

California Department of Public Health Rape Prevention and Education Program: *A Public Health Approach to Sexual Violence*

CALCASA Statewide Conference
June 21, 2016
Sacramento, CA

This training is supported by the California Department of Public Health, Safe and Active Communities Branch, Rape Prevention and Education Program, funded by the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.



By the end of this session, participants will be able to:

- Understand the current priorities of the California Department of Public Health (CDPH), Rape Prevention and Education (RPE) Program;
- Identify the current public health principles being utilized and strengthened in current local RPE programs; and
- Understand eligibility and timelines of the future Request for Applications (RFA) funding process.



Agenda

- Introductions
- Movement to End Sexual Violence
- Overview of the CDPH RPE Program
- RPE Best Practices
- Eligibility and Timelines for future CDPH RFA
- Resources and Tools to support the application process



Presenter Introductions

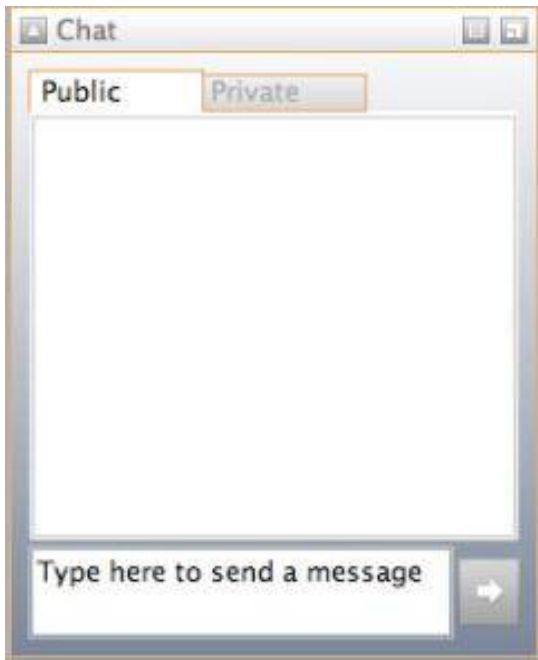
- Nancy Bagnato, MPH, Chief
State and Local Injury Control Section
Safe and Active Communities Branch
California Department of Public Health
- David S. Lee, MPH
Director of Prevention Services
California Coalition Against Sexual Assault
- Jessie Towne-Cardenas
Consultant
California Coalition Against Sexual Assault



Movement to End Sexual Violence



Dyad



Describe how you see
the work of rape
prevention as part of a
movement to end
sexual violence

Primary prevention of DV/TDV/SV and ending intersecting forms of oppression are inextricably linked.

- Primary prevention promotes social justice to address the intersecting systems of oppression and inequity that underlie violence in relationships and society.
- Primary prevention initiatives must apply an understanding of the roles of gender, gender norms, and gender inequality as contributors to DV/TDV/SV. This gender analysis should address the intersections of privilege and oppression based on race, class, culture, age, gender, sexuality, and abilities.



#3, Appendix A - Core Components of Effective Primary Prevention of Domestic Violence, Teen Dating Violence and Sexual Violence

**California Department of Public Health, Safe and Active Communities
Branch, Violence Prevention Unit**

Primary prevention initiatives are a part of a much bigger movement that is a part of many movements.

- Primary prevention of DV/TDV/SV is a vital stream within the broader movement to address DV/TDV/SV and violence against women and girls.
- The movement to end DV/TDV/SV is a vital current among many evolving movements for social and environmental justice.



#5, Appendix A - Core Components of Effective Primary Prevention of Domestic Violence, Teen Dating Violence and Sexual Violence

California Department of Public Health, Safe and Active Communities Branch, Violence Prevention Unit

Move to End Violence





2016

CALCASA STATEWIDE CONFERENCE

TRANSFORMATIVE CONVERSATIONS TO END SEXUAL VIOLENCE

Overview of the CDPH RPE Program



Background

- Funded through the National Centers for Disease Control and Prevention (CDC), National Center for Injury Prevention and Control;
- Adherence to public health approach, Social-Ecological Model and Principles of Effective Prevention;
- Build capacity of local rape crisis centers in implementing evidence-informed, sexual violence primary prevention programs; and
- Currently fund 33 local rape crisis centers as a result of a competitive RFA process in 2014.



