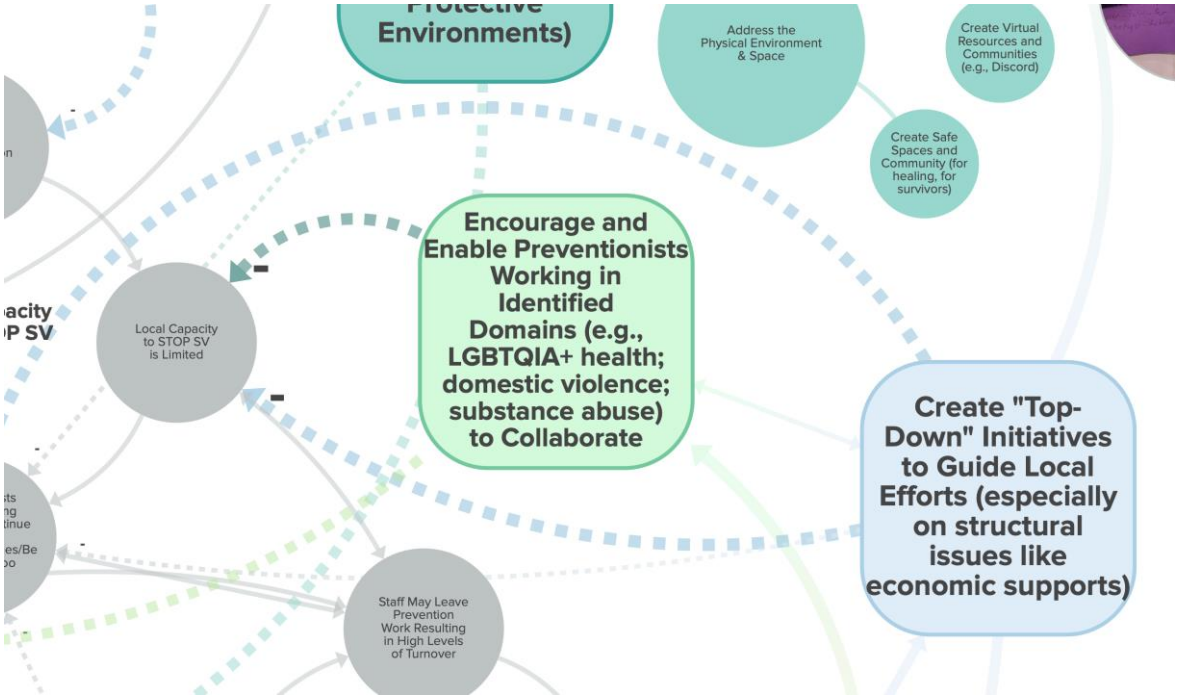
3a. Explore and Pursue New Paradigms for Prevention

Interrupting reinforcing loops that hamper the primary prevention of sexual assault due to limited local capacity to implement primary prevention—such as insufficient staff, funding, and resources—can be addressed by pursuing new and innovative paradigms for prevention (e.g., those that focus on health equity and attention to context, including physical space). See Figure 7. Paradigms refers to how we approach prevention and the underlying assumptions we make about those approaches (e.g., we provide prevention education because we believe that being knowledgeable about something may change behavior). Exploring different paradigms involves thinking about prevention in new ways. For example, addressing the physical environment is a different starting point than one focused on prevention education (participants noted how this is being advanced by the Sexual Citizens study's inclusion of geography, including the construction of dorm room spaces, and primer for action). This could include enhancing building lighting cultivating "third places" that foster community engagement—like libraries, coffee shops, and other alcohol and substance-free zones—to reduce sexual assault risk. Building communities and support systems virtually, through platforms like Discord, can offer additional safe spaces, foster peer support, and make resources more accessible, especially for those who might not otherwise have such opportunities (e.g., in more rural or isolated communities, including LGBTQIA people who are unable to share their identities in many help-seeking contexts). Additionally, constructing physical or virtual safe spaces dedicated to the healing of survivors can help empower

those affected by sexual violence and contribute to a culture of prevention and resilience. It is important to note here the tension inherent in focusing on “response” as a part of prevention, but it is true that effective responses to assault can be a core component of accountability and creating protective environments. Each of these steps serves to bolster local capacity and extend the reach and effectiveness of primary prevention efforts.

ICASA should continue to provide training and technical assistance regarding new paradigms. ICASA has provided training on health equity, for example, and on the “Sexual Citizens” approach; ICASA has also provided multiple training opportunities and messaging regarding pursuing structural prevention efforts. These efforts might be further enhanced by creating Learning Communities and Top-Down Initiatives (see more below).

Figure 8: Create "Top-Down" Initiatives to Guide Local Efforts



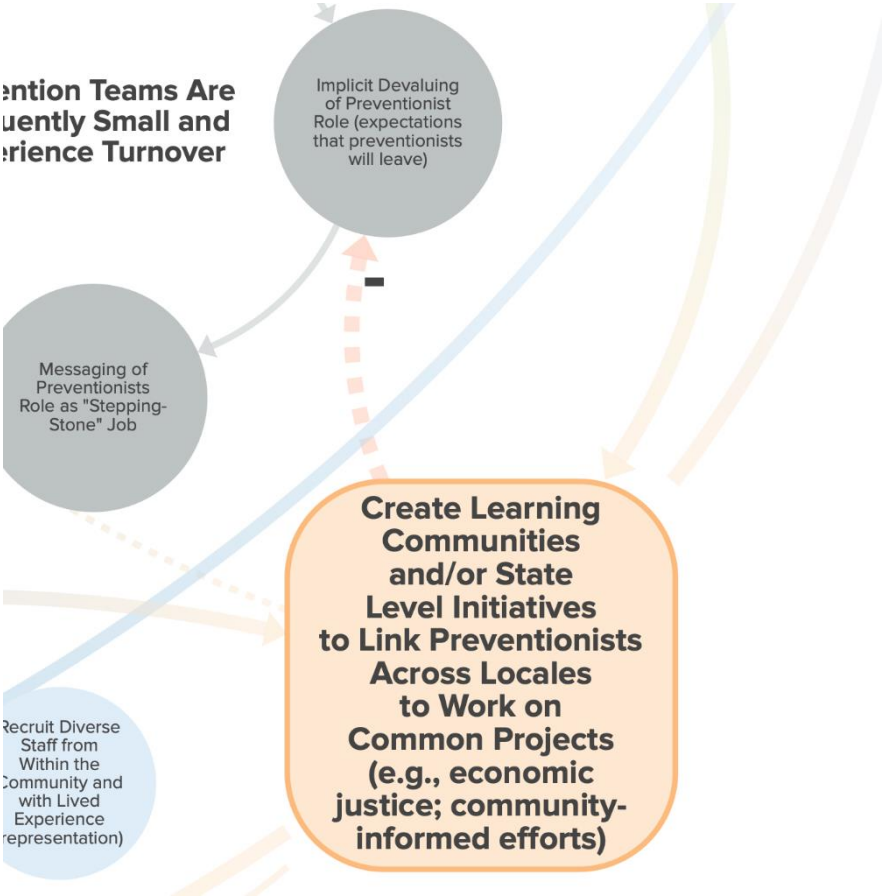
3b. Create "Top-Down" Initiatives to Guide Local Efforts (especially on structural issues like economic supports)

A “top-down” approach spearheaded by ICASA and/or identified local rape crisis centers could better support local preventionists. See Figure 8. On one hand, there is a possibility of “top-down” approaches departing from ICASA’s history and present focus on rape crisis centers being locally-driven endeavors, and of being in contraction to rape crisis centers’ emphasis on local agency. On the other hand, “top-down” messaging and mandates from ICASA could complement encouraging local preventionists to prioritize the needs of their local communities. A “top-down” approach might include creating common efforts defined and co-created with ICASA and other

partners and then executed within local communities by participating Centers and preventionists (e.g., in preventionist listening sessions, multiple preventionists called for clearer standards in prevention services, and clearer efforts to unite disparate efforts across sites). This might be a particularly important approach when the changes being pursued require systemic change and complicated change processes that are likely to outpace the capacity of any single, local preventionist(s). For example, following the CDC focus areas of increasing economic supports, creating protective environments, and challenging social norms, ICASA could offer clear navigation regarding what local centers "should" do and, quite tangibly, how they should pursue this work. In similar ways to how ICASA may communicate requirements for survivor-led counseling, ICASA may communicate requirements for prevention implementation.

The coalition already engages in "top-down" guidance on best practices, offers input on prevention plans and provides ongoing monitoring to pursue consistent quality across centers. ICASA could extend these efforts by focusing on one or two priorities areas and identifying a small number of centers (e.g., five) that will partner in implementation, each within their respective communities, but with focused and intensive support from ICASA staff. Careful documentation of success could result in innovation scaling to other sites. The key is striking the right balance between local autonomy and centralized efforts, leveraging the strengths of both locally-defined and top-down approaches.

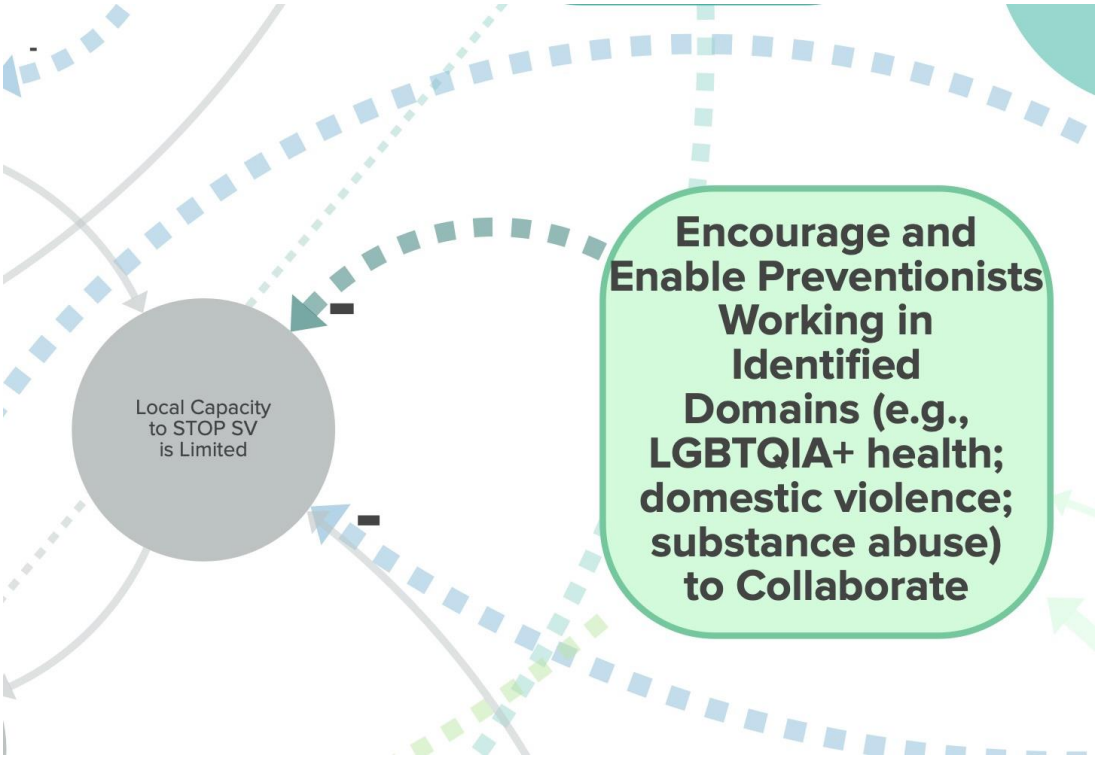
Figure 9: Create Learning Communities and/or State Level Initiatives



3c. Create Learning Communities and/or State Level Initiatives to Link Preventionists Across Locales to Work on Common Projects (e.g., economic justice; community-informed efforts)

Closely related to creating "top-down" efforts is the creation of learning communities or communities of practice. See Figure 9. Preventionists/centers engaged in certain kinds of efforts, especially those that are innovative, could be part of co-learning spaces in which technical support comes from ICASA, but also from each other. In addition to encouraging the exchange of knowledge, this may increase mutual support opportunities to overcome local barriers and to sustain complex efforts. Learning communities can include selected sites gathering under common preventionist interests (or, in a "top down" approach, gathering under ICASA directives or CDC focus areas) and completing an interactive series of virtual workshops/classes to increase knowledge of a particular effort/topic area. Participation can include developing local site logic models for approaching the topic, preparing and implementing strategic plans, and engaging in ongoing supportive discussions and sharing regarding implementation. Participation in a learning community could save time by promoting shared knowledge and offering ongoing support (i.e., communicated to local sites by ICASA). Consistent with current practices, ICASA could offer individual certificates/badges for preventionists, so that their emerging expertise might be professionally recognized.

