



WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

**Wisconsin Rape Prevention and Education Program**

**Sexual Violence  
Prevention  
Needs Assessment Report  
2018–2019**

## Table of Contents

Executive Summary .....	1
Overview .....	2
Report .....	4
Findings & Conclusions .....	6
Key Findings.....	6
Survey .....	15
Listening Sessions .....	18
Methods .....	20
Background.....	22
References .....	25
Acknowledgements .....	26

Funding for the Rape Prevention and Education Program is provided by the Centers for Disease Control and Prevention, Atlanta, GA.

# Needs Assessment Executive Summary



## Background

The Rape Prevention and Education (RPE) program aims to prevent sexual violence in Wisconsin through primary prevention strategies.

## Needs Assessment

In order to gauge current efforts and community thoughts around sexual violence prevention, the Wisconsin Department of Health Services conducted a needs assessment to plan for the next five year grant cycle for the Rape Prevention and Education (RPE) program.



4 Community Listening Sessions



1 Provider Survey

### Top training needs:

1. Community-level prevention strategies;
2. Sexual assault primary prevention; and
3. Anti-oppression and/or cultural inclusivity



## Key Findings



**Collaboration and partnerships** – There is a need for collaboration between organizations and across sectors.



**Community-level approaches** – There is a push to tackle societal and community issues beyond individual education.



**Education** – There is a need for primary prevention education for providers and more education around the definition of sexual violence for the community.



**Climate** – People are uncomfortable with talking about sexual violence and lack knowledge about sexual violence in their communities.



**Culturally-specific approaches** – There is a lack of culturally-specific resources available for sexual violence prevention and more guidance on these strategies is needed in order to tailor prevention efforts for different communities.



**Youth Leadership** – It is important to engage youth in conversations, provide youth with leadership roles, and include peer-led education components.



**Social Norms** – Social norms mentioned by participants included the normalization of violence, harmful gender norms, and the objectification and sexualization of women and girls.

## Conclusion

There is a want and need for collaborative, community-level approaches for sexual violence prevention. There is a need for guidance and support in how to develop and implement strategies at this level. Furthermore, the current climate and culture around sexual violence highlights the need for education on the definition of sexual violence as well as primary prevention.

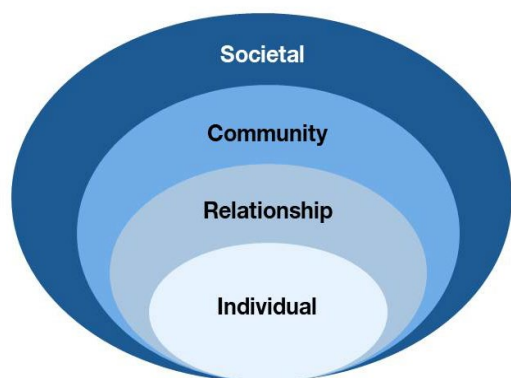


## Overview

Sexual violence is a problem in Wisconsin. Sexual violence refers to any act or behavior (verbal or physical) that is sexual in nature and conducted through force, threats, coercion, manipulation, or abuse of power.<sup>1</sup> 2010–2012 data from the National Intimate Partner and Sexual Violence Survey (NISVS) indicates that the lifetime prevalence of contact sexual violence is 35.5%, or more than one in three Wisconsin women.<sup>2</sup>



In order to prevent sexual violence before it ever occurs, the Wisconsin Department of Health Services (DHS) focuses its efforts on preventing sexual violence among adolescents, increasing protective factors in the communities in which they live and reducing risk factors. In 2017, 7.2% of high school students reported ever being physically forced to have sexual intercourse. Additionally, one in ten Wisconsin high school students experienced sexual dating violence, which is considerably higher than the national incidence of 7% of high school students.<sup>3,4</sup> These high numbers indicate a strong need for coordinated sexual violence prevention efforts across the state.



The DHS Rape Prevention and Education (RPE) program aims to prevent sexual violence in Wisconsin through primary prevention strategies. Primary prevention refers to stopping sexual violence before it ever occurs. Primary prevention strategies exist at every level of the social-ecological model; individual, relationship, community, and societal. As you move outwards in the social-ecological model, strategies have a greater impact by affecting a greater number of people.

With the transition into the next five year funding cycle (2019-2023), Wisconsin Rape Prevention and Education program conducted a statewide needs assessment to inform program planning and prioritization. Goals of the needs assessment included:

- Gain insights from community voice, particularly youth voice.
- Gather adequate information needed to inform a state program plan and evaluation plan;
- Establish strong understanding of the sexual violence prevention that is already happening in Wisconsin.
- Utilize tools such as STOP SV<sup>5</sup> and Connecting the Dots<sup>6</sup> and use shared risk and protective factors, the social determinants of health, and a health equity lens to inform process.
- Build and expand upon trusted partnerships.

In order to accomplish these goals, the needs assessment contained both qualitative and quantitative data collection methods. Four community listening sessions were held around the state to learn what prevention work is already taking place as well as gaps and barriers to preventing sexual violence in Wisconsin communities. In addition to the listening sessions, an online provider survey was administered across the state to capture various providers' sexual violence prevention strategies and activities and their priorities for prevention moving forward.

## Community Listening Sessions

---

A total of 63 community members participated in listening sessions that were held in Eau Claire, Green Bay, Milwaukee, and Madison. Of these community members, 25 were youth that participated in separate youth sessions led by peer and near-peer facilitators. While each community in Wisconsin is unique, shared themes emerged from the listening sessions. These themes include the following:

### **Collaboration and partnerships:**

Communities expressed a need for collaboration with other organizations and across sectors. Community members suggested that a collective approach, through coordinated efforts and shared messaging, would help in preventing sexual violence in their communities.

### **Community-level approaches:**

Moving outwards on the social-ecological model, participants indicated a need for more than individual-level education. There is a push to tackle societal and community issues beyond the schools. Participants and organizations want more guidance and support on how to do this.

**Climate:** Participants stated that people are uncomfortable with talking about sexual violence and do not have a lot of knowledge about the sexual violence occurring in their communities.

### **Culturally specific approaches:**

Participants listed a wide array of culturally specific communities in which they live and work. Currently, there is a lack of culturally specific resources available for sexual violence prevention in Wisconsin and many participants would like more guidance about culturally-specific strategies in order to tailor prevention efforts to different communities.

**Social norms:** Social norms can be a barrier to addressing and preventing sexual assault. Social norms mentioned by participants included the normalization of violence, harmful gender norms, and the objectification and sexualization of women and girls.

**Education:** In addition to the need to develop and implement community-level approaches, education was still emphasized as a key component of sexual violence prevention. There was general consensus around wanting education—including comprehensive sex education, healthy relationships, and consent education—to start at a younger age. Additionally, there is a need for primary prevention education.

**Youth leadership:** Both the adult and youth listening sessions stressed the importance of engaging youth in these conversations, providing youth with leadership roles, and including peer-led education components in prevention strategies.

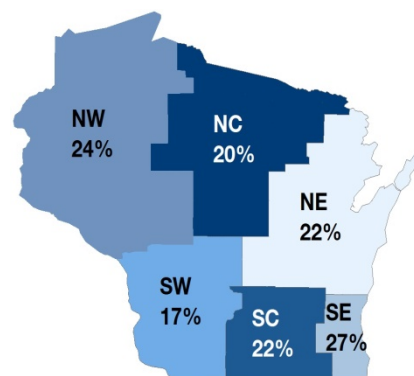
**Priority populations:** Community members agreed that effective prevention strategies need to engage everyone in order to be successful. However, one size does not fit all. In order to meaningfully include certain groups, tailored efforts to reach priority populations are needed. Participants mentioned engaging men and boys, providing opportunities and empowerment for girls and women, and reaching the LGBTQ community.