Fundamentals of CDPH RPE Program

- Prevent first-time perpetration and victimization (primary prevention) through population-based approaches;
- Reduce modifiable risk factors while enhancing protective factors;
- Use the best available evidence when planning, implementing, and evaluating programs;
- Incorporate behavior and social change theories into prevention programs; and
- Evaluate prevention efforts and use results to improve future program plans, identify measurable outcomes, and share best practices.



Goals for CDPH RPE Program

- CDPH RPE Program Plan with a logic model, goals and measurable outcomes;
- CDPH RPE Guidelines revised to reflect research-informed best practices;
- Refined and strengthened evidence-informed strategies and model programs; and
- Strategy-specific logic models, work plans, and measurable outcomes for local programs.

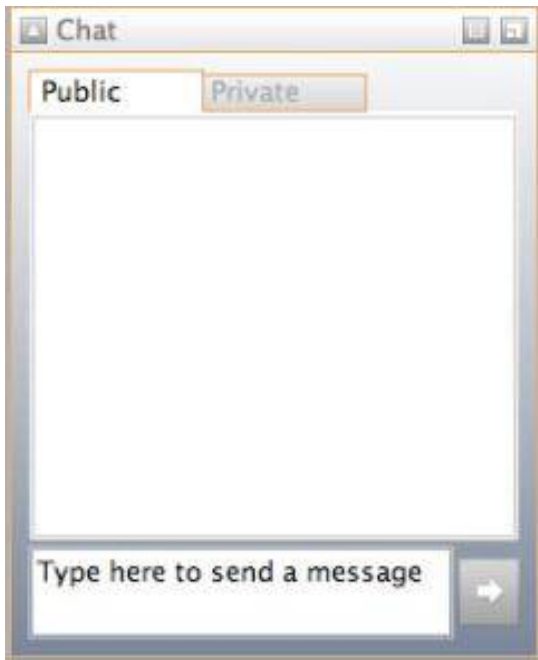


Why are these goals important?

- Align with CDC direction, priorities and funding guidelines;
- Structured to create a statewide program based on collective actions and measurable outcomes;
- Ensures our efforts are based on research and evidence that will create real change; and
- Creates a vision for preventing sexual violence in California that can be shared with other stakeholders and key policy makers.



RPE Best Practices



What comes to your mind when you think of “best practice”?

Key elements of best practice for CDPH RPE program

- Community-centered
- Collect and use SV surveillance or other sources of data
- Comprehensive primary prevention
- Informed by an understanding of risk and protective factors
- Evidence-informed
- Roadmap
- Developed using the Principles of Prevention



Community Centered

- The program should be relevant, appropriate, and respectful to the community in which it is to be implemented. Community centered programs are socio-culturally relevant, relevant to community experience, appropriately timed for population (community readiness and developmental stage) and helpful to community resiliency. A community-centered program is designed for appropriate program audiences and implementation settings, including cultural and other diversity.



Collect and Use SV surveillance or other sources of data

- To inform prevention strategy, understand intended audience and evaluate prevention efforts (to indicate about SV trends, priority populations and where to focus efforts).

