

# Sexual Violence Prevention: Building Leadership and Commitment to Underserved Communities

## Facilitated Questions for Participants

### Immediate Reactions

- Can you share some of your reactions to the downlink broadcast we just viewed?
  
  
  
  
  
  
  
  
  
  
- Why is the broadcast important to what you do? Was it relevant to what you do?

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### Facilitated Discussion

1. **Prevention Focus** – CDC utilizes the public health approach to prevent disease and injury. In this case, CDC defines prevention as reducing or eliminating the chance that sexual violence, or any form of violence, will occur in the first place.
  - What is the benefit to our community of addressing sexual violence before it happens?
  
  
  
  
  
  
  
  
  
  
  - What are some of the ways your agency works towards prevention?



- **What are some potential sources of data on sexual violence in our community?**
  
- **What community resources can we tap into to help us locate data, collect and analyze data, interpret the data, and make the data useful for our program design and evaluation?**
  
  
  
  
  
  
  
  
  
  
- **What can we do with the data once we have it?**

#### Identifying risk and protective factors

Michael de Arellano from the National Violence Against Women Research Center gave us some interesting data to work with....

- Native Americans appear to be at significantly greater risk for sexual assault than other minority/ethnic groups
- African Americans appear to be at a slightly higher risk than Hispanic and Non-Hispanic whites
- Hispanic victims were more likely to report being assaulted by a stranger

Now that we have this data, we can ask:

- **Why are Native Americans at significantly higher risk? What are the factors involved in their experiences of sexual violence? What are the cultural and societal attitudes and beliefs that perpetuate and tolerate the violence?**

- **And what about what we know about perpetrators? If a history of sexual abuse as a child is a risk factor for perpetration, what are the experiences and belief systems of those who experienced abuse as a child and do not perpetrate? What are the protective factors that keep people, especially people at risk, from being involved in sexual violence?**
- **How did the highlighted programs address risk and protective factors?**

### Develop and Test Prevention Strategies

PAAR talked about how they used their advisory committee, which consists of persons with disabilities, to provide feedback on their professional training curriculum before they pilot-tested it with agencies that serve persons with disabilities.

- **What kind of feedback do you think they received from their advisory committee on the curriculum?**
- **What were the benefits of pilot-testing the curriculum with the agencies before widespread implementation?**

In the Meet & Greet program, they mentioned that when they go out they don't bombard the people on the street with statistics and information on rape.

- **How do you think they came to the short and simple message of “We just want you to be safe...”**
- **Did your agency ever develop a program or service that did not work the first time it was implemented? How did you know? What did you do to make it better?**



## ***Cross-cutting Prevention Strategies***

- Partnerships/Collaboration
- Strategic Planning
- Policy/Legislation
- Awareness/Community Education
- Addressing Social and Cultural Attitudes and Beliefs
- Capacity Building
- Evaluation

For each of these strategies

- What do you remember about the programs incorporating the strategy into its program structure?
  
  
  
  
  
  
  
  
  
  
- What are the benefits and challenges of each strategy?
  
  
  
  
  
  
  
  
  
  
- How does the strategy affect the perception of sexual violence in the community?
  
  
  
  
  
  
  
  
  
  
- Who are the community “experts” on this particular strategy?
  - Partnerships/Collaboration
  - Strategic Planning
  - Policy/Legislative Impact
  - Awareness/Community Education
  - Addressing Social and Cultural Attitudes and Beliefs
  - Capacity Building
  - Evaluation

**3. Social Isolation**– Corinne Graffunder of the CDC talked about isolation as a particular risk factor for underserved populations. She talked about how some populations do not have access to important rape prevention and educational opportunities. She said that isolation takes on many forms in a community including geographic isolation; economic isolation; political isolation; and social isolation.

➤ **What forms of isolation are present in our community?**

➤ **Which forms of isolation should be a priority for your community and how should they be addressed?**

**4. Building Leadership and Commitment for Underserved Populations** - CDC has heard from many service providers and advocates that while outreach to underserved populations is a priority, there just aren't enough resources (both financial and staffing resources) to do an adequate job at reaching ALL the different kinds of underserved populations – racial and ethnic groups, rural populations, gay/lesbian/ transgender groups, persons with disabilities; prostitutes; women in prisons, etc.

▪ What did some of these programs do to overcome some of the overwhelming barriers to outreach?

CDC had many of its leaders involved in this course, even the Director of CDC took time out of her schedule to articulate the importance of this important public health issue.

➤ How many agency leaders, business leaders, and community leaders are able to articulate the problem of rape in our community? Why or why not?

➤ How many of our leaders understand ways to prevent the problem? Why or why not?

➤ What can we do to build leadership and capacity to end sexual violence in our communities?