Needs and barriers were also a key point of discussion. The barriers to prevention work centered around resources and funding. Additional barriers include access to schools and reaching students, lack of broad consistency around education standards and practice, and staff time dedicated to prevention. Participants mentioned several needs, including culturally specific resources, sexting education, consistent prevention strategies (and not one-time education lessons), more creative and youth-centered curricula, and enforcement of sexual violence and harassment policies in both the work and school settings.



## Provider Survey

From September to October 2018, 86 respondents completed the provider survey. There were 35 partial responses included in the analysis of several questions. Respondents came from around the state and represented a variety of organizations and agencies, including dual sexual assault and domestic violence agencies, nonprofits, sexual assault advocacy programs, colleges, local health departments, and health care agencies. The majority of respondents, 58%, came from dual sexual assault and domestic violence agencies, or sexual assault advocacy programs.



Percent of respondents from the six WCASA regions

### Key findings from the provider survey include:

The need to further develop and advance **partnerships**



#### Top three proposed priority areas for prevention funding:

- Social-emotional learning;
- Culturally specific approaches;
- Mobilizing men and boys as allies



#### Top training needs:

- Community-level prevention strategies;
- Sexual assault primary prevention; and
- Anti-oppression and/or cultural inclusivity



#### Barriers to doing sexual violence prevention work:

- Availability of resources for culturally specific prevention
- Staff time dedicated to prevention in their agency
- Funding for sexual assault and prevention
- Training and technical assistance on sexual violence prevention



Additionally, respondents discussed the sexual violence prevention strategies their agencies currently implement. Agencies reported the greatest percentage of their prevention efforts target strengthening individual knowledge and skills and promoting community education. On average, organizations spend 35% of their time on individual skills and knowledge and 23% on promoting community education.

## Recommendations

The findings from this needs assessment indicate both a want and need for collaborative, community-level approaches for sexual violence prevention. Communities want guidance and support in how to develop and implement strategies at this level. Furthermore, the current climate and culture around sexual violence highlights the need for education on the definition of sexual violence as well as primary prevention.

**Wisconsin Rape Prevention and Education Program**

**Sexual Violence Prevention  
Needs Assessment**

**Detailed Report**



**WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES**

# Report

## Findings and Conclusions

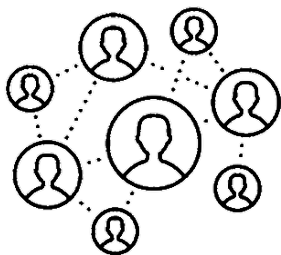
### Key Findings

While each community in Wisconsin is unique, shared themes emerged from both the listening sessions and the provider survey. These shared themes are the focus of this section.

#### *Collaboration and Partnerships*

Participants identified developing and strengthening collaboration and partnerships as a major need. These collaborations should span across sectors, and participants suggested a number of organizations and agencies they would like to partner with. Different groups currently work in silos and informants hoped to move toward collaborative efforts. Suggestions for ways to do this included:

“Who is in youth’s lives – parents, teachers, guardians, caregivers, coaches, faith leaders, after-school providers, how do we get all these people on the same page?”  
-Adult Participant



- Multidisciplinary teams
- Shared resources and messaging
- Connect multiple agencies for a collective response
- Shared terminologies
- Coordinated efforts

One group shared the importance of connection, vulnerability, and commitment in developing partnerships. In order to generate a collective response, people stated that they want more time to collaborate and build partnerships with other groups.

“If we could coordinate these efforts so there is consistency in messaging, it would almost be like brand recognition, having that agency that coordinates that work is vital.”  
-Adult Participant

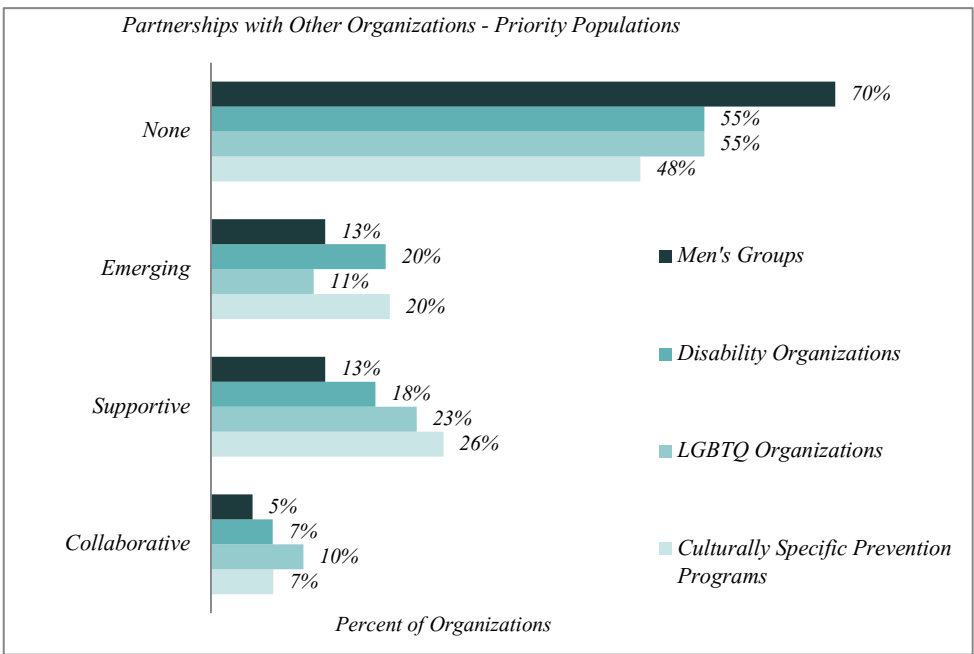
#### **Potential Collaborations**

(shared in listening sessions)

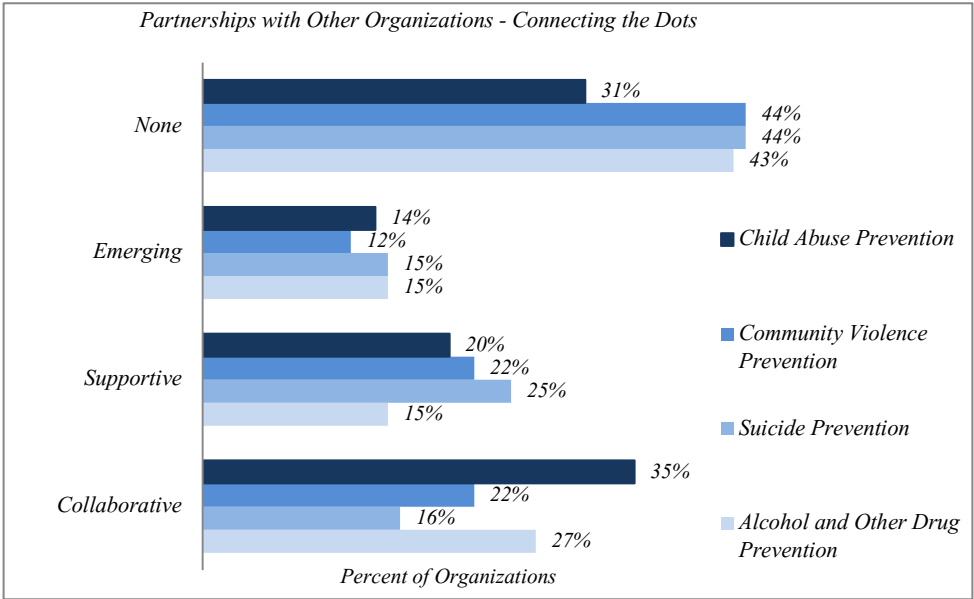
- Boys and Girls clubs
- Child Protective Services
- Community centers
- Daycare centers
- Health care providers
- Health departments
- Law enforcement
- Schools
- YMCAs
- Youth-serving organizations







These charts, from the provider survey results, show the varying levels of partnership between respondents and different types of organizations, groups, or programs. In relation to priority populations, 10% of respondents have collaborative partnerships with LGBTQ organizations. Additionally, 70% of those surveyed have no prevention-related partnerships with men's groups.