Figure 10: Encourage and Enable Preventionists Working in Identified Domains to Collaborate



3d. Encourage and Enable Preventionists Working in Identified Domains (e.g., LGBTQIA+ health; domestic violence; substance abuse, disability advocacy) to Collaborate

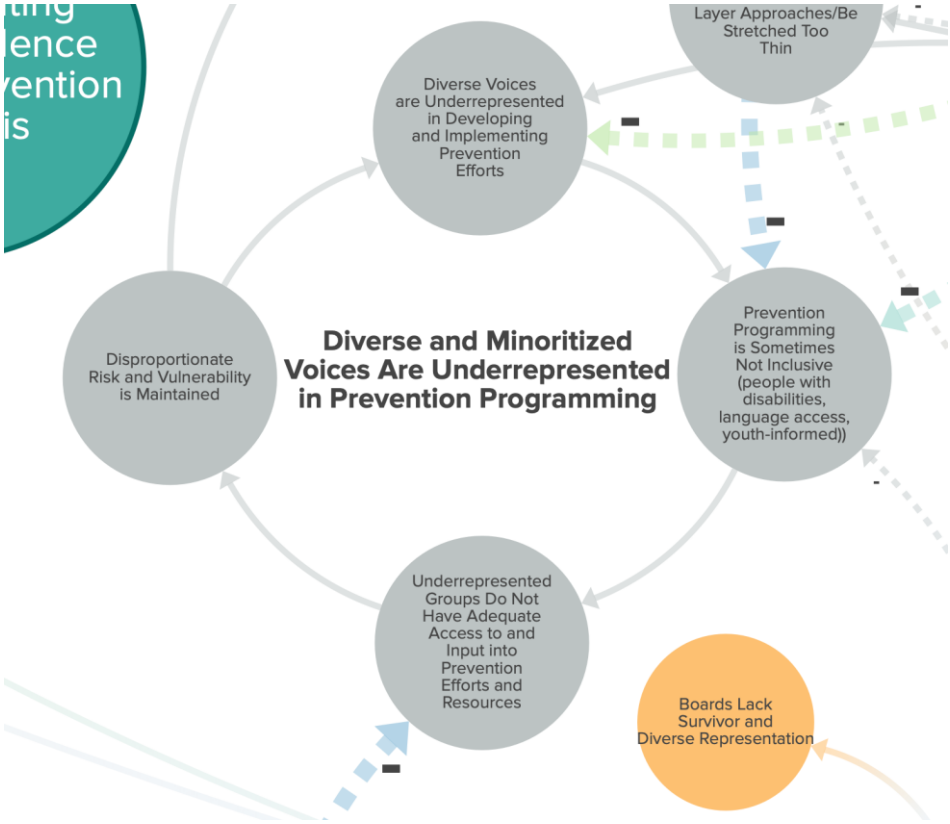
Encouraging collaboration among preventionists working in identified domains (e.g., LGBTQIA+ health, domestic violence, and substance abuse) reflects their interrelated nature. See Figure 10. For example, LGBTQIA+ youth face disproportionate risk for violence; alcohol is frequently employed to facilitate assault; and prevention education regarding domestic violence often covers similar topics to sexual violence prevention. By encouraging and enabling practitioners from these varied areas to work together, a comprehensive and holistic strategy can be developed that addresses the complex nature of sexual violence and related challenges. Collaborative efforts can lead to sharing of best practices, pooling of resources, and development of cross-disciplinary interventions, thereby enhancing the capacity for innovative and tailored prevention strategies. This integration can fill gaps in services, align efforts across different social issues, and ultimately create a stronger, more unified front against the primary causes and consequences of sexual assault.

ICASA might facilitate such connections by identifying shared initiatives (i.e., explicitly communicating to preventionists that a prevention strategy within a CDC focus area is specifically being targeted at this time; e.g., ICASA could engage in collective action to engage in economic justice efforts), offering incentives or requirements via funding (e.g., specifically funding engagement in a Learning Community for a given prevention strategy), collaborating with other funding entities to pool resources (e.g., working with the Illinois Criminal Justice Information Authority to create funding opportunities for sexual violence and substance use preventionists to partner), and/or providing advocacy to funders at the state and federal level to allow initiatives to permeate typical funding boundaries (e.g., creating grants to encourage partnerships between local sexual violence preventionists and credit unions to launch microfinance programs to support survivors or those at disproportionate risk for sexual assault).

4. Diverse and Minoritized Voices Are Underrepresented in Prevention Programming

The reinforcing loop begins with diverse voices being underrepresented in the development and implementation of sexual violence prevention efforts. See Figure 11. This leads to prevention programming that is sometimes not inclusive, failing to adequately reach and serve marginalized groups such as people with disabilities, people who speak languages beyond English, and youth. As a result, vulnerable populations do not have sufficient access to prevention education and resources; this includes minoritized communities who may be engaged in prevention programming, but who experience harm in prevention programming as a result of that programming not being designed or implemented with them in mind.

Figure 11: Diverse and Minoritized Voices Are Underrepresented in Prevention Programming



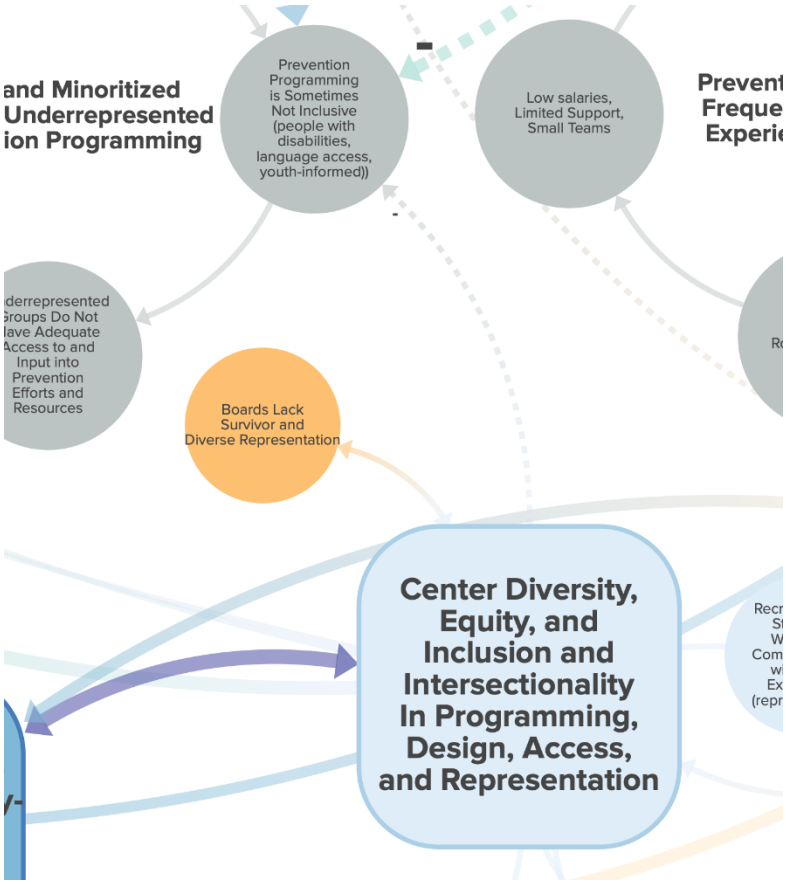
This then perpetuates the disproportionate risk and vulnerability experienced by these groups, further entrenching the lack of representation in prevention work (and leaving increased risk for these populations unchanged). Breaking this cycle requires actively centering the leadership and perspectives of those most impacted by sexual violence when designing and delivering prevention programs.

Interrupting this Reinforcing Loop Might Include Efforts To…

4a. Center Diversity, Equity, and Inclusion and Intersectionality in Programming, Design, Access, and Representation

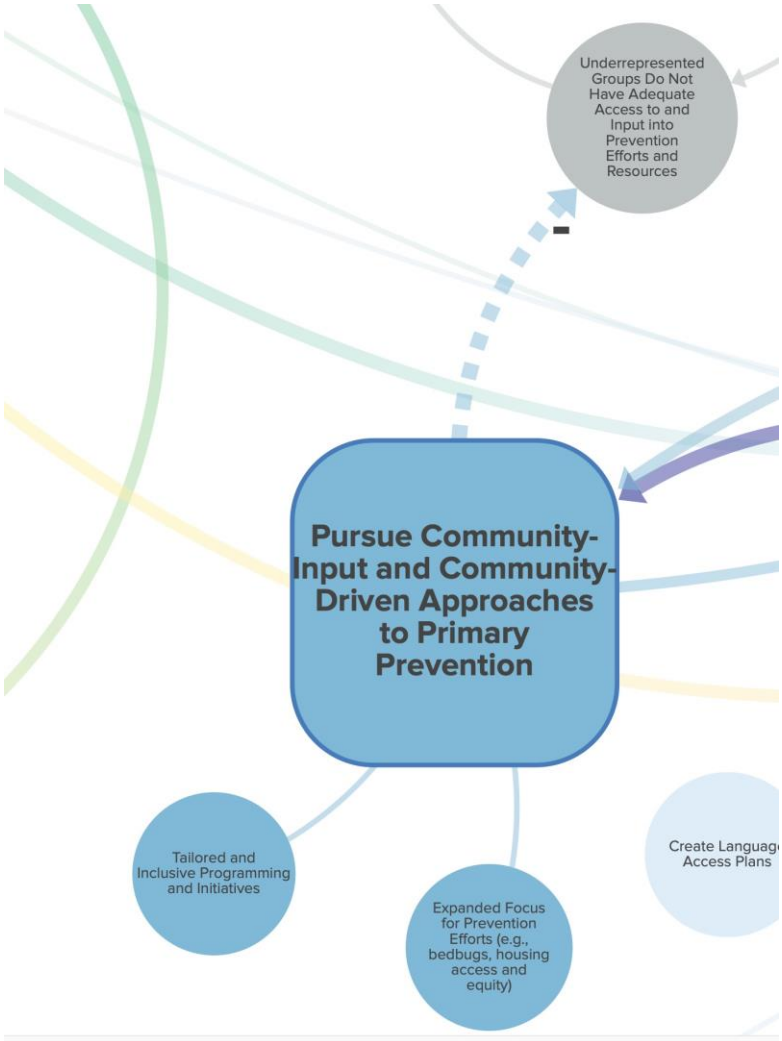
One way to interrupt this loop is to increase representation in the development of prevention programming. See Figure 12. There are seemingly endless dimensions of diversity to which preventionists could attend. For example, some participants note the heterosexists bias in materials; other participants noted that people living with disabilities are sometimes excluded entirely from prevention education (e.g., because setting leaders deem the content too sensitive or irrelevant). Individuals who are part of diverse groups will bring expertise that ensures greater tailoring of programming and the elimination of (at least some) bias that may be lurking in prevention approaches.

Figure 12: Center Diversity, Equity, and Inclusion and Intersectionality in Programming, Design, Access, and Representation



While this is not always true, some local preventionists may have relatively limited access to experts and people with diverse lived experience. ICASA can play a role in modeling best practices and sharing effective and innovative approaches to prevention with diverse groups. This might also be facilitated via learning communities (3c).

Figure 13: Pursue Community-Input and Community-Driven Approaches to Primary Prevention



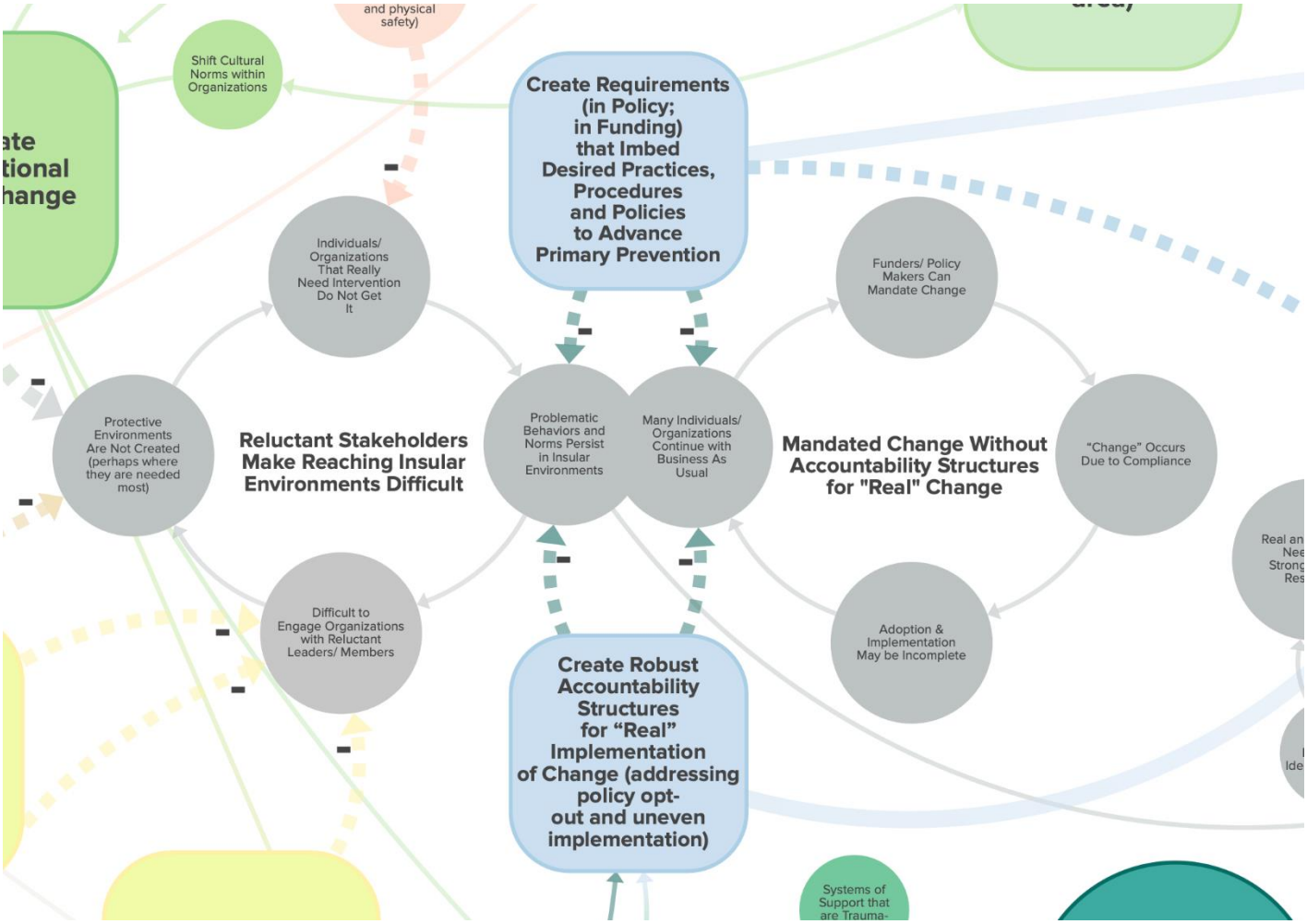
4b. Pursue Community-Input and Community-Driven Approaches to Primary Prevention

Closely related to increasing representation from diverse groups is the desire to center community input and to pursue community-drive approaches that reflect the priorities of communities. See Figure 13. This prevention approach is inherently challenging because it allows communities to pursue a full range of activities. This may feel distant from sexual violence prevention for some practitioners and funders. For example, one participant had engaged in an effort in which issues of safe and healthy housing were salient. From a broad health equity lens, prevention efforts focusing on housing may be quite appropriate, but this may require “out of the box” thinking. Again, embracing new paradigms, or ways of thinking about prevention, (see 3a); pursuing “top-down” initiatives on shared issues (e.g., revising a curriculum to examine for ableist language; 3b); learning communities (3c); and collaboration across prevention domains (3d) are also highly relevant interrupters in this domain.