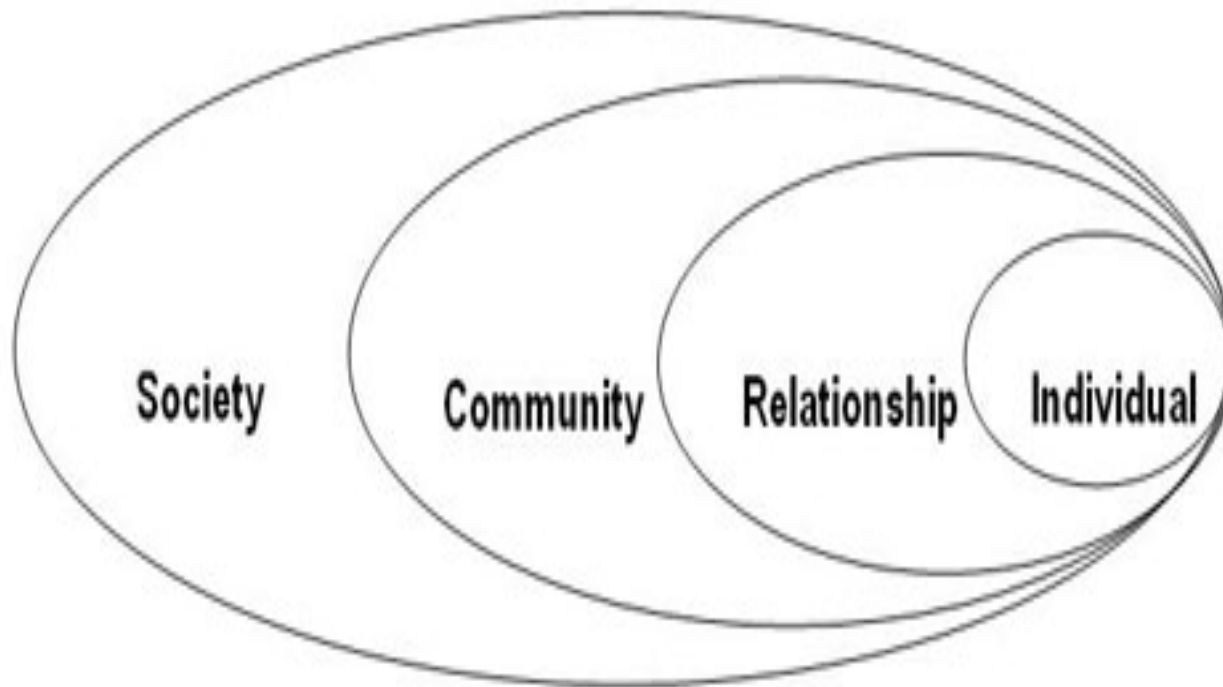
Comprehensive Primary Prevention

- Use comprehensive Primary Prevention strategies supported by work at different levels of the Social Ecological Model or Spectrum of Prevention.

Primary Prevention

- Any action, strategy or policy that prevents sexual violence from *initially occurring*.

Ecological Model



The Spectrum of Prevention

Influencing Policy & Legislation

Changing Organizational Practices

Fostering Coalitions & Networks

Educating Providers

Promoting Community Education

Strengthening Individual Knowledge & Skills



Risk and Protective Factors

- **Informed by an understanding of risk and protective factors that facilitate and inhibit SV.**

Individual Risk Factors

- Alcohol and drug use
- Delinquency
- Empathic deficits
- General aggressiveness and acceptance of violence
- Early sexual initiation
- Coercive sexual fantasies
- Preference for impersonal sex and sexual-risk taking
- Exposure to sexually explicit media
- Hostility towards women
- Adherence to traditional gender role norms
- Hyper-masculinity
- Suicidal behavior
- Prior sexual victimization or perpetration

Relationship Risk Factors

- Family environment characterized by physical violence and conflict
- Childhood history of physical, sexual, or emotional abuse
- Emotionally unsupportive family environment
- Poor parent-child relationships, particularly with fathers
- Association with sexually aggressive, hypermasculine, and delinquent peers
- Involvement in a violent or abusive intimate relationship

Community Risk Factors

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

Societal Risk Factors

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

Protective Factors for Perpetration

Protective factors may lessen the likelihood of sexual violence victimization or perpetration by buffering against risk. These factors can exist at individual, relational, community, and societal levels. The few protective factors identified by researchers to date are listed below. Research in this area is ongoing.