There are more collaborative partnerships with other violence-related organizations than with priority population organizations. 35% of providers surveyed indicated a collaborative relationship with child abuse prevention groups or organizations.

Furthermore, collaborative partnerships do exist between sexual assault service providers and domestic violence service

providers. About 50% of those surveyed, most of whom were sexual assault and domestic violence agencies, have collaborative partnerships with other sexual assault service providers and domestic violence service providers.

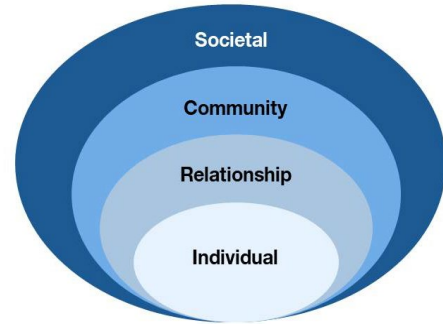
**Types of Working Relationships** (as defined in the provider survey)

- **Collaborative:** Meet regularly; engage in collaborative planning about prevention, and do some type of jointly run prevention strategies.
- **Supportive:** Meet at least occasionally, communicate about your prevention work, and share ideas but do not have jointly run prevention strategies.
- **Emerging:** Beginning to talk about prevention and to form a relationship.
- **None:** Have a supportive partnership, but it is not focused on prevention OR you have no formal connections



### Community-Level Approaches

Community-level approaches target social, economic, and environmental characteristics of neighborhoods, schools, and other community settings. Participants cited a need to move toward implementing community-level strategies and not solely targeting the relationship and individual levels with education. Community members discussed the importance of tackling societal and community issues that exist beyond the school setting.



Participants and organizations are looking for more guidance and support on how to do this. Respondents indicated community-level prevention strategies as the top-rated training need, as supported by the provider survey. While youth listening session participants were more likely to be familiar with individual and relationship-level approaches to preventing sexual violence, they

brought up several community-level interventions. Youth consistently expressed that perpetrators of bullying and harassment were not held accountable in their schools. Young people focused on the enforcement of existing policy to address this issue. Some youth participants also expressed concerns with school policies, including school dress code policies that they saw as reinforcing victim-blaming attitudes.

“Dress codes at schools...that’s victim blaming for telling them what not to wear”  
-Youth Participant

### Climate

Climate, in the context of the needs assessment, refers to people’s everyday environment and their experience of messaging related to sexual violence. It also includes awareness and recognition of sexual violence as a problem. Both youth and adult participants agreed that Wisconsin’s climate around sexual violence and prevention is marked by a lack of awareness, discomfort in having conversations about this topic, and victim-blaming messages. Participants cited that community members are unaware of the reality of sexual violence. In addition to this, many still equate sexual violence with rape. Although rape is one form of sexual violence, sexual violence includes many other offenses including harassment, unwanted sexual contact, trafficking, stalking, coercion, incest, and child sexual abuse.



“Conversations around diversity and inclusion have opened up a lot more willingness to hear about other things that the community hadn’t previously been open to.”  
-Adult Participant

Youth specifically highlighted that they did not feel that their communities took sexual violence seriously. In every listening session young people brought up that their classmates make jokes about rape. Some young people felt that their communities had the resources to address sexual violence, but that people did not care enough about this specific issue to make a change.

## Culturally Specific Approaches

Participants listed a wide array of cultural communities in which they live and work. Currently, there is a lack of culturally specific resources available for sexual violence prevention in Wisconsin. Many people would like more guidance about culturally specific strategies in order to tailor prevention efforts to different communities. Culturally specific resources and resources in different languages were also important to participants.



Participants thought it was important that educators and speakers are knowledgeable about the community they work in, and that it's best if they're from the community they are working in. Results from the survey also showed that culturally specific approaches are a top priority to current providers.

### Survey respondents' top priorities for prevention funding.

Priority Area	Percent of respondents who chose this priority
Social-emotional learning (example: Second Step curriculum, strategies that improve empathy, problem-solving, emotional regulation)	41%
Culturally specific approaches (example: youth programs for Native American and LGBTQ teens)	40%
Mobilizing men and boys as allies (example: Coaching Boys into Men curriculum, healthy masculinity programs)	37%
Bystander approaches (example: bystander intervention trainings, Safer Bar trainings)	35%
Establishing and consistently applying policies in workplace, school, and community (example: sexual harassment policies, school dress code policies, alcohol policies)	22%
Strengthening leadership and opportunities for girls (example: Athletes as Leaders curriculum, positive youth development programs, girl-led community projects)	22%
Improving safety and monitoring in schools (example: Shifting Boundaries curriculum, hot-spot mapping of where harassment occurs)	15%



### Social Norms

Social norms can be a barrier to addressing and preventing sexual assault. Social norms mentioned by participants included the normalization of violence, the objectification and sexualization of women and girls, and harmful gender norms.

Almost two in three providers surveyed agreed that sexual violence is normalized in their community. In support of this, youth participants cited that sexual violence is not taken seriously and there are many jokes made about it. Furthermore, the messages that people hear around sexual violence are victim-blaming, even though victims are never responsible for their assault. On the other hand, some participants believe that the #MeToo Movement and conversations around inclusion have opened up a space for discussions that previously did not exist.

Another social norm mentioned was the objectification of women and over-sexualized messages in the media. Youth participants noted that portrayals of women and girls were commonly objectifying and sexualized, listing music videos, music lyrics, and movies as common sources of these messages. Unhealthy sexual messages and the objectification of women and girls can normalize sexual violence, especially when they are a part of a community's everyday media consumption.

Participants frequently brought up gender as a key social norm in sexual violence prevention. Gender norms manifested in various ways, including expecting girls and women to be submissive, employing dress codes designed to keep young women from distracting young men, expecting and allowing boys to be aggressive, and reinforcing the false idea that men cannot be victims of sexual violence, among other examples. Sexual violence was still seen as a gendered issue, where women are the victims.

Norms also manifested in the demographics of listening session attendees. Though Wisconsin Department of Health Services did not ask participants of the listening sessions to disclose their gender identity, it was concluded based on group discussion, that no adult listening session participants identified as men. Each listening session involved discussion on how to better engage men and boys in sexual violence prevention. Young men and boys did participate in the youth listening sessions. Participants cited that gender norms harmed them not only in ways that directly impacted sexual violence, such as believing they must be sexually aggressive and therefore cannot be victims of sexual violence, but also in ways that prevented them from getting involved in social issues more broadly. Gender norms may affect male community involvement broadly and involvement in sexual violence prevention specifically.

“When you’re a dude and you say something trying to make a change to the world, another dude will tell you to shut up.”  
-Youth Participant



### Education

Needs assessment respondents also regard education as a key component of sexual violence prevention. There was general consensus around wanting education—including comprehensive sex education, healthy relationships, and consent education—to start at a younger age. Many participants indicated this younger age to be elementary school and pre-kindergarten, such as bringing age-appropriate consent education into daycare settings. Currently, the main prevention strategy being used in Wisconsin is strengthening individual knowledge and skills through education (as reported from the provider survey). The majority of these prevention efforts in schools are occurring in grades 9–12, followed by grades 6–8, and college. Few prevention efforts are in pre-kindergarten through fifth grade levels.