5. Mandated Change Without Accountability Structures for "Real" Change

This reinforcing loop begins with funders or policymakers mandating certain changes, which is often desirable, but can lead to “compliance-deep” changes from organizations and individuals, as they implement the required changes. See Figure 14. However, the adoption and implementation of these changes may often be incomplete or superficial. As a result, many continue with “business as usual,” maintaining the status quo with superficial changes that comply, but do not create deeper structural change. This perpetuates the need for further mandates and compliance-driven changes from funders and policymakers (i.e., in an effort to continue to pursue the elusive, desired change), continuing the cycle. Breaking this loop requires a deeper, more holistic transformation where changes are internalized and sustained through genuine buy-in and accountability structures, rather than external compulsion.

Figure 14: Loops and Interrupters: Mandated Change, Reluctant Stakeholders



Interrupting this Reinforcing Loop Might Include Efforts To…

5a. Create Requirements (in Policy; in Funding) that Imbed Desired Practices, Procedures and Policies to Advance Primary Prevention

and

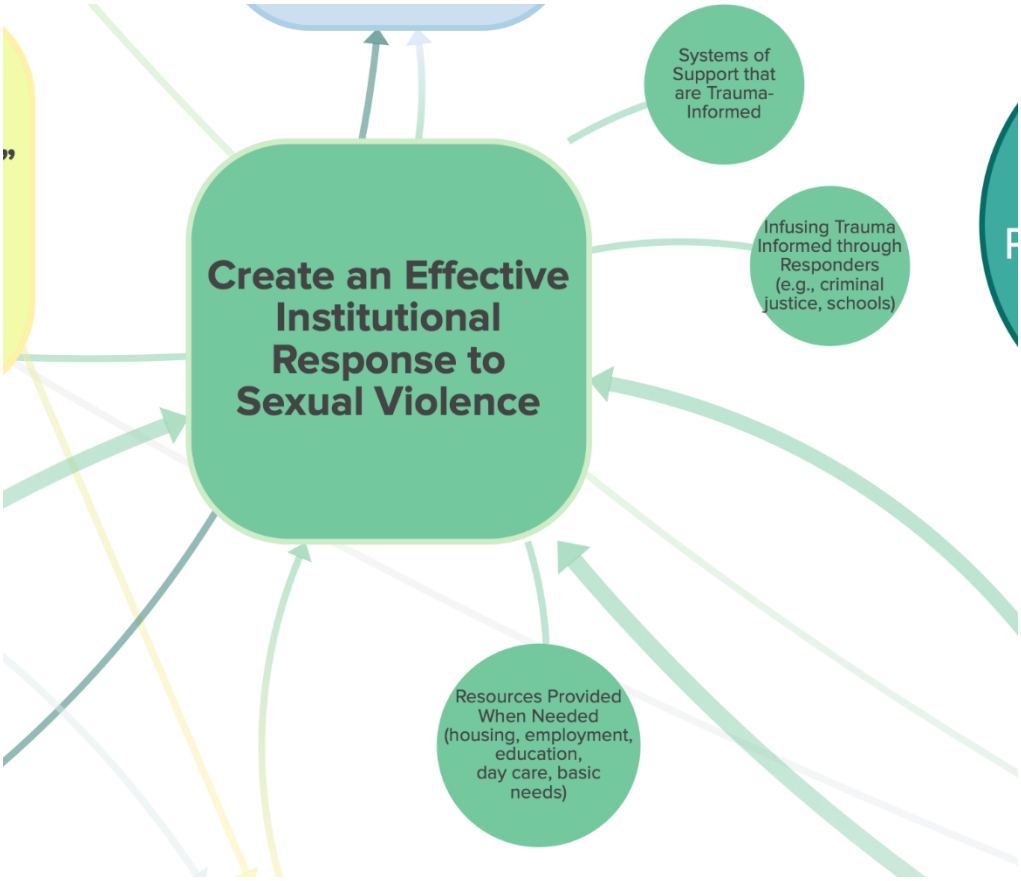
5b. Create Robust Accountability Structures for "Real" Implementation of Change

These possible priorities operate in tandem. Participants noted both the power of external mandates to create change (e.g., via funding requirements and policies), but also noted a tension in this reinforcing loop. See Figure 14. Specifically, they observed that this compliance approach may result in superficial change. It is clear that creating external mandates is an example of external motivation, driven in some ways more by potential punishment (e.g., loss of funds) or rewards (e.g., acknowledgement, professional gain) than by increased intrinsic motivation (i.e., local sites/individuals "independently" feeling excited to pursue this effort). Yet, absent real accountability structures, the changes may be superficial at best.

5c. Create an Effective Institutional Response to Sexual Violence

Creating effective institutional responses to sexual violence is closely tied to establishing robust accountability structures that drive real implementation change. See Figure 15. This recommendation does focus on response to sexual violence after it has already been perpetrated (i.e., tertiary prevention). We include this survivor-focused recommendation in light of the system of prevention implementation truly being a system: as discussed earlier, prevention implementation is shaped by the high need and sense of urgency around responding to survivors. By supporting better survivor responses at the organizational level, ICASA can help create an environment in which its renewed and focused emphasis on primary prevention can more feasibly flourish.

Figure 15: Create an Effective Institutional Response to Sexual Violence



By holding institutions and leaders accountable for addressing sexual violence, these accountability mechanisms can help ensure that policies, procedures, and interventions are not only put in place, but are consistently and effectively implemented. Some key elements of effective accountability structures in this context could include: a) independent oversight committees or ombudsperson roles (e.g., neutral advisor) to provide external scrutiny and validation regarding organizational responses to sexual violence; b) clear consequences and corrective actions for non-compliance or failure to meet established standards; and c) empowered survivor advocacy groups with decision-making authority within organizations. These may already be in place or may complement ICASA's current accountability efforts. One way that institutions communicate accountability for violence to their members is through a consistent and cogent response. ICASA might engage organizational leaders (in various sectors including business, government, education, for example) to self-assess and share best practices in their organizational responses and also compile empirical knowledge regarding the best approaches to accountability. Again, this effort by ICASA could take tertiary efforts off of local preventionists, thereby freeing them to focus on primary prevention.

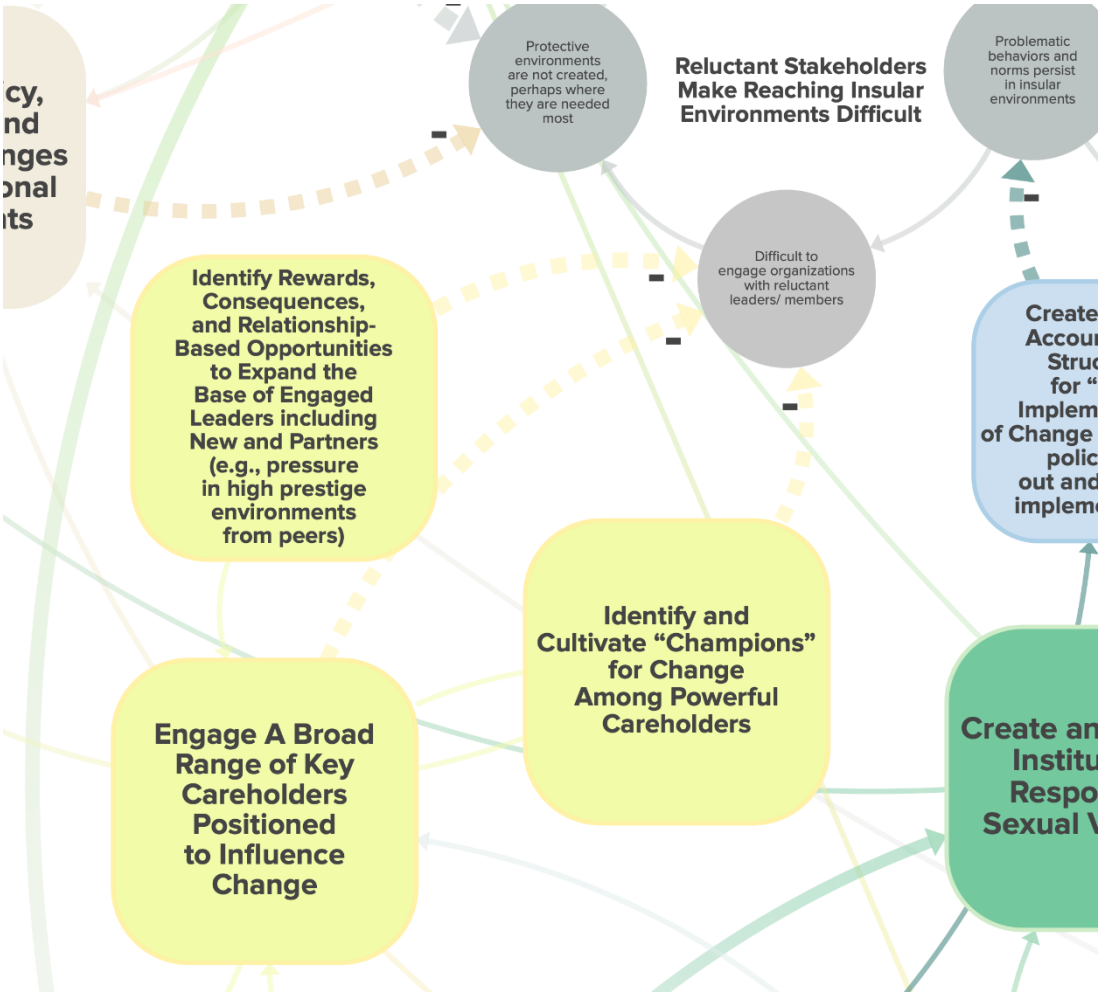
6. Reluctant Stakeholders Make Reaching Insular Environments Difficult

This reinforcing loop begins with individuals or organizations that are in greatest need of intervention not receiving it because they are impervious to outside influence (i.e., the accountability structures described in 5, above; and see Figure 14). This allows problematic behaviors and harmful norms to persist within insular environments. Over time, it becomes increasingly difficult to engage these reluctant organizations or communities, as they remain resistant to change. As a result, protective environments are not created in the very places where they may be needed most. This then perpetuates the cycle, with high-risk groups continuing to lack access to the interventions and resources that could help address the root causes of the issues they face. Notably, this reinforcing loop was drawn as connected to the "Mandated Change" reinforcing loop (5). One set of dynamics may contribute to the other, but they were both included as they highlighted different, even if related, dynamics.

Interrupting this Reinforcing Loop Might Include Efforts To…

(In addition to 5a and 5b above, which may also interrupt this loop.)

Figure 16: Possible Points of Intervention for Reluctant Stakeholders in Insular Environments



6a. Identify Rewards, Consequences, and Relationship-Based Opportunities to Expand the Base of Engaged Leaders including New Partners (e.g., pressure in high prestige environments from peers)

Organizations often operate within institutional environments. This refers to the broader contexts in which their domain of organizations operates. See Figure 16. Often, organizations are aware of what their peers are doing. This is true in education, including higher education, business settings, sports leagues, healthcare, etc. This broader environment can sometimes be mobilized to pursue pressure for change. This could be through extra-organizational entities (e.g., accreditation bodies like the Joint Commission on Accreditation for Healthcare Organizations (JCAHO) for hospitals or regional accreditation for higher education) or influential peers (i.e., organizations that have innovated with success and can provide a model for others). Examining institutional environments for rewards, consequences, and thinking about how to utilize them to entice reluctant partners is a tricky, but potentially high yield approach. Identifying these factors may be done via advisory boards (a high-engagement approach) or interviews/surveys with leaders (a relatively lower-engagement approach), perhaps with time/insight being funded or otherwise recognized with some form of professional reward for participants.

6b. Identify and Cultivate "Champions" for Change Among Powerful Careholders

Related to rewards above, identifying or making champions for change can be a powerful tool for engaging reluctant careholders. See Figure 16. Some leaders will be susceptible to the influence of similarly positioned peers more than they are to "outsiders." This was certainly true when engaging judges and law enforcement in effective responses to gender-based violence. Identifying emerging champions and solidifying their commitment (e.g., through awards that recognize effective practice) can be a way to bring attention to champions and to set them up for influence. ICASA, as a statewide entity with connections to other statewide bodies such as the public health department, may be uniquely positioned (in comparison to local rape crisis centers) to facilitate these connections and rewards.

6c. Engage a Broad Range of Careholders Positioned to Influence Change

Closely related to 6d, symposium participants identified a wide array of careholders to engage in sexual violence prevention. See Figure 16 and see the Careholders map (p. 44) for a more exhaustive list with some interconnections. Notably, participants emphasized that people be engaged at all levels of organizations and systems. ICASA already plays a pivotal role in fostering relationships at the state level that facilitate local ties.

6d. Facilitate Organizational Culture Change

Addressing organizational culture aims to change the broadly shared, but sometimes unwritten, rules in a setting (e.g., what is valued, what is acceptable, what is rewarded). See Figure 17. Facilitating organizational culture change can be an important approach to creating protective environments that prevent sexual violence and might be facilitated by a) engaged leaders who are committed and accountable for policies related to

sexual violence; b) comprehensive training for staff and management (e.g., on consent, relationships, boundaries, power differentials, bystander intervention); c) institutionalizing new policies and procedures (see 6b) which may in turn shape cultural norms; and d) regular assessments of organizational culture (e.g., perceived safety, cohesion).