- Parental use of reasoning to resolve family conflict
- Emotional health and connectedness
- Academic achievement
- Empathy and concern for how one's actions affect others



Tharp AT, DeGue S, Valle LA, Brookmeyer KA, Massetti GM, Matjasko JL. [A systematic qualitative review of risk and protective factors for sexual violence perpetration](#). *Trauma Violence Abuse*. 2013; 14(2): 133-167.

Sexual Violence Risk & Protective Factors <http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>

Evidence-Informed

- **Evidence-informed** and include a **theory** of how program activities will result in change. Program should be based in sound research and logic and examine the connection between a theory base, evaluation and desired outcomes or change.

Logic Model

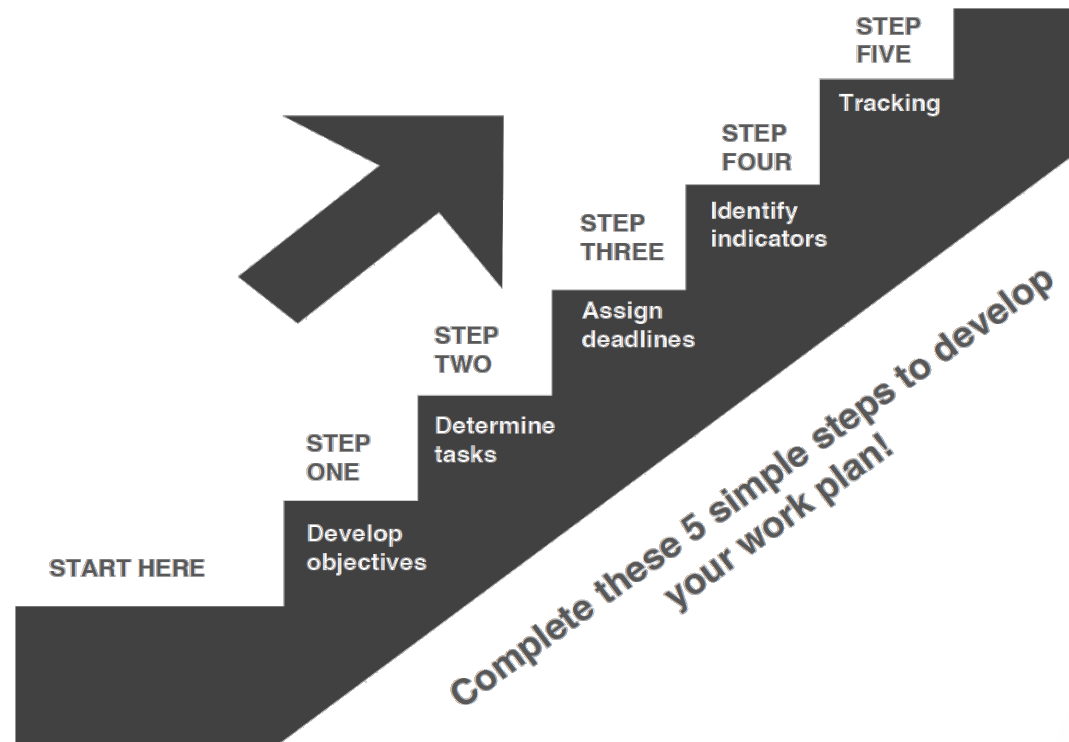
INPUTS/RESOURCES	ACTIVITIES	OUTPUTS	OUTCOMES	IMPACTS
In order to accomplish our set of activities we will need:	In order to address our problem or asset we will need to conduct the following activities	The activities will result in the targeted participants having received the intended services, evidenced by:	We expect that, when implemented, these activities will lead to the following changes:	We expect that, when implemented in their entirety, the ultimate achievement of the program activities will be the following:

ASSUMPTIONS

EXTERNAL FACTORS

Roadmap

- Built using a **roadmap** or process that connects program activities to desired outcomes.



Principles of Effective Prevention

- **Developed using the Principles of Effective Prevention:** Programs should be competently implemented to meaningfully effect change. Programs should employ varied teaching methods and consider multiple styles of learning. Programs should include sufficient dosage, foster positive relationships and be implemented by well trained, well supported, and competent staff.