**77%** of respondents are doing prevention work in schools

Youth participants agreed on the importance of providing more education, and expressed desire for schools to support sexual violence prevention education and activities. Youth and adults also agreed education needs to be more engaging for youth and include peer-led components. While peer components were important to young people, youth participants also consistently expressed desire for trusted adults in their lives to be able to have conversations about sexual violence and other sensitive topics with them. In order to increase reach, participants suggested

[We have observed an] “Alarming increase in survivors that come to the office that have little to no sexual health knowledge. They know what consent is but they don’t know what sex is or what their parts are. The LGBT community coming in does not have info at all.”  
-Adult Participant

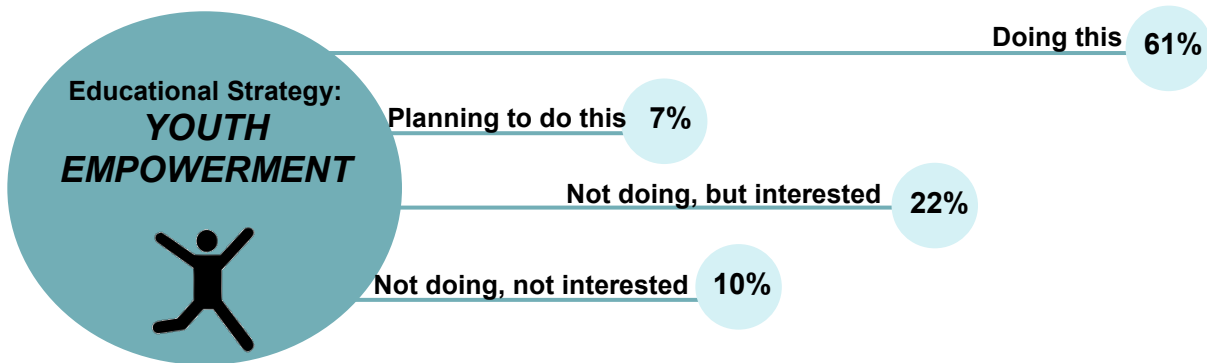
making some education required and using incentives. Youth participants specifically suggested that even small incentives could be highly motivating. Participants agreed that spending one hour in the classroom a year educating about sexual violence and related information is not enough; dosage is important.

“People don’t know what sexual violence and dating violence are.”  
-Youth Participant

Additionally, there is a need for primary prevention education for providers and more education around the definition of sexual violence for the community.

### Youth Leadership and Engagement

Both adult and youth participants stressed the importance of engaging youth in conversations about sexual violence prevention, providing youth with leadership roles, and including peer-led education components in prevention strategies. Peers are more likely to listen to someone their age and often find that person more relatable. Additionally, there is a need for increased leadership opportunities for young people. Youth can drive change and need to be involved in creating the strategies from the beginning. Youth voice makes programs more effective and applicable to youth participants, and youth engagement programs also increase protective factors through positive youth development. For more information on the benefits of youth engagement and how to engage youth as leaders in prevention programs, see The Youth Engagement Toolkit.<sup>7</sup>



- Of survey respondents, 61% said their agency is implementing youth empowerment strategies; 22% are not currently doing but are interested in youth empowerment.
- About 35% of survey respondents said their organization’s activities address the protective factor of youth participation in community-based or community-led organizing.

## Priority Populations

Community members agreed that effective prevention strategies need to engage everyone in order to be successful. However, one size does not fit all. In order to meaningfully include certain groups, tailored efforts to reach priority populations are needed. Specifically, participants mentioned engaging men and boys, providing opportunities and empowerment for girls and women, reaching the LGBTQ community, and tailoring efforts to meet the needs of specific cultural communities, especially marginalized groups.



Engaging men and boys was a strategy mentioned in many of the sessions. Participants want to see more men get involved as allies, and it was suggested that fraternities and sport teams should be targeted. Many community members view sexual violence as a women's issue due to the climate and messaging around sexual violence. Participants see involving men and boys as one way to change this.

Participants named empowering and creating economic opportunities for women and girls as another strategy to prevent sexual violence. This included teaching body autonomy, women's and gender studies classes, and adult women as role models. To some, girls' empowerment meant having a community where women and girls feel like they are enough by themselves.

Increased economic opportunities for women was also mentioned as means to prevent sexual violence.

“Prevention is about changing a culture”  
-Adult Participant

Participants also cited the importance of reaching the LGBTQ community in this work. Many brought up the ways this is occurring already, including through gender equity clubs, hiring a public ally from the community to do outreach, and the development of a guidance book for teachers about policies supporting transgender, non-binary, and gender expansive students.<sup>8</sup> At the same time, youth listening session participants in particular cited that more work is needed, as adults in their lives sometimes still reinforce harmful gender norms or do not respect gender diversity. Further, participants noted that educational materials, including comprehensive sexual health education curricula and education focused on defining or identifying sexual violence, often focus on heterosexual relationships and individuals. The LGBTQ community faces higher rates of sexual violence

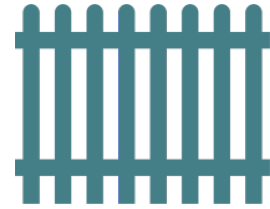
Finally, many marginalized communities have been excluded from previous prevention efforts, and community members expressed the necessity to account for the needs of specific cultural communities when implementing prevention programs. Language, culture, historical trauma, racism, and many other factors impact the way community members experience and address sexual violence. Youth specifically noted that the culture of their families and trusted adults impacted whether and how people talked about sexual violence in their communities. In some cases, prevention work has been tailored to center on the needs of marginalized groups, but community members felt that much work remained. Overall, there is a need for inclusivity and cultural competence in our communities, and organizations should work to be more socially and culturally conscious so people are not excluded.

- Engaging men and boys
- Opportunities for girls and women
- LGBTQ community
- Culturally specific communities



## Barriers and Needs

The barriers to prevention work primarily focused on resources and funding. Many barriers and needs are addressed within other key themes above. Additional barriers include access to schools and reaching students in order to provide education, lack of broad consistency around education standards and practice, and staff time dedicated to prevention. Participants also cited mandated reporting, regardless of intended impact, as a barrier for youth to share their experiences with adults. This may hinder trusting adult-youth relationships.



Some needs mentioned included more culturally specific resources, more programs in rural areas, sexting education, consistent prevention strategies and more than one-time education lessons, more creative and youth-centered curricula, and policy enforcement in schools and work places, including holding perpetrators accountable. Youth, especially, hoped for more support regarding consistently holding students accountable for bullying and harassment.

[There is a] disconnect between the most vulnerable and who is getting the information and education about healthy relationships”  
-Adult Participant

Other needs represented broader social issues, such as increased access to mental health care, increased community cohesiveness, and economic supports for families. These observations suggested that broad issues and needs may impact sexual violence prevention. Additionally, participants pointed out that each community is different and local level needs assessments may be necessary to find out the greatest needs and most applicable solutions for each community.

## Additional Findings

### Primary Prevention

The definition of primary prevention of sexual violence is stopping sexual violence before it ever occurs.<sup>4</sup> Primary prevention focuses on perpetration and societal conditions that lead to sexual violence. This differs from risk reduction, which aims to prevent further harms after violence has occurred. Risk reduction strategies, such as teaching self-defense, place the responsibility of prevention on victims rather than on perpetrators and broader society. This assessment highlighted that providers do not fully understand primary prevention and the strategies associated with it. In support of this, over 25% of those surveyed indicated sexual assault primary prevention as a top training need for those working in prevention. Since the focus of the RPE initiative is primary prevention, it is important that there is clarity and guidance on this definition and the strategies it supports.