Figure 17: Facilitate Organizational Culture Change

Figure 18: Address Policy, Procedure and Practice Changes in Organizational Environments

6e. Address Policy, Procedure and Practice Changes in Organizational Environments

There are many policies, procedures and practices that one might target to pursue change in organizational environments. See Figure 18. There are also many different types of organizations (elementary, middle and secondary schools, businesses, higher education, civic organizations, clubs, teams, leagues, etc.) with many different structures (hierarchy, size, complexity). Participants in the symposium came from a variety of vantage points and identified different points of policy/procedure/practice interventions including, for example:

- **Self-advocacy in educational environments** is crucial for empowering individuals to voice their needs and rights. By creating opportunities for self-advocacy, organizations can ensure that policies and practices are responsive to the diverse experiences and requirements of those they serve.
- **Work IEPs (Individualized Education Plans)** that offer flexibility and are responsive to individual needs help accommodate a range of abilities and support personalized paths to success. This approach recognizes that one-size-fits-all policies often fall short, and that customized plans are necessary.
- **Robust whistleblower protection policies and practices** are essential for fostering a culture of accountability. When employees feel safe to report misconduct or issues, it empowers them to be active participants in improving organizational functioning.

Importantly, there is a long tradition in gender-based violence response of “changing the text” to change the behavior (see the work of Ellen Pence on Coordinated Community Response). This approach is consistent with organizational change theory that emphasizes that changes in attitude do not suffice to produce behavior change (see the work of Katherine Klein, for example). Targeting the triple P’s (policy, procedure and practice) even in the absence of attitudes aligned with change may govern behavior to an extent. Relatedly, changing attitudes or increasing knowledge without creating accompanying changes in the climate to support new ways of behaving in organizations may also fall short of achieving desired change.

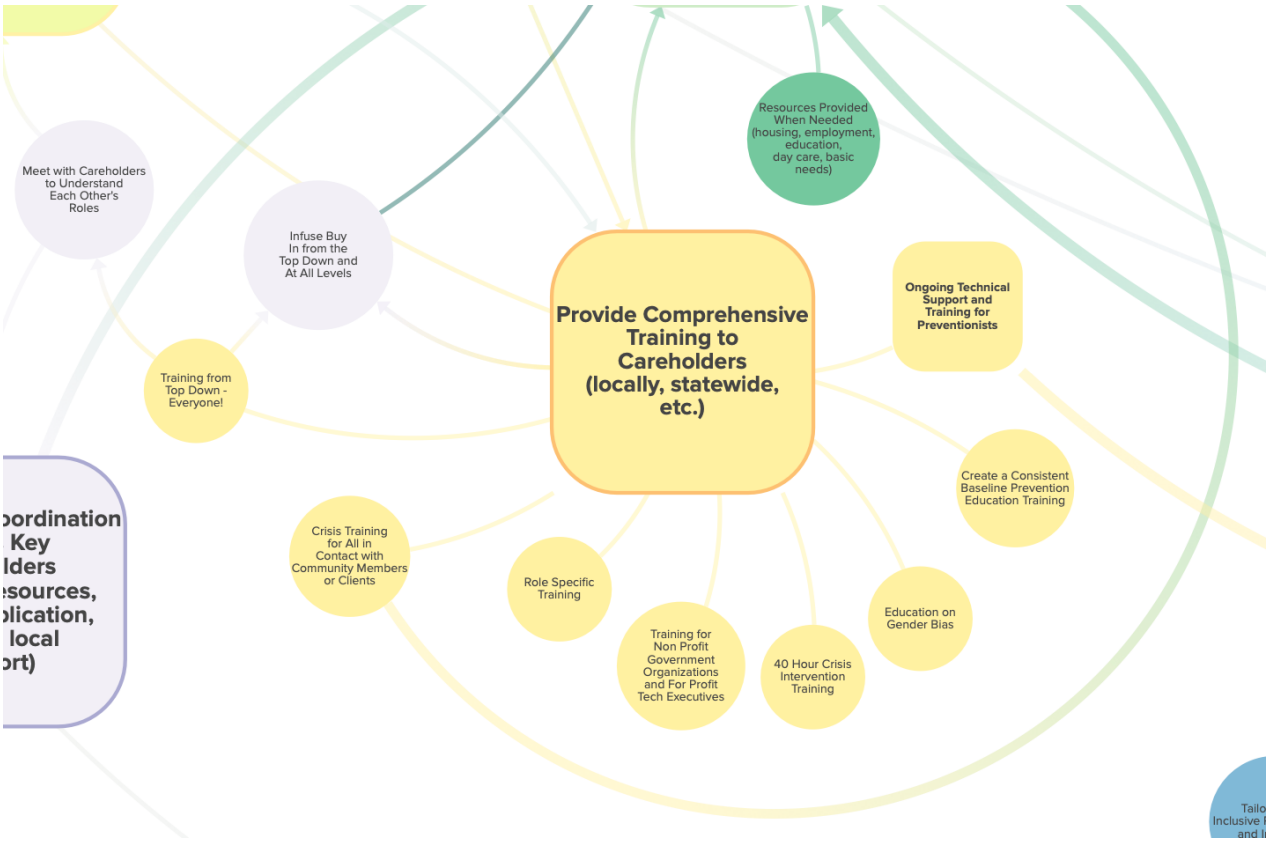
Additional Priorities/Points of Intervention

There were some actions that were omnipresent (i.e., tied to many different actions) in the model and not necessarily tied to one point of intervention, but to many points of intervention. These included:

Provide Comprehensive Training to Careholders (locally, statewide, etc.) and Ongoing Technical Support

To preventionists, but also to careholders more broadly. See Figure 19. This could also include cross-training for preventionists working in adjacent fields. Training topics may include developing content awareness and expertise, such as with the CDC's focus areas, as well as more general "soft skills," such as how to maintain partnerships (e.g., for structural change more broadly).

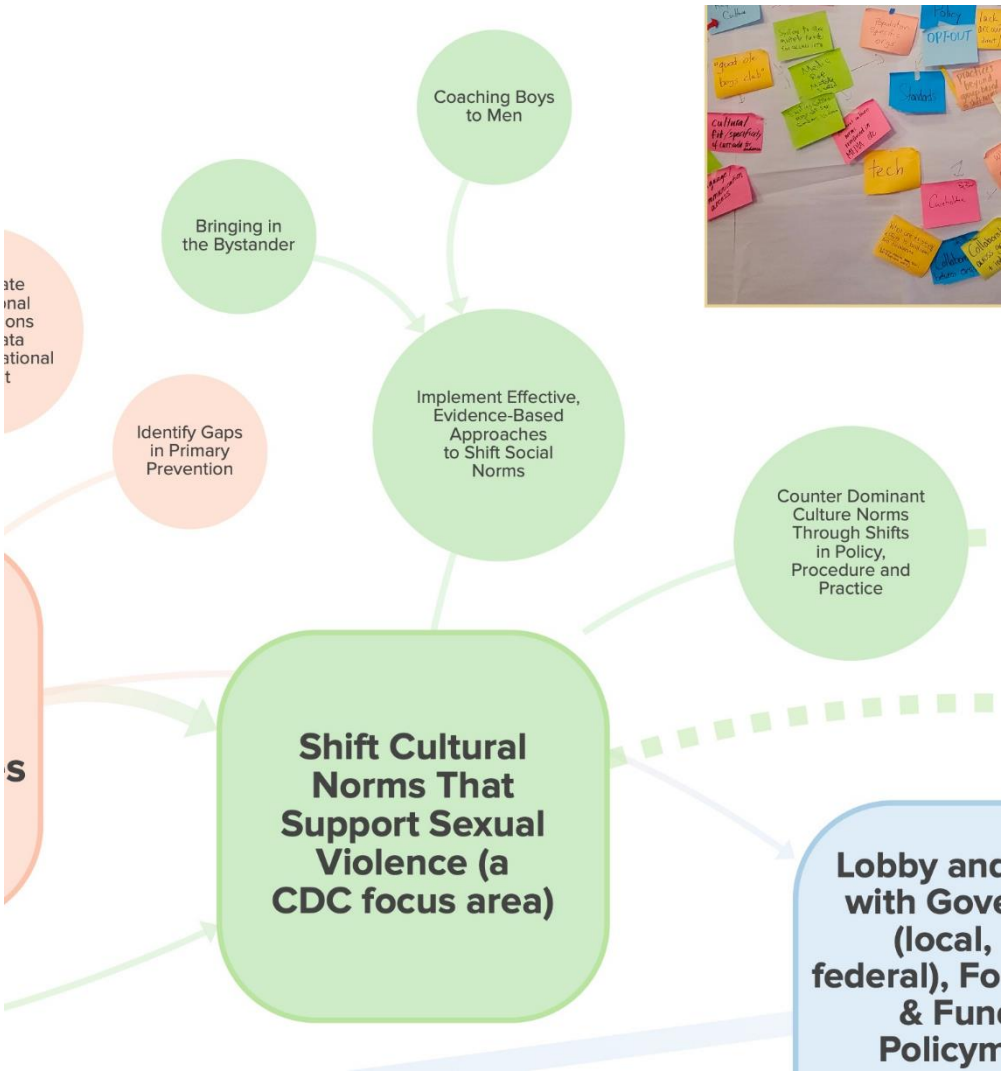
Figure 19: Provide Comprehensive Training to Careholders (locally, statewide, etc.) and Ongoing Technical Support



Shifting Cultural Norms That Support Sexual Violence

This was also identified as essential and is consistent with CDC priorities. Participants identified the importance of implementing evidence-based approaches to shifting norms (e.g., bystander intervention) and also the need to counter dominant cultural norms, including through shifts in policy, procedure and practice (see 6b. Previous and see Figure 20). Specific guidance regarding how to target norms and how to do this in a variety of organizational and broader community settings might help to support local prevention efforts. This priority was most strongly identified by the modeling group that had been assigned to specifically think about this CDC focus area; but, unsurprisingly, social norms and the importance of targeting them emerged in all modeling groups.

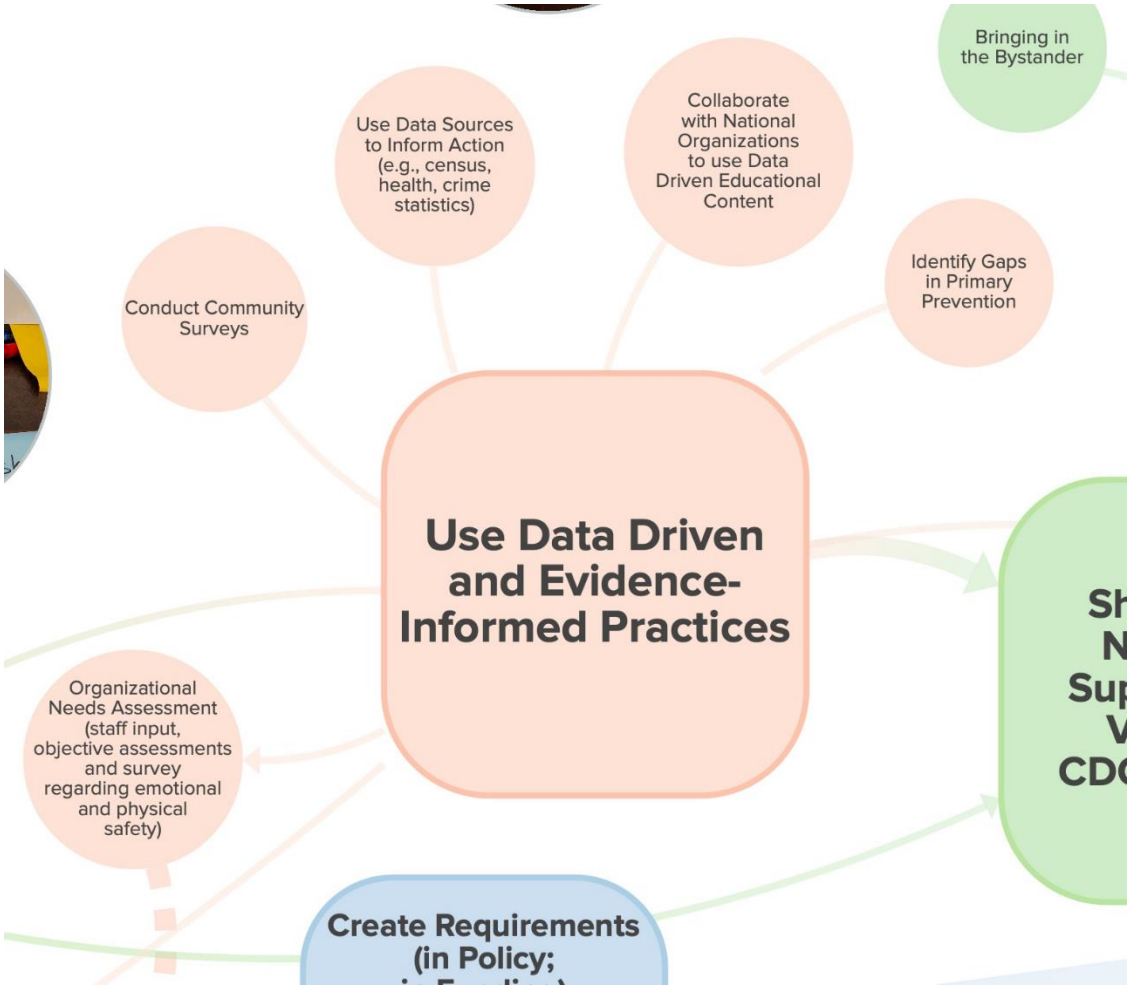
Figure 20: Shifting Cultural Norms That Support Sexual Violence



Using Data-Driven Approaches

The importance of data-driven approaches (e.g., needs assessments, evaluation within implementation) also arose as a critical priority and was viewed as instrumental in identifying organizational needs and gaps; understanding community needs; surveying the state of primary prevention; and, in general, using data sources to inform action. See Figure 21. Importantly, participants explored how data can be used to generate collective power and challenge existing structures (e.g., to make a "hidden" issue visible). Key to this process is that data is collected and used in a way that ensures that ownership and power remain with the individuals and communities who generated the data.