10 Principles of Effective Prevention Programs/Strategies

1. Comprehensive: strategies address risk and protective factors for sexual violence at multiple levels of the Ecological Model or Spectrum of Prevention.
2. Varied teaching methods: multiple strategies that increase awareness and understanding as well as enhance and build new skills.
3. Sufficient dosage: exposure to enough of the intervention to produce the desired effect (i.e. multiple sessions). Research shows that 7-9 “doses” are needed to affect changes in attitudes and behaviors.
4. Theory driven: strategies that have a scientific justification or logical rationale for why they should work.
5. Positive relationships: strategies that promote strong positive relationships between children/youth and adults, youth to youth, and adult to adult.

10 Principles of Effective Prevention Programs/Strategies

6. Appropriately timed: strategies are initiated early enough and at the appropriate developmental time to have an impact on the development of positive and negative behaviors.
7. Socioculturally relevant: tailored to the community and cultural norms, beliefs and practices; inclusion of community representatives in planning and implementation phases.
8. Outcome evaluation: systematic measurements that can document how well the intervention works.
9. Well-trained staff: programs are implemented by staff that are sensitive, competent, and sufficiently trained, supported, and supervised.
10. Evidence-based: efforts that are informed by the best available research or expertise.

Maximizing effectiveness

Community-centered

- Program should be relevant, appropriate, and respectful to the community in which it is implemented.

Comprehensive

- Program should include activities on multiple levels of the social ecology.

Informed by evidence

- Program should be based in sound research and logic.

Well implemented

- Program should be competently implemented to meaningfully effect change.

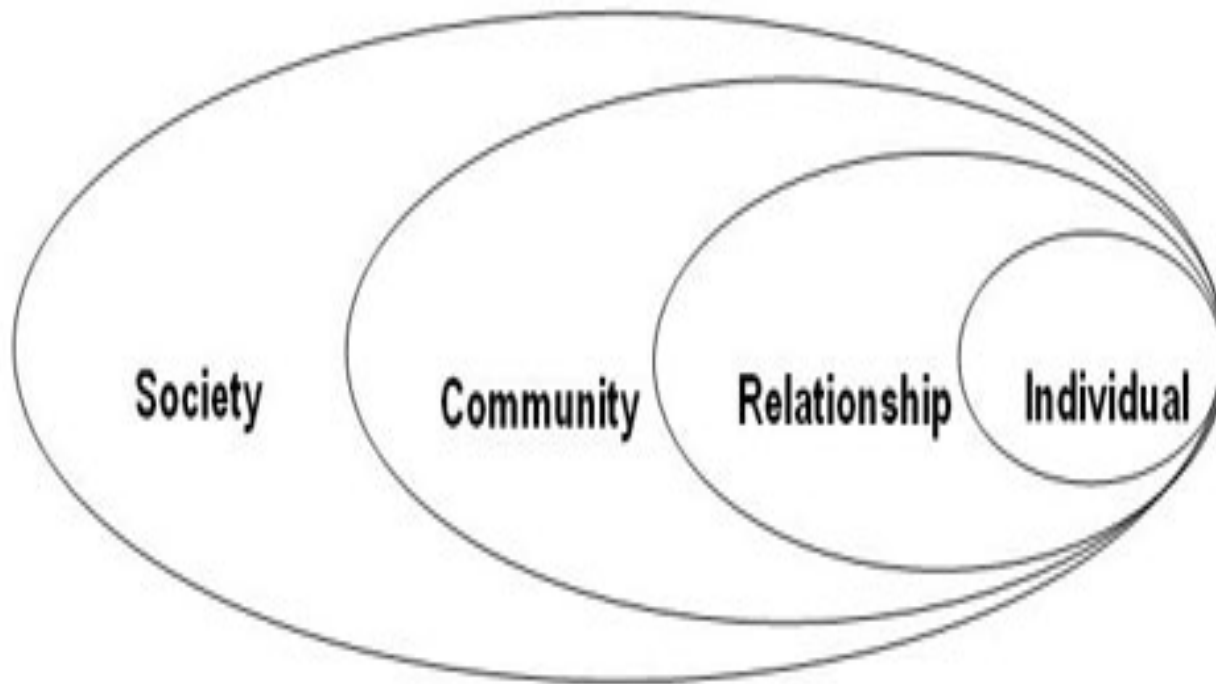
Community-centered

- Socio-culturally relevant
- Relevant to community experience
- Appropriately timed
- Helpful