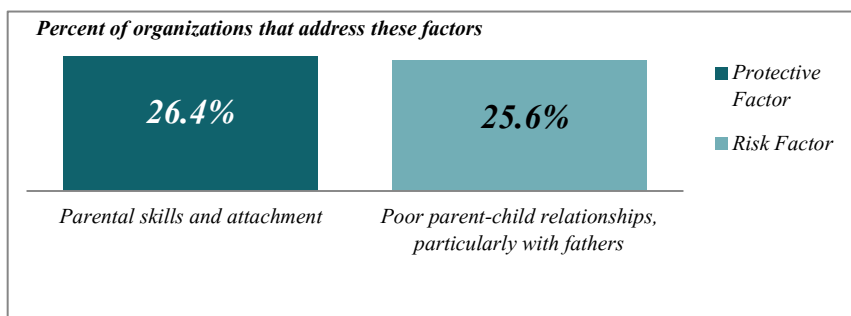
### Parent and Adult Engagement

The theme of parent engagement overlapped heavily with proposed solutions. Participants suggested educating parents and teachers at the same time in order to have shared knowledge and messages both in school and at home. Helping parents understand what is being taught to their children can also increase acceptance for sexual violence prevention to be addressed in schools and create communities where people discuss the issue more openly.



Participants emphasized that parents and guardians should learn more about social media, especially since youth may experience loneliness due to lack of in-person communication due to phones and social media use.

Participants also stated the need to give parents tools to have conversations around sexual violence and consent. One proposed idea was to hold parent workshops on this topic and provide resources and educate parents. Generally, parents and guardians are uncomfortable having these conversations and providing resources to parents could help resolve this. Only about a quarter of survey respondents said they were addressing risk and protective factors associated with parents and guardians.



### *What prevention activities are already happening in Wisconsin?*

There are many organizations in Wisconsin working to prevent sexual violence through a variety of approaches and strategies. The following is a list of current prevention efforts that participants mentioned; however, this list does not paint the whole picture of prevention efforts in Wisconsin.

- Anti-sexual violence campaigns
- Anti-bullying programming
- Comprehensive lifespan sexuality education
- Education in juvenile detention centers
- Education in schools around healthy relationships, violence, consent, bullying, and communication
- Youth groups and youth programming

### **In the Spotlight**

The Fond du Lac Says No More Initiative is an example of sexual violence prevention work that is already happening in Wisconsin.<sup>9</sup> This Fond du Lac Area Women’s Fund initiative is a community-level campaign that brings together local partners to end domestic violence and sexual assault. The initiative consists of community events, education, and bystander trainings.

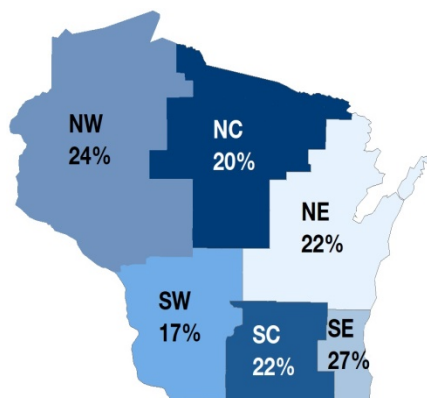


Overall, participants were eager to speak about this topic and share their ideas; however, many stated that the climate of their communities is that people do not talk about sexual violence openly. Furthermore, they suggested many strategies that could be implemented in Wisconsin to prevent sexual violence. These strategies and insights will be considered in the RPE Program planning and prioritization processes.

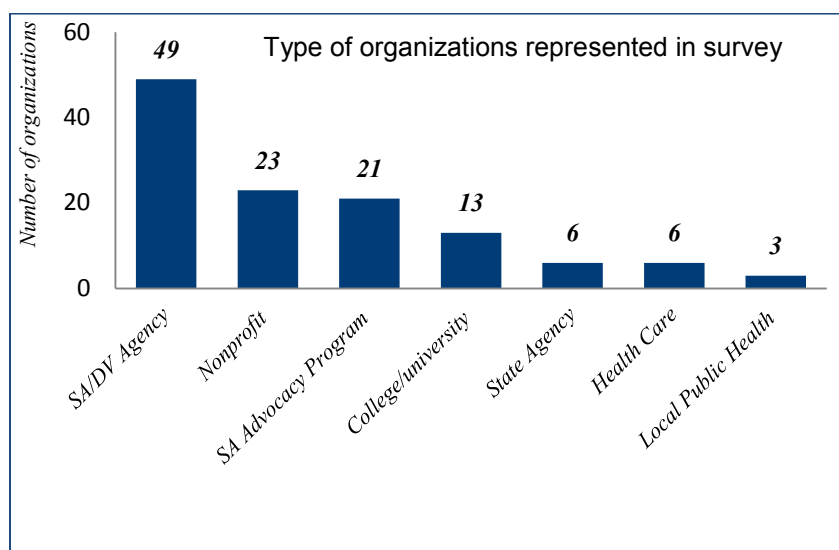
## Survey

The total sample size for the online survey was 121; however, only 86 respondents completed the entire survey. The incomplete surveys were considered in analysis for many questions, so sample size varies per question.

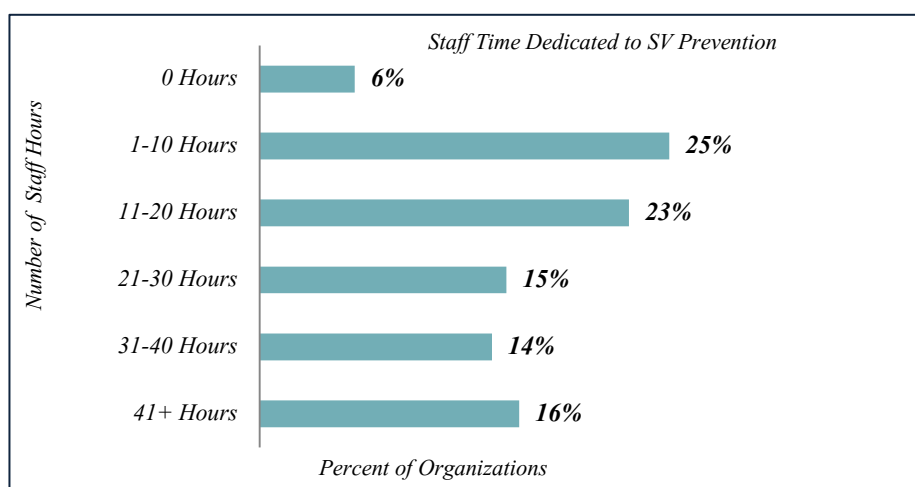
Every region participated in the survey with approximately equal distribution between all six regions. Totals do not add to 100% because organizations could select more than one region based on the populations they serve. There were several types of organizations and agencies who participated in the survey. These include dual sexual assault and domestic violence agencies (SA/DV), nonprofits, sexual assault advocacy programs, colleges, local health departments, health care agencies, and state agencies.

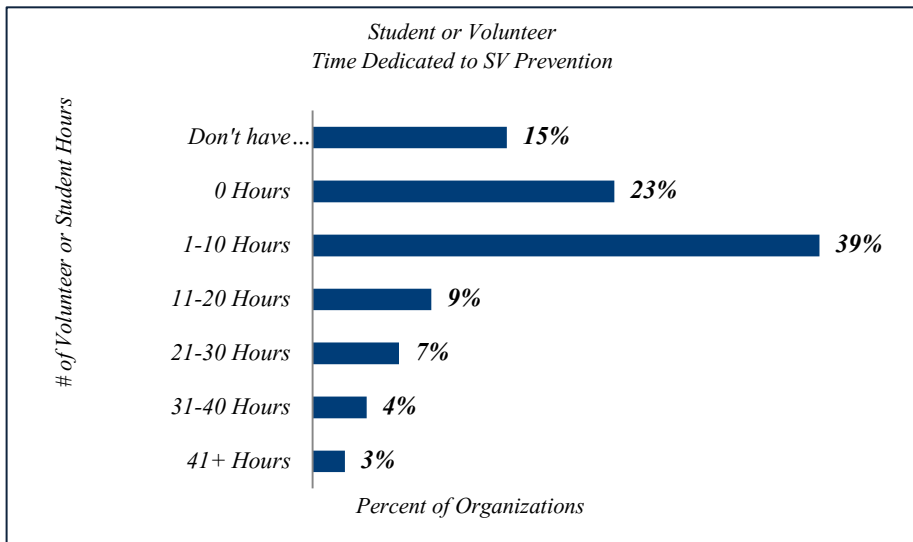


Percent of respondents from the six WCASA regions



Staff time dedicated to prevention was assessed and results show that most organizations (70%) don't have enough staff time dedicated to prevention to staff one full-time prevention-focused position.