Figure 21: Using Data-Driven Approaches



Encourage Coordination Across Key Careholders (To Share Resources, Reduce Duplication, Provide Local Support)

This emphasis on partnership also emerged as a perennial need. This was noted specifically (see 3d) regarding preventionists working across different domains (e.g., domestic violence, substance use), but also applies to other key responders in the institutional response to sexual violence and across potential partners. See Figure 22. The key to effective coordinated responses is becoming specific about when and where coordination can and should occur. There are almost always calls for greater coordination; the growing edge here is becoming specific about when and where coordination will occur (e.g., across preventionists in different locales; among agencies within a given community; among similarly situated partners across communities – e.g., bar owners, chiefs of police, dentists; between agencies with connected service delivery mandates).

Figure 22: Encourage Coordination Across Key Careholders

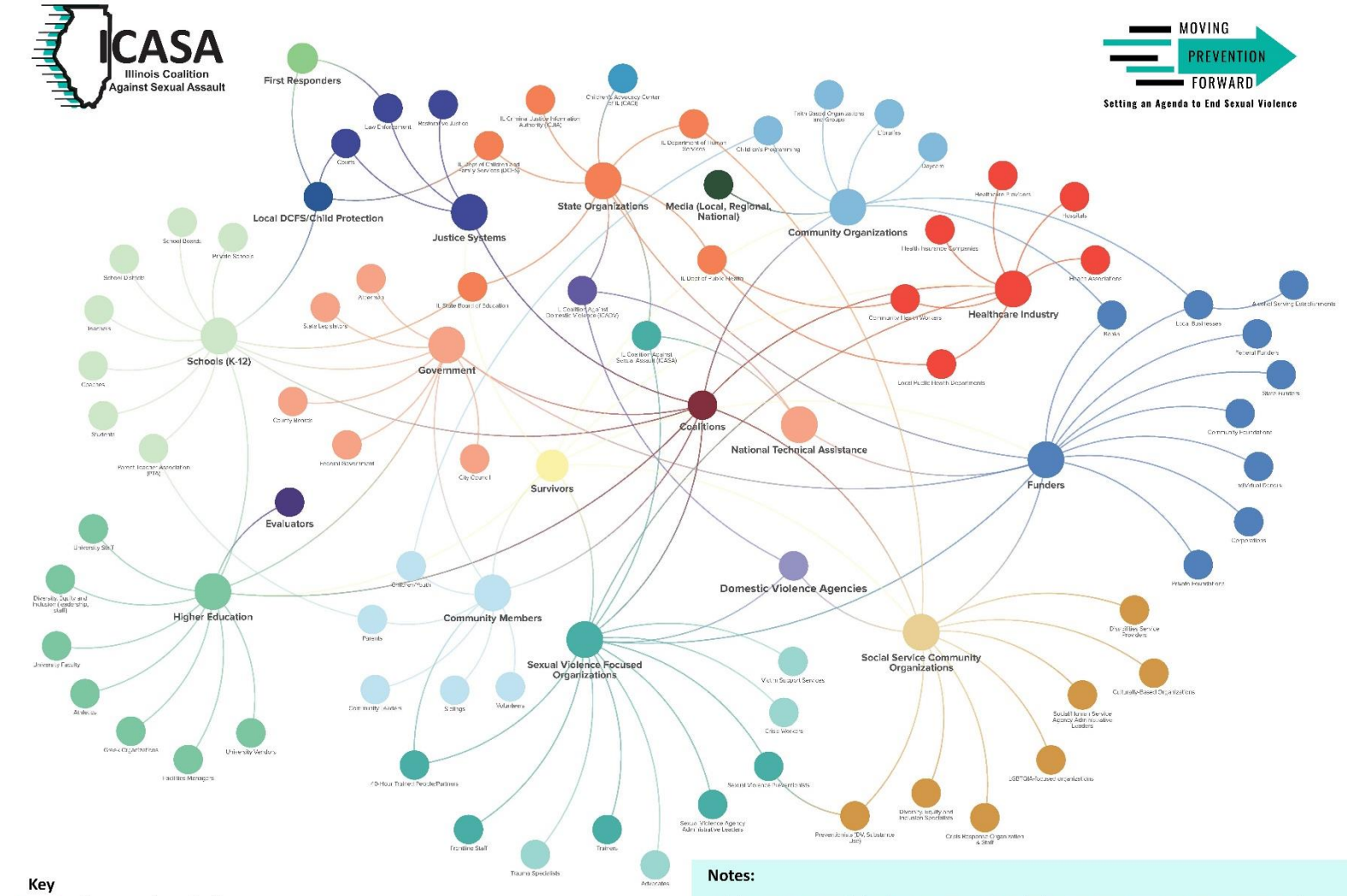
Careholders Map

In order to further understand the landscape of primary prevention of sexual violence in Illinois, and to create a living tool for ICASA to use when communicating the multi-faceted, inter-related nature of sexual violence prevention implementation, we created a careholders map (Click **here** for a downloadable Careholders Map). This careholders map visually captures a variety of key players when it comes to identifying, creating, adapting, and/or implementing sexual violence primary prevention efforts. This map was created using perspectives gleaned from pre-symposium interview recordings and memos, nominations during the MPF symposium, MPF symposium feedback on a draft careholders map (which was created after nominations were received on the first day), and additional feedback from feedback session participants (feedback sessions were conducted approximately one month after the symposium). Example state organizations are specifically named given that this map is specific to the state of Illinois; regional and local organizations are not named because they vary across different locales in the state.

Survivors are represented on the map as connected to community and to advocacy organizations. Yet, we recognize survivors are everywhere: in communities and institutions; in homes and major governing bodies. We recognize the survivors' experiences are influenced by all sectors represented in this model and that survivors can bring helpful insight into trauma response and prevention across settings. The importance of engaging survivors was mentioned by participants throughout MPF.

See Figure 23 for the Careholders' Map.

Figure 23: A Careholders Map of Sexual Violence Primary Prevention Implementation in Illinois



Map Reflection

This systems-level analysis of sexual violence prevention in Illinois highlights the complexity of the challenges faced by practitioners – preventionists in particular – and the need for multi-faceted, coordinated strategies to drive meaningful change. See Figure 1 for the complete systems dynamic model and click **here** for a version you can download (this will allow zooming in and out to examine the model components). The reinforcing loops identified in this report illustrate how various factors – from funding and capacity constraints to cultural norms and institutional inertia – interact to maintain the status quo and create chronic challenges for preventionists.

These loops and their interrupters illustrate the interconnected nature of various elements within the prevention ecosystem, where challenges in one area can exacerbate challenges in other areas and where improvements in one area can lead to enhancements in others, ideally creating a cycle of continuous improvement. By outlining potential points of intervention, the report provides a starting point for ICASA based on the collective priorities of partners.

Importantly, taking a systems dynamic approach emphasizes that these priorities are not standalone solutions, but rather interconnected levers for change that are, ideally, pursued in a holistic manner.

As a living document, this report is intended to spur ongoing dialogue, refinement, and innovation. The systems model presented here is not meant to be prescriptive, but rather to catalyze deeper exploration of the prevention ecosystem and to identify the most impactful opportunities for intervention. By embracing this systems perspective, ICASA and its partners can work towards a future where the prevention of sexual violence is not just an aspiration, but a reality.

Part 2: Preventionist Listening Sessions and Symposium Participation: Introduction to Participant Data and Summaries

Part 2 of this report begins with reporting from preventionist listening sessions. Listening sessions were held virtually (Zoom) on February 2 and February 9, 2024. Following a group introduction to the listening session purpose and format, preventionists broke into groups of approximately 4-8; each breakout room was facilitated by a consultant, Pryer, or McWhirter. More than 40 preventionists participated in listening sessions. See Supplemental Materials for the listening sessions' agenda.

Next, Part 2 shares descriptions of activities completed at the Moving Prevention Forward symposium and findings from those activities. Findings from these activities supported the creation of the systems map; they also provide additional detail regarding possible ICASA priorities and share highlights regarding the symposium's complementary goals of (a) informing ICASA's primary prevention work, and (b) connecting, educating, and supporting attendees' thinking regarding primary prevention of sexual violence. Highlights from this section of the report were shared in virtual (Zoom) feedback sessions, which occurred approximately one month after the symposium. Two 60-minute feedback sessions were held; approximately 15 attendees participated. Where relevant, this report includes highlights from these feedback sessions.

Preventionist Listening Sessions: Prevention Gaps and Aspirations

At listening sessions, preventionists in virtual (Zoom) breakout rooms responded via anonymous whiteboard posting (Google's Jamboard) and larger group conversation questions crafted by the consultants, Pryer, and McWhirter. During breakout discussions, when an idea not represented on the whiteboard was mentioned, facilitators did their best to add that idea to the whiteboard themselves. The listening sessions ended with all breakout rooms joining together for a full group thank you and some highlights of what facilitators were hearing in rooms.

The questions addressed in breakout rooms were: In your experience, what challenges or gaps exist in the current prevention strategies within your scope, and how do you suggest addressing them? What would you like to see prioritized regarding the primary prevention of sexual assault in Illinois? Considering the broader goal of ending sexual violence, what collaborative initiatives or strategies do you believe would have a substantial impact? How can ICASA effectively support and enhance existing prevention efforts in various centers and communities across Illinois? What is one thing you learned/experienced today that you want to share with someone at your center/agency? What is one thing you learned/experienced today that you want to make sure ICASA takes with them?

Data analysis included summarizing whiteboard responses across all breakout rooms into the following themes/answers to the leading questions. Questions were taken up one by one, looking across breakout rooms. Entries on whiteboards were used for

whichever major question was most pertinent (e.g., barriers were reported across various questions' whiteboards, but all summarized under the same barriers/gaps question below). The final two questions (takeaways for preventionists, and for ICASA) were used as "catch all" end questions; responses on these whiteboards were summarized/categorized with the reporting of the first four questions, below. Summaries were reviewed with all breakout room facilitators to check for agreement and see if any major themes/ideas were missed.

In your experience, what challenges or gaps exist in the current prevention strategies within your scope, and how do you suggest addressing them?

Challenge or gap theme/ summary	Paraphrased preventionist concerns	Preventionist-suggested solutions
Need for partnerships with new settings	• Reaching faith-based organizations (e.g., presenting about services and resources) • Preschool outreach • Community sport programs • Alcohol-serving establishments	• Relationship building • Improve community outreach so that community members and potential partners understand prevention services (e.g., marketing strategies, billboards) • Frequent contact with schools and other partners; persistence in contact attempts and sharing information about services • Preventionist introductions and rapport-building (e.g., "get to know me letter," personalized communication with staff) • Use policy to begin connections, followed by rapport-building • Helping staff and audiences connect with prevention content (e.g., Erin of Erin's Law) • Increase accountability for settings (e.g., schools) • Create educational materials for parents, to give them a better understanding of what prevention is • Improve partner/community understanding of what violence prevention is • Consistently update prevention material so that youth remain engaged
Community resistance/reluctant partners	• Lack of parent engagement, parents opting out of youth's participation in prevention activities • Potential partners "skirting around" prevention/education mandates • Businesses, professional groups favoring online sexual harassment training • Preventionists report different experiences regarding if it is easier to enter schools with younger or older grades • Some leaders believing that consent, sexual violence are not appropriate topics to discuss with youth • Time constraints when entering a setting • Lack of follow-up or setting-level change after initial contact or initial prevention education • Difficulties entering, getting buy-in from rural schools • Competitiveness among other local nonprofits for funding • Territoriality among local rape crisis centers	
Stigma of sexual violence, misinformation about sexual	• Confusion between SB818, sexual health education and prevention programming • Community member fear of preventionists discussing sex with youth • Misinformation regarding Erin's Law content in communities	

violence prevention	• Not sure about what language should be used when	
Making prevention socioculturally[4] relevant and inclusive	• Addressing intimacy across the lifespan/at different ages • Interesting, engaging youth • Engaging men • Using sensitive/appropriate terminology and methods • Age appropriate delivery of difficult content • LGBTQIA+ inclusive education • Interactive curriculum • Prevention education in special education • Verbal emphasis on diversity/inclusion/cultural awareness rather than practice	• Make Erin's Law implementation "more developmentally appropriate" • Support staff who feel "you are on your own regarding how to do cultural adaptation" • Bi- and multilingual resources (e.g., short prevention videos for multiple age ranges) • Engage young people as resources for improving, creating prevention work • Emphasize peer-to-peer learning, like community health workers – for youth, and populations speaking languages beyond English
Curriculum and prevention intervention development	• More online trainings needed • Trainings about online relationships • Difficulties keeping up with technology, digital safety • More specialized prevention trainings needed, e.g., "primarily in summer when we aren't in schools" • More training materials for specific populations (e.g., nonverbal participants; working with interpreters) • Some expectation to continue to do the same intervention from decades ago • Difficulties planning ahead in prevention given staff turnover and frequent funding changes • Lack of lesson materials and lesson planning	
Limited staff, staff support, and funding	• Small number of preventionists in large catchment areas • Competition with other providers/local service agencies for funding • Staff shortage	• Increase funding for staff to reduce turnover • Increase staff access to free online trainings

[4] 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" (Nation et al., 2003).

	• Staff turnover • Sexual Assault Awareness Month is overloaded with demands • Limited funding use; e.g., condoms not considered part of prevention • Lack of male staff • Some partner expectations are unreasonable given the staff and funding that centers have • Staff education: unclear what can be done, how close intervention needs to be to sexual violence	• Peer-led work; engage more people as prevention implementers • Livable wages for staff; cost of living wage increase • When a larger prevention project is proposed at a center, try to pull in other center employees by reframing/reconstructing everything as prevention (e.g., tertiary prevention) • Limit the amount of reporting, redundant reporting staff have to complete
Survivor support	• More advocates and SANEs needed • Information on Title IX and support for local colleges/universities working in trauma response	• Increase advocate training • Increase SANE training

What would you like to see prioritized regarding the primary prevention of sexual assault in Illinois?