Informed by evidence

- Theory Driven
- Outcome evaluation
- Why do you think this will make change?

Comprehensive



Well implemented

- Varied Teaching Methods
- Sufficient Dosage
- Positive Relationships
- Well trained staff

Key elements of best practice for CDPH RPE program

- Community-centered
- Collect and use SV surveillance or other sources of data
- Comprehensive primary prevention
- Informed by an understanding of risk and protective factors
- Evidence-informed
- Roadmap
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CDPH RPE Grouping

- Working in Middle Schools (NSVRC)
 - Shifting Boundaries
- Working in High Schools (NSVRC)
- Working in Colleges (CALCASA)
- Working with Men & Boys (TAASA)
- Working with Women & Girls (Sadie Nash)
- Community Organizing (Movement Strategies Center)
- Community Mobilization (Close to Home)

Eligibility and Timelines for Future CDPH Request for Applications (RFA)



CDPH RPE Program RFA Eligibility

- Applications will be accepted from all local rape crisis centers currently funded by the Governor's Office of Emergency Services for rape crisis services.
- All applicants must have the ability to dedicate a minimum of one (1) full-time equivalent (FTE) staff person for prevention activities.



CDPH RPE Program RFA Timelines (tentative)

- RFA Release:
February 2017
- Contract Period:
February 1, 2018 – January 31, 2022



Resources



**California Department of Public Health
Safe and Active Communities Branch
Violence Prevention Unit**

Rape Prevention and Education (RPE) Program

RPE Program Guidelines

June 2014

PreventConnect

- Web Conferences
- Podcasts
- Blog
- Facebook
- Wiki
- eLearning



The Hub



Learn.PreventConnect.org  My courses ▶

 Home > C > The Hub - CDPH RPE

Course categories:



Welcome to The Hub. The Hub is a training and technical assistance tool by the California Coalition Against Sexual Assault (CALCASA) for staff who work under a California Department of Public Health (CDPH) Rape Prevention and Education (RPE) contract.

The Hub is currently under construction, but you can already access resources to support RPE work, materials from past trainings and web conferences, and forums you can use to communicate with one another. Soon, the Hub will include eLearning courses on primary prevention, CDPH RPE, and more. These courses will be a great primer for new RPE staff members and will reinforce knowledge and skills for more experienced staff.



<http://learn.preventconnect.org/course/index.php?categoryid=10>

Past CALCASA Trainings and Web Conferences

Below are links and downloads for previous RPE trainings and web conferences conducted by CALCASA. They are listed in reverse chronological order.

-  [News forum](#)
-  [January 2016 Trainings](#)
-  [2015-09 Training on Anti-Oppression Practice](#)
-  [2015-07 Recording: Introducing the Hub web conference](#)
-  [2015-07 Slides: Introducing the Hub web conference](#)
-  [2015-06 Training & Networking Meeting](#)
-  [2015-05 Recording: RPE Reporting Requirements web conference](#)
-  [2015-05 Slides: RPE Reporting Requirements web conference](#)



How to Access the Hub

- If you do not have an account on www.learn.preventconnect.org, please create an account.
- Send your **username** to hub@preventconnect.org
- We will notify you when we have given you access to the Hub.



For more information

- For information on the CDPH RPE Program, contact Nancy Bagnato at nancy.bagnato@cdph.ca.gov
- For information on RPE Program resources, contact Jessie Towne-Cardenas at jessie@arboretagroup.com



Thank you