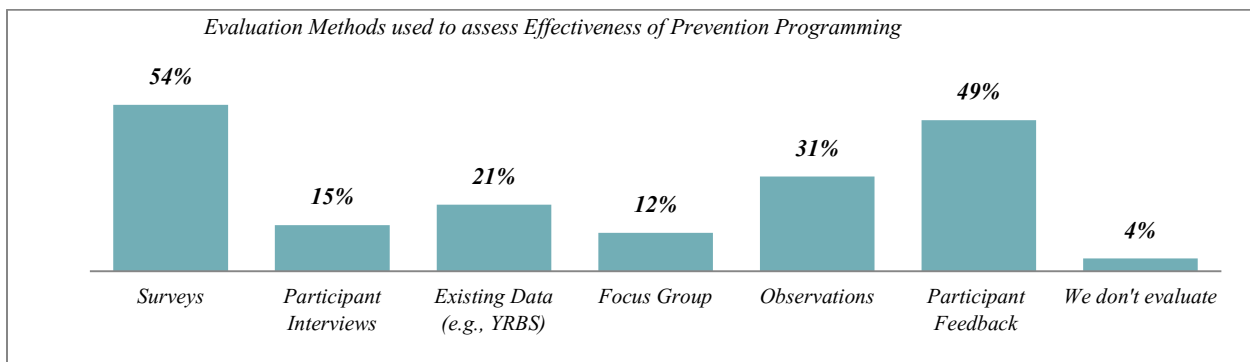


Approximately 38% of organizations have no student, volunteer, or fellow hours dedicated to sexual violence prevention, and the majority (almost 40%) have 1-10 hours of student, volunteer, or fellow time that is dedicated to prevention.

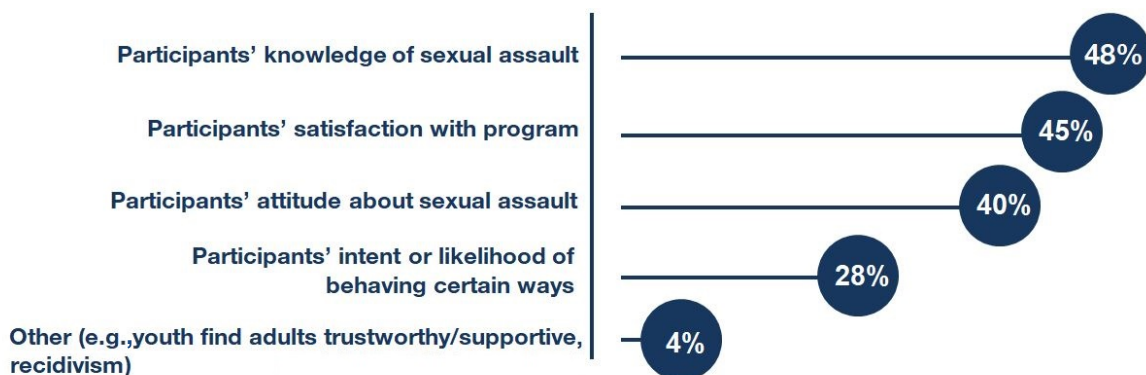
### Evaluation

Evaluation is a key component to public health programs. In order to assess whether or not a program is effective, it must be evaluated. There are a number of approaches to evaluation, with some methods being more rigorous than others.

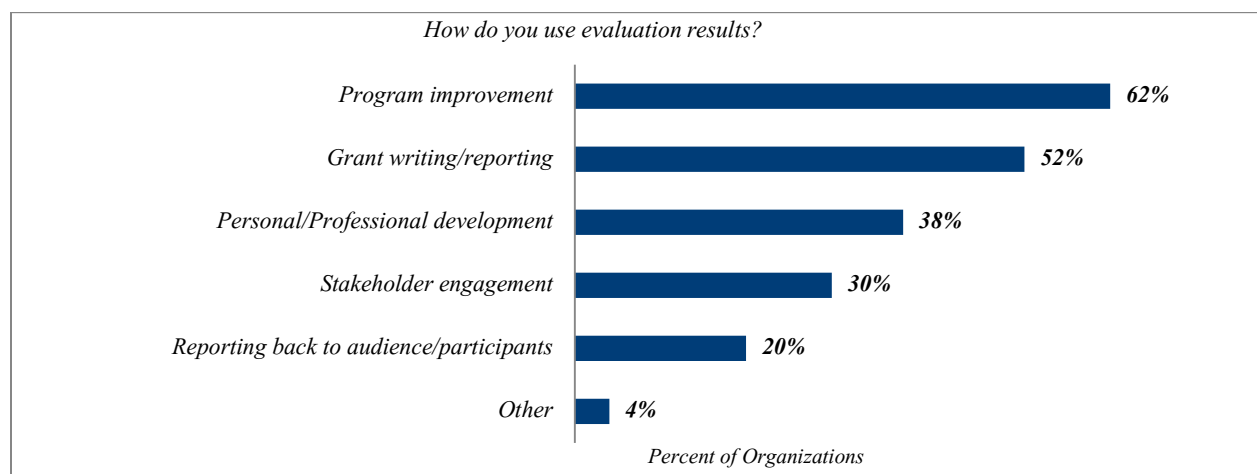
The most common evaluation methods used by organizations working on sexual violence prevention are surveys and participant feedback.



Almost 50% of survey respondents use participants' knowledge of sexual assault as an outcome measure for evaluating their prevention programs.