Summary	Paraphrased preventionist contribution to listening sessions
Improve prevention content by addressing health equity, multiple forms of abuse, and audience engagement	• Comprehensive sexual health education, sexual pleasure and lack of shame (e.g., when discussing sexting) • Address social norms, rape culture • Getting to have "real conversations about rape culture" (e.g., in high schools) • Addressing stigma (e.g., in rural communities) • Campaigns to identify sexual harassment (e.g., with youth, in rural communities) • Conflict resolution curriculum • Human trafficking curriculum and resources • Noticing problematic behaviors sooner (e.g., early indicators of abuse) • Media, technology curriculum (e.g., sexting, sharing sexual images, cyber bullying) • Student-led groups and projects (e.g., with high school students) • Anti-oppression work • Increase use of evidence-based interventions
Implement prevention in settings beyond classrooms	• Educate community members, not just students • Focus on a wider net of prevention, beyond schools • Offer more prevention outside of school settings (e.g., small sessions outside of schools, community-wide projects) • Emphasize outer layer prevention • Improve social justice work "on things like homelessness and employment" • Help more people/roles see themselves as part of the solution to violence *While one breakout room in particular emphasized implementing prevention outside of classrooms, other preventionists emphasized the importance of classroom prevention; for example, one preventionist wrote, "Challenge de-prioritization of classroom-based programming without additional funding for what is already an unfunded mandate"*
Educate and engage people across ages and roles	• Education from a young age: boundaries, consent

	• Engaging parents and caregivers in addition to youth, for example when engaging schools and daycares (e.g., parent nights, parent outreach); helping parents feel more comfortable and involved in prevention • Improve teacher education
Facilitate existing partner engagement and creation of new partnerships	• More time in schools, classrooms; ongoing education/discussion opportunities with students • Require schools to discuss grooming • Ensure that districts/schools allow preventionists access to students • Reaching rural populations (e.g., where challenging rape culture may be a slower process; where partnerships may be especially challenging) • Accurate information/messaging to communities about what prevention is (e.g., direction regarding how to communicate with parents) • Promote prevention work • Integrate prevention into settings' existing work/curriculum • Get more people involved in prevention for a greater impact
Prioritize funding and legislative action	• Making prevention funding a priority • Making prevention legislation a priority • Increase funding and state board involvement to improve implementation of mandated prevention/education • Working to eliminate prevention programming implementation barriers at policy level • When new prevention mandates are made, also increase funding for those mandates • Consult with sexual violence prevention experts at the coalition and state level
Increase staff support by strengthening preventionist teams with more people and increasing education	• More preventionists needed • Backup needed when prevention programming is being delivered (e.g., in classrooms) • Improve staff understanding of what primary prevention is • Provide more education to preventionists to identify and understand the public health approach, primary prevention, and outer layer prevention
Bolster partner education, practice change in survivor response settings	• Improve hospital responses to survivors, including how law enforcement and professionals respond • Increase judge knowledge/awareness in family court and custody hearings • Improve how schools, leaders, parents respond to youth disclosures (e.g., via staff training)

Considering the broader goal of ending sexual violence, what collaborative initiatives or strategies do you believe would have a substantial impact?

One breakout room in particular emphasized a desire to see **local rape crises centers be united with common goals, while still allowing for flexibility across settings**. Participants called for:

- Curriculum standards
- Defined set of values
- Shared messaging regarding acceptable and unacceptable behaviors
- Center flexibility, curriculum changes for different settings
- Decreased territoriality for regions/geographic areas by increasing funding for prevention
- Increased understanding from other rape crisis center roles (e.g., advocates, counselors, supervisors) about the role of prevention and what preventionists do
- Shared training across centers/locations
- Clear direction on what money at centers can/should be used for prevention

In answer to this question, preventionists across breakout rooms **nominated partner types** that they would like to see (and receive more support on) **forming or strengthening prevention partnerships with**. Preventionists nominated fellow rape crisis centers; settings where prevention (both education and outer layer, or context-based intervention) could be implemented; influential roles (both volunteer and professional roles); and groups/partners with community/audience expertise. See nominations in Table 1, below.

Table 1. Preventionist ideas for needed partnerships

Summary	Nominated partners
Fellow rape crisis centers	• Fellow rape crisis centers near and far from their service area
Settings	• Incarceration facilities for youth and adults • Alcohol-serving establishments • Faith-based organizations • Services for kids who “need it the most (juvenile centers, social service agencies) • Libraries • Substance use systems of care • After school clubs/activities • Hospitals • Housing locations • Nursing homes • Mental health settings
Influential roles: volunteers and professionals	• Coaches and sports teams (e.g., Coaching Boys into Men) • Law enforcement, police departments • Government representatives

	• Title IX coordinators for K-12 (e.g., at state-wide coordinator conferences) • Rideshare drivers, taxis • People working with unhoused people • School leaders • Chambers of commerce, employers • Parents/caregivers
Groups with community/audience expertise	• Community group focused on violence prevention • Health departments • Government agencies • Caregivers • Groups that work with marginalized populations • Men's organizations

When describing collaborative initiatives or strategies that they believed could have substantial impact, preventionists captured a variety of ways to partner or purposes of partnering, including: bolster existing prevention efforts, engage more people in delivering/implementing prevention, targeting change in the partnering organization/setting, and pursuing broader change together. See collaborative initiatives for each of these themes/summaries in Table 2, below.

Table 2. Preventionist ideas for collaboration with partners

Ways to partner/purpose of partnering theme/summary	Collaborative initiatives within the theme/summary
Bolster existing prevention efforts	• Include outside speakers in prevention programs (e.g., Assistant State's Attorneys to discuss sexting) • Implement prevention more assertively in settings when you have collaboration • In-person trainings rather than mandatory videos • Increase reach of prevention programming
Engage more people in delivering/implementing prevention	• Train-the-trainer; when using train-the-trainer models, ensure that those who deliver trainings are qualified • Increase accountability for implementation in the partnering setting (e.g., schools) • Community panel events • Better connect with audiences • Capacity building, community mobilization, and coalition building • Continuing prevention conversations
Target change in partnering organization/setting	• Prevention education for staff

	• Address sexual assault stigma specifically in that setting (e.g., faith-based organizations; gender scripts) • Improve prevention education by including partners' ideas for what prevention should be • Discuss safety concerns (e.g., lighting in housing areas)
Pursue broader change together	• Setting the standard for violence prevention education by prioritizing education • Increase mandated prevention • Increase laws that include survivors' voices and realities • Pressure other partners to work with preventionists

Preventionists also mentioned a variety of prevention programming ideas in response to this prompt regarding collaborative initiatives and strategies. Those ideas included cross-territory events, engaging prevention programming, and community events or community-level change. See the list of preventionist ideas, below.

- Cross-territory events with fellow rape crisis centers (e.g., media campaign that uses Gen Z/Alpha voices)
- Gender-specific programming
- Role play safety (e.g., when video gaming, in stores) with youth
- Allow for anonymous questions during prevention programming
- Specialized training for Erin's Law
- Responding to public cases of harm
- Empower youth and young adults to talk about sexual violence more publicly
- Take Back the Night, rallies during Sexual Assault Awareness Month
- Economic supports
- Focus on health equity

How can ICASA effectively support and enhance existing prevention efforts in various centers and communities across Illinois?

Below, in Table 3, preventionists ideas for ICASA support are given by theme/summary. The order of these summaries was crafted for readability (i.e., we ordered the summaries in a way that we thought conceptually flowed); order does not reflect importance.

Table 3. Preventionist ideas for ICASA support

Summary	Preventionist ideas for ICASA support
Educate preventionists, new and experienced	***Support new preventionists with education, onboarding*** • Mentorship program for new preventionists • Create "a beginner's guide to prevention" for the ICASA website • Onboarding for preventionists like with counselors ***Continue to educate preventionists across their careers*** • Continue to provide webinars and conferences (resources, education) • Provide more training on how to receive disclosures within prevention education • Training on how to speak with youth in different geographies ("inner city kids vs suburb kids vs rural kids") • How to reach younger populations • Continuing education for prevention • Provide examples of primary and outer layer prevention that is currently happening • More support for outer layer prevention • Prevention newsletter for preventionists • Create a website with prevention resources, examples, networking • More training for prevention education
Provide customized support for local preventionists	• One-to-one preventionist support • Create state-level staff/department with prevention expertise who can provide technical assistance
Connect preventionists	• Bring preventionists together (e.g., to learn from one another) • More opportunities to connect with other preventionists • When scheduling preventionist trainings and networking opportunities, keep school schedules in mind (e.g., schedule them during the summer) • Provide more opportunities for preventionists to collaborate, learn from each other, and provide both solutions and moral support • More peer groups, especially in light of CDC changes over the years • Offer regional trainings, which could foster collaborations with preventionists who are geographically close • Listserv of prevention resources • Provide oversight for collaboration between agencies

Provide standards/guidance for prevention efforts	• Messaging regarding use of language, defining words (e.g., defining sexual activity for youth) • Shift focus to educating people who are not students (e.g., senior living facilities, public housing) • Update trainings to address LGBTQIA+ populations and concerns • Set standards regarding what preventionists should be doing for Erin's Law • Provide more recommendations for prevention curriculum • Provide guidance/agenda-setting based on preventionist-identified needs • More tools for community engagement • More standard materials for prevention provided by ICASA • Provide the same quality of prevention services to both rural and urban youth • Prioritize primary prevention
Facilitate preventionist partnership efforts	• Regional or statewide mobilization efforts could help organize local efforts (e.g., how Birth to Five is organized) • Partner to increase community outreach with specific populations, such as people with disabilities and seniors • Work on legislation that shows the value of prevention • Promote prevention, prevention programs on a statewide level • State prevention ambassadors (e.g., who could speak publicly) • Develop a Violence Prevention Group that includes many forms of violence
Support preventionists via center practices	• Allow more center flexibility in individualizing "prevention marketing ads, billboards, pamphlets, etc." (e.g., reduce time spent waiting on approvals) • Alleviate the amount of time preventionist spend "on compliance with rules and reporting" • Time allowance for preventionist continuing education • Increase local centers' support for prevention (e.g., increase admin education on public health approaches and prevention)
Increase funding and resources for prevention	• Devote more resources to prevention • Increase funding • More preventionists • Prioritize staff retention

In conclusion, preventionists at listening sessions emphasized the importance of updating prevention curriculum to be responsive to community/partner needs, increasing partnerships for prevention, increasing preventionist connections to other preventionists (e.g., collaboration, learning from each other's prevention efforts), education for new and experienced preventionists, and the perennial concerns of needing more funding and staff for prevention. Notably, preventionists mentioned that their local agencies did not always understand or know how to support prevention. One idea that connected many preventionist concerns was the suggestion that ICASA provide clear guidelines/unified messaging for prevention across locales. However, at the same time, many preventionists also emphasized the importance of flexibility for local sites. ICASA may be particularly well-positioned to respond to preventionist suggestions of supporting local partnerships via statewide education, messaging, and facilitation of partnerships.

Levels of Prevention: Example Primary, Secondary, & Tertiary Prevention Activities

From here on, each section describes an activity at the in-person Moving Prevention Forward symposium.

Following a brief presentation on primary (preventing sexual violence before it is perpetrated), secondary (responding to early warning signs of sexual violence and related problematic behaviors), and tertiary (responding to sexual violence after it has been perpetrated) levels of prevention, attendees worked in partners and small groups to complete a worksheet that helped them identify examples of sexual violence prevention activities at each of these levels. When identifying activities, they were asked to write about prevention activities that they were excited about within their assigned CDC focus area. This worksheet used Jones and colleagues' (2009) classic cliff analogy (i.e., primary prevention is building a fence to stop people from falling off a cliff; secondary is a net to catch people who began to fall; and tertiary is an ambulance at the bottom of a cliff). The purpose of this activity was to identify levels of prevention, facilitate the rest of the symposium's emphasis on primary prevention, prepare participants to continue to discuss and debate their assigned CDC focus area, and to provide ICASA with examples of implemented and aspirational sexual violence prevention activities across these levels and in CDC focus areas.

Data analysis included qualitatively coding 29 partner/small group worksheets (some groups completed and submitted multiple worksheets) in order to summarize the main themes that arose at each worksheet level. Worksheets were transcribed as best as possible (e.g., some participant notes were excluded because they were not legible to the coder) and sorted into themes; prevention activities were rarely re-sorted into a different prevention level than the MPF participant had originally classified it as (e.g., moving the participant note "long-term 'prevention messaging,' 'prevention engagement'" from tertiary to primary prevention). See Table 4, below, for themes by CDC focus area, and transcribed participant ideas. See Supplemental Materials for example worksheets and a table with all participant notes transcribed.

Table 4. Attendee prevention activity ideas by CDC focus area and theme

CDC focus area	Level	Theme	Sample prevention activity ideas, as nominated by participants
Create protective environment	Primary	**Daily organizational processes and environment**	• Integrated into other things – not just stand alone sexual harassment activities • Setting expectations of sexual harassment in the workplace, shown in hiring process, job descriptions, within interview process, and onboarding
		Attention to organizational values and culture	• Identifying organizational core values including DEI and anti-violence • Communicating community values
		Specific attention to Diversity, Equity, & Inclusion within organizations	• Inclusivity (DEI; gender) • DEI work imbedded
		Education across SEM layers	• Training at all levels: youth, caregivers, professionals, community • Prevention education for all: caregivers, parents, professionals, communities, higher-ups
		Education with youth, students in particular	• Include and engage children of young age to hear this message • Introducing conversations about consent, coercion, etc. starting at the primary to pre-K level
		Quality curriculum	• Implement clear training curriculum
		Norms	• Social norms: consent/boundaries, gender norms • Long-term “prevention messaging” and “prevention engagement”
		Target leadership	• Admin, Directives
		Policy implementation: cultures of prevention, trainings	• Policies that create culture of prevention • Link policy to training to outcomes to re-assessment, back to policy
		Attention to environment, policies,	• Take into consideration environment and political shifts

		institutions outside of target organization	• Connections to larger issues outside <u>your</u> institution (e.g., National Academies of Sciences, Engineering, and Medicine Action Collaborative mentorship)
	Secondary	**Identifying concerns**	• Supervisor training on indicators, security • Trauma/ACES, resilience, child sexual abuse prevention trainings with professionals who work with those impacted by abuse. Need more schools engaged in these trainings
		Early response to harms	• Response to abuse: systemically and individual, community • Institutional supports and options for recourse (disciplining behaviors)
		Attention to diversity	• Include DEI approach to training • Accessible materials
		Responding to problems with education	• Relevant DEI trainings about issues noticed in the space • Call out/call in trainings
		Attention to organizational context	• Organizations to establish cultural change approach
		Partnership	• Cross-collaboration between organizations
		Identifying people at risk for perpetration, victimization	• Who is at risk? How to determine those likely to perpetrate and who is likely to be victimized by abuse/harassment
	Tertiary	**Reporting policies**	• Timely and responsive mechanisms to support victims – including complaint process and victims support • Accessible mechanisms for reporting
		Mental health support for victims/survivors	• Trauma-informed treatment • Support groups
		Outer layer support for victims/survivors	• Financial • Housing
		Discipline for perpetrators	• Discipline

Economic supports	Primary	**Increase individuals' financial literacy and job skills via trainings**	• Budgeting and general financial literacy programs • Job trainings • Avoid financial abuse through education and empowerment
		Sexual and relationship health trainings	• Comprehensive sexual educators • Sexual health, self-care, boundary setting/healthy relationship programming
		Combined financial and relationship health trainings	• Most excited about trainings (competence/literacy in job skills, finances, IPV, gender, sex, etc.) • Training (skills, finances, IPV, etc.)
		Microfinancing, loans, and financial assistance programs	• Providing opportunities for low-income families to participate in and benefit from microfinancing • Making loan available without barrier to access to support for any identified group that is at high risk for sexual violence
		Context concerns relevant to financial stability	• Transportation • Child care
		Community and social support	• Stigma • Building community and workplace support
		Attention to specific populations	• Using risk and protective factors to guide access and individuals to support • Creating culturally relevant training and intersectional education around barriers to access: What language? Who is at the table? Data-informed
	Secondary	**Sexual and domestic violence-specific interventions for people identified as at risk or beginning to experience chronic abuse**	• IPV (recognize, respond, refer training) • Selected intervention for families demonstrating signs of SV*
		Financial support	• Credit check

			• Finances for housing/independence
		Attention to specific populations	• Criteria to get into the program • Intervene with support in communities* that are experiencing rates of SV and other violence
		Leverage partnerships for more robust supports	• Partnership with local partners so that individuals can be pointed to vital resources • What can we offer in schools after programs have been given?
		Accountability and trainings	• What accountability? Connect victim to support but also work with org to create systems of accountability • Training
	Tertiary	**Peer support and therapy**	• Peer support • Long-term therapy
		Financial support	• Financial support if family has already experienced violence • After violence, provide financial and life skill support
		General ongoing support	• Case management • Continued follow-up and education
Promote social norms that protect against violence	Primary	**General training with an emphasis on ableism and population-specific options**	• Public awareness campaigning, training, educational materials for the general public • Specialized presentations: LGBTQIA/disabilities etc. • Workshops on consent
		Mandating education, creating certifications	• Mandated sex ed in schools to include special education students • Developing a curriculum or training certification that can ensure quality, inclusivity, and conscientiousness* skills to trainers to address topics and identify
		Increase empathy	• Empathy runs rampant across culture
		Use of data	• Collect and analyze sexual assault data
	Secondary	**Workshops and conversation guides**	• Developing and using conversation guides (accessible for people with Intellectual and Developmental Disabilities) about social space and consent. • Workshops on topics to include sexual violence and intersectionality, with social media examples

		Training for specific roles	• Get first responders trained • Trauma training – small group work for developmental disability providers
		Programming for at-risk populations	• Funding and programming to reach a specific population at risk • Specific workshops on norms targeting students with previous harm tendencies
		Identifying trauma, victim blaming	• Identifying victim blaming behaviors • Sex ed to include trauma responsiveness for people with disabilities
	Tertiary	**Survivor/victim support, with attention to people with disabilities**	• First responders/therapists are trained, trauma-informed on intersectional survivors, diverse communities. They accommodate to you! • Counseling resources for people with intellectual and developmental disabilities
		Immediate response	• Policy for immediate response post scenarios with follow-up and services
		Acknowledging, breaking cycles of harm	• Rehabilitation for those who use violence or abuse is not based in prisons but actually on being directly accountable • Workshop: strategies to break harm patterns

*Note. Please see Supplemental Materials for a table with all participant ideas. All ideas are unedited from participant nominations. (x2) = two participants wrote an idea; * = this word/phrase was difficult to read, and this transcription is a best guess*.

Multiple worksheets included participant notes defining each prevention level. These notes, paired with observations that partners/small groups frequently discussed the presentation/worksheet while identifying prevention activities, suggests that many participants learned to identify prevention levels via this activity. Across all CDC focus areas, participants identified possible prevention activities that they were excited about, and that not only appropriately spanned prevention levels (i.e., primary, secondary, and tertiary) but also spanned socio-ecological model layers (i.e., individual, relationship, community/setting, and society levels). Across all focus areas, participants frequently identified trainings and staff-led support for individuals. These nominations may reflect classic prevention implementation at the individual-level. These training nominations often focused exclusively on a CDC focus area (e.g., financial literacy, job skill training), and also included integrating a sexual or gender-based violence-specific elements (e.g., financial literacy combined with sexual assault training). Another common element across focus areas was excitement for attention to more-specific populations

(e.g., immigrants, people with disabilities). Many prevention activities that participants are excited about map onto CDC focus area recommendations, suggesting potential state support for CDC focus area guidelines.

In conclusion, MPF attendees provided ICASA with a variety of prevention activity ideas that (a) they are excited about, (b) appropriately map onto primary, secondary, and tertiary prevention levels, and (c) largely reflect CDC example prevention activities. MPF attendees especially highlighted trainings/workshops, 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.

Principles of Effective Prevention

Attendees reviewed Nation and colleague's (2003) classic principles of effective prevention and engaged in a small group activity in which they made connections regarding how the principles interact, debated each principle, and ranked the principles from 1-10. See Supplemental Materials for this handout/ranking worksheet. The purpose of this activity was to help participants identify principles of effective prevention (which are relevant for sexual violence prevention as well as the prevention of other concerns), increase knowledge of current and aspirational prevention work, and to provide ICASA with a ranking of attendee's highest priorities.

Data analysis included 10 small group's ranking report-outs. One of these groups identified their top 5 principles and, emphasizing the interconnected nature of the principles, reported that their top five principles were all tied. In analysis, these top five principles' rankings were all entered as "1." One other group ranked just their top 6 (rather than top 10; conversation in this group was particularly rich). Finally, one group ranked two principles as "2," and acknowledged their tie. See below for a ranking of priorities, as calculated by average ranking.

Table 5. Symposium attendee prioritization of effective prevention principles.

Table take-away: 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

Notably, the standard deviation for the socioculturally relevant and well-trained staff principles is smallest, reflecting high between-group agreement when it comes to ranking these two principles as high priorities. “Theory driven” has a uniquely high range, reflecting the reality that some groups ranked this principle as very high (i.e., three groups gave this principle their top ranking), while others ranked it quite low (e.g., one group gave this principle their lowest ranking, “10,” and another gave it the penultimate ranking, “9”). Based on observation of small group conversations, we suggest that when small groups had a MPF attendee who began the MPF symposium with background in research and evaluation, then that attendee was particularly passionate about – and relatively successful – in advocating for the principle “theory driven” to rank higher in this activity.

A larger-group sharing/debriefing conversation emphasized the interconnected nature of these principles, particularly the need for well-trained (and, relatedly, supported) staff in order to implement any of the other principles. Larger-group conversation reflected the high ranking of the principle socioculturally relevant, for example by emphasizing the need to adapt prevention programming for various communities and audiences, and the need for well-trained staff to be socioculturally relevant in order to not cause harm to prevention program participants.

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.

Barriers, Facilitators, and Considerations in Implementing CDC Focus Areas Across SEM Levels

After learning about CDC focus areas and principles of effective prevention, participants engaged in a didactic presentation regarding the CDC's modified socio-ecological model (SEM). Participants then worked in small groups/partners to identify one primary prevention activity within their assigned focus area, and to complete a SEM diagram with implementation barriers (and facilitators) across the SEM for that strategy. The purpose of this activity was to (a) introduce participants to the SEM and its utility in conceptualizing not just prevention program design but also implementation, (b) prepare participants to engage in systems mapping activities within their assigned focus area, and (c) provide ICASA with information on implementation barriers and facilitators for CDC focus areas. See Supplemental Materials for the worksheet.

Analysis included reviewing all 15 submitted worksheets. Participant notes were transcribed as best as possible; sometimes, participant notes were excluded or noted with a "*" symbol when they were illegible. Rarely, participant notes were re-classified into different SEM levels. In the below tables, participant notes are summarized/shortened. Multiple example facilitators/barriers were appropriately written as being at the cusp of two SEM layers (e.g., "coworkers" between relationship and community layers); for ease of the tables below, these "cusp" nominations are entered into just one layer. When a small group submitted multiple worksheets for the same prevention activity, notes across those worksheets were combined into one row. One worksheet was titled "Educational workshop series; 4 I's of privilege and oppression." This worksheet was included in the "Promote social norms" table.

See additional tables in Supplemental Materials for complete reporting of participant barriers/facilitators and considerations across the SEM. Below, find a shortened table with sample participant nominations. These tables may be useful for ICASA's consideration of prevention strategy implementation, and they may be useful starting points for local implementers who are beginning to consider a variety of prevention strategies from CDC focus areas.

Across prevention strategies and CDC focus areas, participants often highlighted the importance of considering multiple organizational roles – for example, when targeting students in an educational workshop, participants highlighted the need to consider teachers; when targeting third spaces for social change, participants highlighted the need to consider roles such as Aldermen and village leaders. Participants also frequently highlighted individual and community access as a critical barrier to prevention programming, as well as cultural norms and individual perspectives that may lead to a lack of buy-in for prevention. Many strategies highlight state/societal-level actions such as increasing policy/mandates for prevention and funding. The need for partnership/collaboration within strategies, and of supporting implementers (e.g., through burnout and current lack of organizational capacity for implementation) was also frequently identified. The latter two findings may be especially pertinent for ICASA to focus on when considering state-level organization and leadership.

Table 6. Create protective environments: Anticipated implementation barriers/facilitators and considerations across the SEM

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 • Knowing/being in same community • 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/ orgs/ state and private	• New staff training • 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
Educating and addressing change in third places	• Safety • Buy-in • Bandwidth • Lack of awareness	• Managers • Facilitators • Workers • Funders • Staff	• Accessible building infrastructure • Support within the community • Well-lit area • Safe spaces • Community response • Organizations: IDOC, Lifespan, ICASA • Alderman/ community leaders, city council, village commissioner	• Work-life culture • Capitalism: not spending or making money = not worth time • Funding: resources, restrictions • Cultural response: "Why do you even need this third space?"

Table 7. Economic supports: Anticipated implementation barriers/facilitators and considerations across the SEM

Prevention activity	Individual	Relationship	Community	Societal
Paid leave	• Parents: mothers, fathers • Worker	• Family unit: mom, dad, grandparents, siblings, baby, babysitter	• Neighbors • Teachers • Medical responders • Social workers • Childcare • Workplace	• Businesses • Unions • Corporations • Mandates • Cultural shifts • Generational norms
Increase maternal employment via job skills training	• Client/ participant • Implementer • Desire	• Colleagues (implementers) • Support network (client)	• Organizations' policy; organizations without family friendly policies • Access (transportation, childcare)	• Paid leave for all • Paid parental leave – childcare
Prevention training as part of job skills preparation	• Varied teaching methods • Customizing • Personal trauma history making training inaccessible or triggering	• Healthy boundaries to determine what is acceptable behavior • Power dynamics: Am I safe to use the tools? What if I report? – Fear of confrontation	• Company as community • Supplemental training creates healthy organizational climate • Hostile environment • Concerns for reporting	• Shifts organizational norms • Break down harmful company culture • Rape culture
Job skill readiness trainings for low-income families	• Desire to build skills	• Peer-peer education is a significant facilitator • Lack of family support	• Access: childcare, transportation • Workplaces aren't set up with family friendly policies	• Illinois paid leave for all • Paid parental leave
Increasing financial/ job competency for families receiving aid: training, educational development	• Desire to implement/ help people	• Peer to peer education • Support or lack thereof	• Workplace culture • Getting buy-in from community leaders	• State policy (example: mandated PT) • Paid parental leave

Table 8. Promote social norms that protect against violence: Anticipated implementation barriers/facilitators and considerations across the SEM

Prevention activity	Individual	Relationship	Community	Societal
Bystander intervention, intervening when we see risk of harm to someone	• Being able to put oneself into the shoes to the targeted person • Fear for psychological and physical safety • Lacking intervention skills	• Allyship and* leveraging our relationships with the harm-doers • Holding our friends accountable	• Members of the community accountable to the shared values/ desires • Institutional betrayal • Lack of buy-in • Apathy • Not sure* it is their job	• Apathy* • Fear • Lack of awareness • Education and modeling
Create an alliance/ collaboration	• Individual staff • Well-defined roles for staff • Staff wellness	• Champions/ organization's representative • No capacity • Expectations [for] in-person meetings	• Guidelines • Expectations • Share mission • Relationship building with staff • Bring decision-making staff • Staff turnover • Hiring practices • Organization historical context/ connections	• COVID mandates • Landscape analysis • Funding/fee to participate • Scopes of funding • Competition
Educational workshop series; 4 I's of privilege and oppression	• Topic activates you suddenly • Burnout • Lived experience (facilitator)	• "Bridge" person to participants: this relationship can be so key • Collaboration to deepen/ improve material, and facilitate well	• Doing our work in silo, sometimes reinventing wheel • Disjointed – workload stretches us too thin • Time to build relationships gets deprioritized	• Media and dominant culture ideas reinforce harm

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 salient 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.