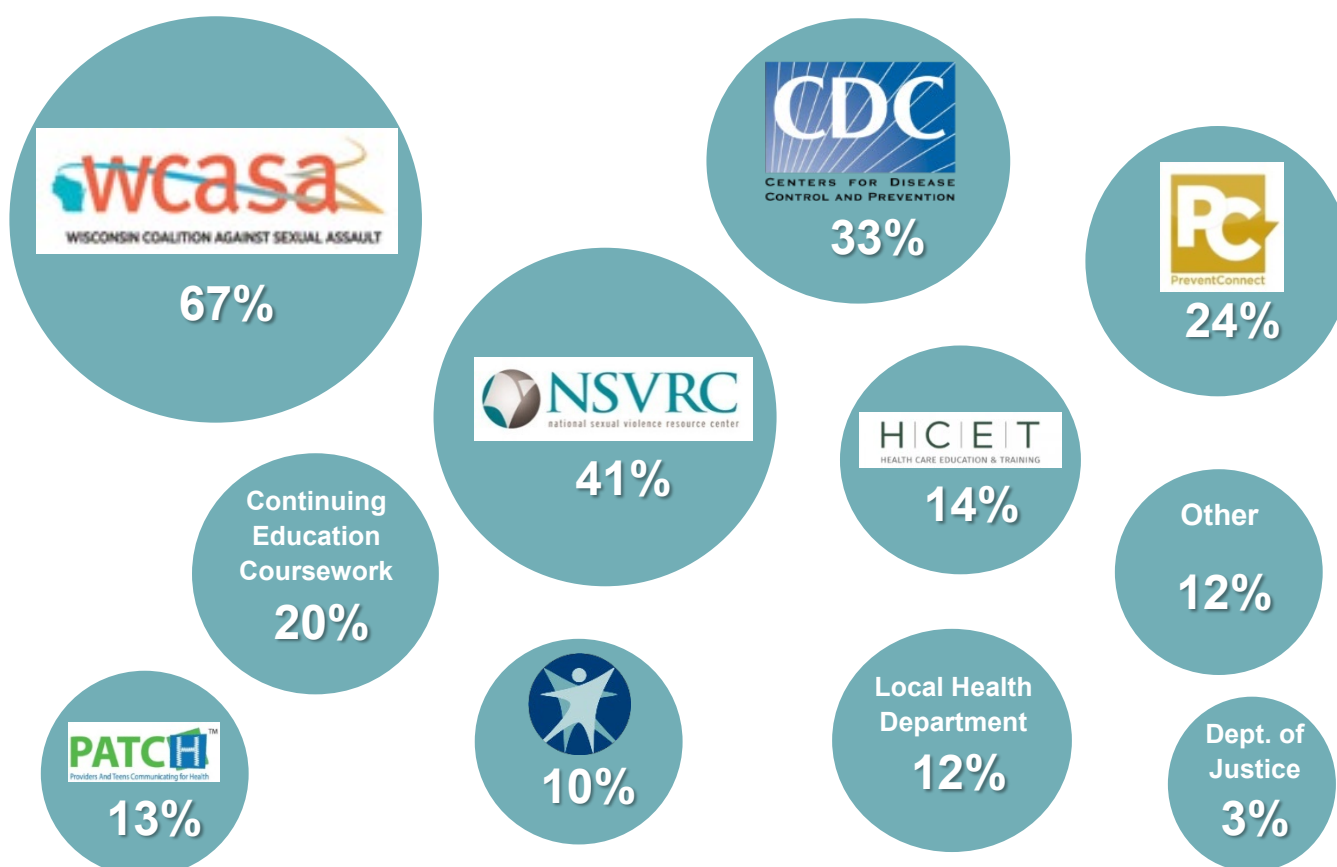
The majority (62%) use their evaluation results for program improvement.



### Training

Organizations receive training, resources, and professional development in sexual violence prevention from a variety of sources. The most commonly used resource by survey respondents is the Wisconsin Coalition Against Sexual Assault (WCASA).

\*The percentage of original sources used may vary because WCASA sends out resources from other sources in addition to their own, so organizations may have indicated their sources were from WCASA even if they were developed by another organization.



## Strengths and Weaknesses?

Several strengths and resources listed here were also presented as a weakness in other contexts, sometimes within the same community. Many strengths and resources were also highlighted as a further need. Different communities also have different sets of strengths and resources.

For example, some participants listed their schools as a community strength, but another group of participants cited schools as a location where people experience sexual harassment.



### Listening Sessions

Overall, there were five adult sessions and four youth sessions. There were a total of 63 participants, 38 adults and 25 youth. Community members listed numerous strengths and resources in their communities and across Wisconsin, many of which they stated related to sexual violence prevention. Some could be considered a strength and a resource. This list is not exhaustive and came directly from what participants shared during the listening sessions.

#### Combined Community Strengths Across Wisconsin

- Activism
- Awareness
- Collaborations
- Conversations
- Diversity
- Education
- Educators
- Faith-based organizations
- Families
- Friends
- Gathering places
- Gender equity clubs
- Healing groups
- Housing
- Inclusive
- Institutions of higher education
- Internet
- Internships
- Intersectionality
- Media
- Non-profits
- Passionate youth
- Resiliency
- Safe
- Schools
- Sexual assault provider services
- Student opportunities
- Support
- Talent, caring people
- Teen forums
- The arts
- Youth advisory boards

#### Community Resources Across Wisconsin

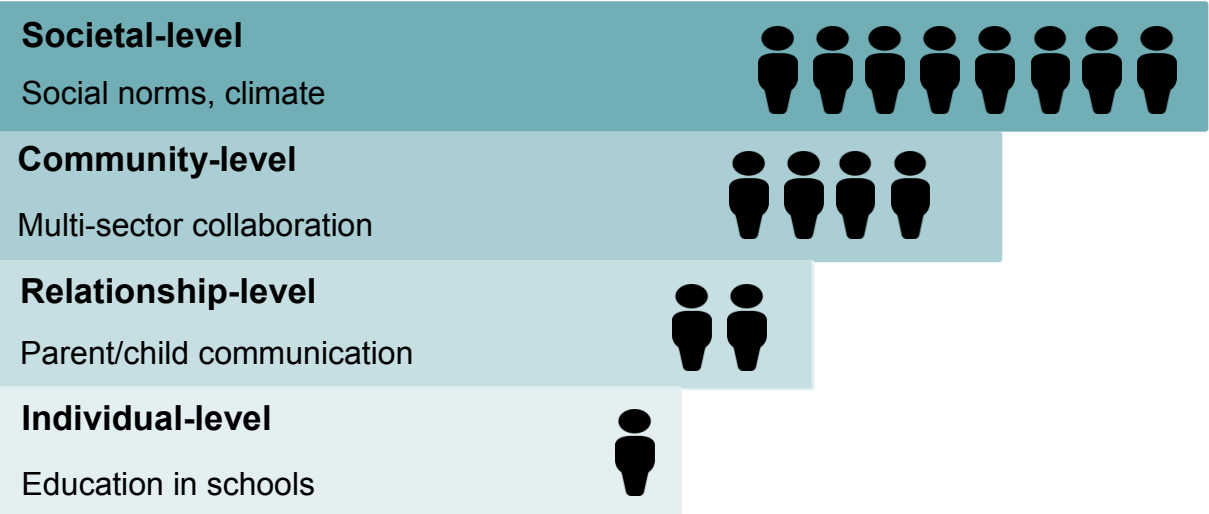
- Advocates
- Businesses
- Faith-based organizations
- Clinics
- After-school programs
- Community table
- Counselors
- Daycare
- Direct service organizations
- Domestic violence service providers
- Statewide coalition against domestic abuse
- Events
- Family planning clinics
- Farmers markets
- Fire departments
- Food pantries
- Gender and sexuality alliances
- Homeless shelters
- Latino community organizations
- Latinx LGBTQ clubs
- Law enforcement
- Legal advocacy
- LGBTQ+ campus centers
- Library
- Mental health resources
- Multicultural centers
- Community centers
- Non-profits
- Police
- Sexual assault service providers
- Schools
- Services
- Shelters
- Social workers
- Supportive health departments
- Teachers
- Universities
- Statewide coalition against sexual assault
- Youth advisory councils



**Conclusions and Recommendations**

The information from this needs assessment provides insights on sexual violence prevention across Wisconsin. Key themes from the survey and listening sessions included the need for stronger collaborations, the strengths and gaps of current sexual violence prevention education—including the need for a shared definition of sexual violence—and the influence of social norms and climate on prevention activities. Engaging youth as leaders regarding issues that affect them is an example of strong prevention work and an area of continued need. Providers and communities alike are looking for more resources around culturally specific strategies and hope to move in a unified way toward community-level approaches. Ultimately, the goal is to stop violence before it begins, and this will require a unified understanding of and commitment to primary prevention.

According to the CDC, prevention “requires understanding the factors that influence violence.” As previously mentioned, one way to understand violence and the potential impact of prevention strategies is the social-ecological model.<sup>10</sup> The themes that emerged from the needs assessment can be thought about at the different levels of the social-ecological model. The graphic below demonstrates where several strategies mentioned in the needs assessment may fit in the social-ecological model. This list is not exhaustive, and some strategies can fit into multiple levels depending on their implementation.



Because each level influences another, it is necessary to act across multiple levels of the model at the same time. Working at every level—individual, relationship, and community—can lead to sustainable societal level change.