Critical Priorities in Preventing Sexual Violence

One of the final activities of the MPF symposium was a crowd-sourcing activity (Lipmanowicz & McCangless, n.d.). In this liberation structure, participants individually nominated one critical priority for preventing sexual violence on a notecard. Participants then moved around the symposium space, quickly swapping notecards with someone nearby as they moved. When called to stop by facilitators, participants briefly read their new notecard and rank the notecard's priority on a scale of 1 to 5, with 5 being most important. Participants were instructed to use the full scale. Each notecard was ranked five times; no person ranked the same card twice. Then, participants added up the numbers on whichever notecard they end the activity holding. Participants raised their hands to identify the highest-ranking priorities, beginning with facilitators asking, "Does anyone have a 25?" (the highest possible sum). The purpose of this activity was to gather a critical priority nomination from every participant, and to poll the room regarding which priorities were most important for the group.

Participants nominated 31 critical priorities. The top individual nomination, with a group score of 23, was, "Statewide collaboration to lift the priority of primary prevention higher than victim services post-violence." See Table 9 for the raw priority nominations.

Data analysis included qualitatively coding each of the individual nominations, and then calculating an average for each nomination within each broader theme. The two unrated priority nominations were not included in this analysis, for a total of 29 included critical priority nominations. Individual nominations could be (and often were) included in multiple themes. The uniqueness of the crowd-sourcing activity is that we get to consider data/nominations by popularity (i.e., the themes/types of priorities most often thought of by participants) as well as by value regardless of popularity (i.e., a theme/idea may have been relatively rare for a participant to think of but, once written and shared with the group, the activity rises to the top of the group's interest via rankings).

In order of the number of included nominations within each theme, identified themes were: **partnerships** (eight nominations; 27.59%), **funding** (eight nominations; 27.59%); **outer layer intervention (including policy**; seven nominations; 24.14%); **prioritizing prevention** (seven nominations; 24.14%), **attention to diversity** (five nominations; 17.24%), **staff support** (four nominations; 13.79%); **education** (four nominations 24.14%); **community engagement** (three nominations; 10.34%); and **use of data** (one nomination; 3.45%). At feedback sessions, participants wondered if the critical priority should be "prioritizing *primary* prevention," rather than, more broadly "prioritizing prevention." While there was not enough data from the symposium to emphasize "primary" in this activity summary, we note the continued excitement and focus on primary prevention as a potential emerging strength for Illinois and MPF attendees.

When considering priorities by themes, the highest ranked priority theme was Use of Data (only one nomination fit this theme; the rating for this nomination was 21), followed by Community Engagement (average rating 20.67, standard deviation 2.31), and Staff

Support (20, 3.37). See Table 10 for reporting of average priority ranking, by theme. For full documentation of how each priority was coded, please see Supplemental Materials.

Table 9. Individual critical priority nominations

Table take-away: The most popular individual priority nominations highlighted partnerships, prioritizing prevention, attention to diversity, and staff support.

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 decision making 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 filled. 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 have been supported.	21	3
Widespread 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
Diversity, partnership, moving from talking to action	20	4
Education: stakeholders, clients, funders, legislations, staff, community, partners	20	4
Funding or for “the state” to value prevention as a main initiative/the norm, instead of being reactive	19	5
Funding	19	5
HOUSING. Funding – unrestricted	19	5
[prioritize listening] & [doing WITH], Listen to the members of the target populations, plan + implement the strategy with them	18	6
Promoting social norms that protect against sexual violence	18	6
Support ICASA $20M grant* request	18	6
Connecting resources across the state to have the greatest impact	18	6

Public statement of commitment of careholders to recognize, name, and prioritize the elimination of sexual violence	17	7
Diverse funding (unrestrictive) opportunities with non-traditional partners	17	7
Increasing practices/normalization of empathy and dismantling language/attitudes that work against it.	16	8
A critical priority is robust anti-ableist SVP, direct service practitioner/educator content knowledge and curriculum	15	9
Money, equity, support and buy-in	15	9
Diversifying revenue streams so organizations have more bandwidth to address service disparities	14	10
Federal/state legislation related to Title IX = fluctuating policies related to adjudication. ICASA could support standardizing prevention across the state and envisioning it at* the highest level	14	10
Help shape economic policy/reduce economic barriers	14	10
The prevalence of sexual violence is still hidden to most people. We need to shine a light on the issue.	13	11
Include SV prevention with Bureau, staff onboarding & ongoing staff development	*Not rated*	
Review ICASA standards for alliance with SEM & support enhancements		

Note. *With the exception of minor grammar/spelling corrections, and modifications to fit notecard layout/designs into prose text (e.g., adding colons, commas), the above critical priority nominations are verbatim from attendee notecards. The notation "*" after a word indicated that the typed word is a best-guess at what the participant wrote. The last two nominations in this table were turned into consultants but not rated; we believe these nominations were "extra" nominations in addition to the nominations that their writers chose to have rated by the group.*

Table 10. Critical priority nominations by theme.

Table take-away: Themes often overlapped within individual nominations; salient, popular themes in prevention priorities included use of data, community engagement, and staff support.

Critical priority theme	Sample nomination coded in this theme	Average crowd-sourcing rating	Standard deviation	% of nominations coded under this theme
Use of data	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 filled. Who is getting what, where, by whom?	21	0 (one nomination coded)	3.45%
Community engagement	[prioritize listening] & [doing WITH], Listen to the members of the target	20.67	2.31	10.34%

	populations, plan + implement the strategy with them			
Staff support	Training & professional development for client facing staff. Involve people from community in decision making efforts.	20	3.37	13.79%
Prioritizing prevention	Statewide collaboration to lift the priority of primary prevention higher than victim services post-violence	19.57	3.15	24.14%
Partnerships	Connecting resources across the state to have the greatest impact	19.25	2.49	27.59%
Education	Widespread education on healthy relationships that meets diverse needs, including in school settings	19	4.08	24.14%
Attention to diversity	Intentional inclusion of diverse communities in SV prevention tables	18.40	3.65	17.24%
Funding	A critical priority is funding for better services, paying workers, and getting materials for education. e.g., curriculum, condoms, Plan B, etc.	17.88	2.53	27.59%
Outer layer intervention (including policy)	Help shape economic policy/reduce economic barriers	17.43	2.82	24.14%

Note. See Supplemental Materials for complete coding.

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.

Participant Take-Aways

As part of the symposium closing, participants reflected on their main take-away from their participation at the symposium. They could choose prompts including: Write three feelings/emotions you are experiencing as you leave this symposium; what do you hope to take with you/remember from your experience here; or years from now, what would you like your work to look like because you were part of this symposium. Participants shared their take-aways in partners/small groups and with facilitators via notecard submission.

Data analysis included reviewing 22 submitted participant take-away notecards. Main themes were summarized and shared in participant feedback sessions, which occurred approximately one month after the symposium and which approximately 15 MPF participants attended. In feedback sessions, participants were asked to use a virtual whiteboard (Google Jamboard) to anonymously share details regarding how they have seen these main take-aways in their life and work since the symposium. Below, see the main themes and highlights regarding feedback session participants' experience of these take-aways in the month after the symposium.

Participants reported taking with them…

- **Knowledge and practice thinking about prevention and systems thinking.** One popular take-away for MPF attendees was increased knowledge and awareness of prevention (e.g., primary prevention; prevention strategies at different levels of the social-ecological model) and systems thinking (e.g., how to begin to create a map; considering reinforcing loops). For example, multiple participants noted at the symposium that they hoped to share what they learned at the symposium with fellow staff. One month after the symposium, participants noted that they were working on revising some existing programming (e.g., to consider a public health and social-ecological approach), working with "underserved populations and orgs," and considering overlap in systems (e.g., reporting on prevention practices more comprehensively, partnering with other aspects of systems where participants are embedded).

- **An appreciation and tangible opportunities for partnership.** Participants reported appreciating the symposium and ICASA's emphasis on collaboration, and felt excited by the variety of potential collaborations/new or existing partners that they worked with at the symposium. One month after the symposium, a few participants reported that they had already partnered with MPF attendees (e.g., to begin to organize a conference, to implement "a large project that we wouldn't have been able to provide alone"), and beginning to develop plans to implement "efforts to prevent sexual violence in the queer community." Many participants continued to note that they identified new potential partners MPF that they continued to remember or consider one month after the symposium, and two

participants reflected that while they "noted a lot of potential to partner," they have not yet "had the capacity for it yet."

- **A sense of hope.** Participants felt excited by primary prevention of sexual violence, partnership, and an orientation to thinking about prevention and human services with a systems perspective. One month after the symposium, participants reported continuing to feel hope in that they continued to engage in sexual violence-related activities (e.g., seeing the impact of advocacy), engaged in conversations about prevention or partnership, and remembered or continued to connect with fellow "dedicated" and "like-minded" people to "keep the momentum" and, eventually, "accomplish a common goal."

- **Some sense of being overwhelmed.** While feeling overwhelmed was not a popular take-away reported on participant notecards, it was salient when participants wrote this because leaving feeling overwhelmed was, perhaps obviously, not the goal of the symposium. One participant noted that there was a lot to do and that it was difficult to consider how primary prevention would actually be pursued (i.e., beyond discussions/activities at the symposium). One month after the symposium, participants reported feeling overwhelmed regarding competing priorities and the uncertainty of what will be prioritized. Two participants noted that grappling with a dearth of funding added to the sense of overwhelm, and one participant noted that they "felt overwhelmed with the amount of information and processing new approaches. Felt a bit more abstract [, and] that was overwhelming to process."

In conclusion, we learned that participants predominantly left the symposium with the intention to remember and share their increased knowledge, appreciation and opportunity for partnership, and a sense of hope. A few participants also noted that they left the symposium feeling overwhelmed. Approximately one month after the symposium, participants found examples of these take-aways across their work; notably, their take-aways from the symposium perhaps balance a sense of excitement (e.g., hope, partnership identification) with the reality that prevention work remains constrained and difficult (e.g., feeling overwhelmed with competing priorities, not always being able to capitalize on identified partnerships).

Participant 15%

Also as a part of the symposium closing, participants reported and submitted what they believed they could do to move primary prevention forward in Illinois. Using the 15% liberation structure (Lipmanowicz & McCandless, n.d.), participants reported on what they could be 15% responsible for promoting or implementing. The purpose of this activity was to invite participants to reflect on how they might continue working on promoting the primary prevention of sexual violence, and to provide ICASA with considerations regarding where the responsibility for promoting the primary prevention of sexual violence could be shared with local sites and other organizations.

Data analysis included reviewing 28 submitted participant 15% notecards. Again, these ideas represent what participants believe they can be responsible for regarding the primary prevention of sexual violence in Illinois.

Identified categories of participants' 15% were:

- **Share knowledge** gained at the symposium with colleagues.
- **Promote or integrate sexual violence-specific services** (including prevention and response) into their existing services/work. This idea includes attendees whose work does not always explicitly involve sexual violence or related topics considering how they might bring a sexual violence prevention element to their work.
- Pursue **partnerships** (especially with fellow symposium attendees).
- Bring attention **to specific populations, diversity, and inclusion to services** (including prevention). This idea reflects the symposium's ongoing attention to diversity, equity, and inclusion, and the observation that oppressions are a root cause of sexual violence. Notably, at feedback sessions, participants emphasized the importance of considering equity across prevention implementation (and not as an "add on" made only when working with marginalized populations).
- Continue to **implement prevention or support preventionists** (e.g., supervision). This idea includes attendees whose work is already directly involved with sexual violence prevention (e.g., prevention educators).

In conclusion, we learned that local and statewide careholders can share, with ICASA, the responsibility for promoting the primary prevention of sexual violence by helping to disseminate knowledge about primary prevention and sexual violence to their networks, helping to facilitate the implementation and prioritization of sexual violence prevention, pursuing and being responsive to requests for prevention partnerships, and attempting to focus on/center specific populations in their work (e.g., in order to pursue health equity, create beneficial interventions). Local rape crisis centers also serve a pivotal role in implementing prevention efforts on a day-to-day basis.

What's Next?

Thank you to everyone who participated in Moving Prevention Forward – and thank you to you, for reviewing this report.

ICASA will utilize this report to help set priorities for implementing primary prevention of sexual violence in Illinois. ICASA will work to disseminate this report, the findings contained within, and their priorities for primary prevention. The discussion and implementation of these recommendations will continue beyond this report. It is not just a document but a call to action. ICASA is firmly dedicated to ending sexual violence in Illinois, understanding that it requires collective action from all parts of our community.

As emphasized throughout Moving Prevention Forward, implementing primary prevention of sexual violence in Illinois will require many individuals, community groups, and institutions. After reading this report, we invite you to consider how you can contribute to this important work.

Inspired by Moving Prevention Forward attendees' suggested next steps for themselves, consider the following prompts.

- What is one consideration, approach, or idea included in this report that you would like to discuss with a colleague or fellow community member? When can you communicate with them about this content?
- How can your work include considerations of sexual violence primary prevention? Where are there opportunities for you to bring sexual violence primary prevention into your own work and life?
- Who – or what organizations – could you contact or learn more about to help advance the primary prevention of sexual violence? In what ways might you want to engage with other efforts?
- In what ways does your work, reading, and media consumption help you learn about communities, cultures, and accessibility considerations that are not your own? What is missing in your education/experience?
- What sexual violence prevention activities are occurring in your sphere of influence or within your geographic community? How might you learn more or get involved with those efforts?

You can also check out – and use for yourself – the resources used in Moving Prevention Forward (e.g., the interview guide and interview memo form, preventionist listening session agenda, symposium slides and worksheets, feedback session slides, and tables that include transcriptions of all symposium participant responses to some activities). See our Supplemental Materials **here**.

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