**Impact on Program Planning**

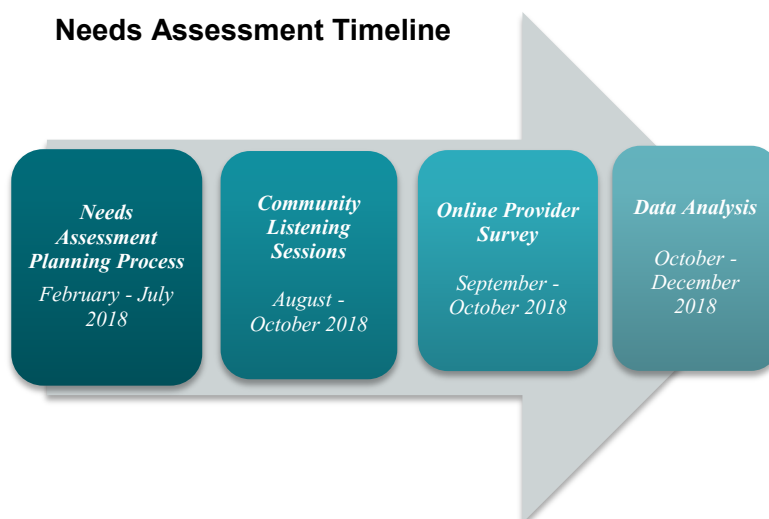
The needs assessment helps us to monitor the problem of sexual violence, understand the current risk and protective factors being addressed, and develop prevention program strategies. It also provides a better understanding about how a strategy could impact a community. While many factors, including other available data, related state priorities and capacity, and national funding priorities, inform the way Wisconsin approaches sexual violence prevention, the information gained from this needs assessment will form an important part of planning for the future of sexual violence prevention across Wisconsin.

## Methods

The RPE needs assessment was completed with the support of RPE supplemental funds. The goal was to inform Wisconsin's RPE program planning for the next five-year funding cycle. In order to gain a more comprehensive look at the sexual violence prevention in Wisconsin, data was collected in the form of a survey and listening sessions. The listening sessions covered four out of the five Division of Public Health regions and the survey covered all regions.

The needs assessment consisted of four community listening sessions and an online provider survey. The needs assessment planning process began in February 2018 and data collection was completed in October 2018. The survey and listening session facilitator guide were developed in partnership with Wisconsin Coalition against Sexual Assault (WCASA).

### Needs Assessment Timeline



### Listening Sessions

The goal of the listening sessions was to get community input and youth voice on the topic of sexual violence prevention.

The four listening sessions were held in the cities of Eau Claire, Green Bay, Milwaukee, and Madison. These cities were chosen based on established local partners who demonstrated interest and had capacity to co-host and facilitate the sessions. All five DPH regions were offered the opportunity to host a listening session. Unfortunately, capacity and timing prevented partners in the Northern region from hosting a session.



DHS coordinated the sessions, provided funding, and developed the facilitator guide. DHS's local partners — Eau Claire City-County Health Department, Wise Women Gathering Place, Neighborhood House of Milwaukee, and Rape Crisis Center— co-hosted sessions by facilitating the discussions, recruiting participants, and providing space for the events to occur.

Each session had two or three smaller groups that were split into youth and adult groups. Youth sessions were facilitated by peer or near-peer facilitators. The majority of youth participants were recruited through youth groups established by the co-hosts.

Listening sessions were approximately two hours long and consisted of seven broad questions about sexual violence prevention, including questions about community strengths, gaps, and ideas for prevention. For clarity, the final three sessions (Green Bay, Milwaukee, Madison) included an additional question regarding their definition of community.

Listening sessions were recorded using small audio recording devices and then transcribed. Transcriptions were not verbatim, but all conversation was captured. Both deductive and inductive coding were used to identify issues and themes, and the analysis was conducted using Microsoft Word and NVivo software.

### *Participation and Limitations*

Many factors, including one's personal experience, professional role, and comfort level with other participants, could affect the details shared in listening sessions. DHS understands that the findings from this listening session represent just a small sampling of the perspectives from communities across the state.

An infographic enclosed in a blue rounded rectangle. On the left side, there are three black icons: a group of three people, an alarm clock, and a clipboard with a checklist. On the right side, the text is arranged vertically: '4 Listening Sessions', '2 Hour Sessions', and '7 Questions'.

One limitation of this needs assessment was the ability to reach rural areas with listening sessions. Due to resource constraints, listening sessions were held in four cities across Wisconsin. While both the Green Bay and Eau Claire listening sessions included strong representation of surrounding rural areas, the limited locations of the listening sessions did not make it possible to hear perspectives from the entire state, especially rural areas.

Another limitation involved the lack of participation from a broader range of fields. Listening sessions were open to any community members who wished to attend. Many adult participants had some relationship to sexual violence prevention activities prior to the session. Others worked to provide services in their community, often in education, nonprofit, or government roles. These participants had varying previous exposure to sexual violence prevention specifically, but did still belong to broadly related professions. At the same time, these participants were all community members themselves, as well as experts on their communities. Direct consumer engagement occurred, as represented by the strong number of youth participants in the listening sessions.

Finally, DHS recognizes that the prevention work captured in the needs assessment represents just a small fraction of all sexual violence prevention work across the state. This is not only because of the limited number and location of listening sessions, but also because not all activities that address risk and protective factors for sexual violence are considered sexual violence prevention work, even by those conducting them. Risk and protective factors are cross cutting.

### *Provider Survey*

The provider survey was aimed at organizations and agencies around the state who are already doing sexual violence prevention work. The goal of the survey was to capture different agencies' sexual violence prevention strategies and activities as well as their priorities for prevention moving forward. The online survey was hosted in Survey Gizmo and was open from September 5 through October 1, 2018. The survey consisted of 26 questions. Topics included organization demographics, current prevention strategies being used, evaluation, training needs, future prevention funding priorities, barriers and supports to prevention work, and partnerships. Survey data was organized in Microsoft Excel and analyzed descriptively using SAS software.

## Limitations

Because this survey was not a random sample, there is no guarantee of full representation nor prevention of overrepresentation. Additionally, several people representing one organization could complete the survey, which could lead to overestimated results. The majority of organizations who responded to the survey were sexual assault service providers or dual sexual assault and domestic violence response agencies. Not all organizations that conduct sexual violence prevention work across Wisconsin participated in the survey. Therefore, this could introduce bias to the results. The survey was widely distributed, but some agencies might not have known about it or may have felt they were not part of the intended audience. Nonetheless, DHS believes the survey results are a good starting point for understanding the needs and resources of those conducting sexual violence prevention work across the state.

## Background



Sexual violence is a pervasive public health problem in Wisconsin. Data from the 2010-2012 National Intimate Partner and Sexual Violence Survey (NISVS) indicates that the lifetime prevalence of contact sexual violence is 35.5% or more than one in three Wisconsin women. Of Wisconsin women, 20% have experienced completed or attempted rape. National and state data indicate a need to start early in life with prevention efforts. More than three-quarters of female victims of completed rape reported that the first occurrence was before age 25, with 41.3% reporting that the first occurrence happened as a minor.<sup>2</sup>

According to the 2017 Youth Risk Behavior Survey (YRBS), 7.2% of high school students reported ever being physically forced to have sexual intercourse. Additionally, one in 10 Wisconsin high school students experienced sexual dating violence (being forced to do sexual things they did not want to do by someone they were dating or going out with).<sup>3</sup>

These data indicate a large percent of Wisconsin citizens are affected by sexual violence, yet they do not reflect the full burden of sexual violence impacting Wisconsin. These data do not include sexual harassment, rape that does not involve physical force (but rather coercion), and some forms of sexual violence outside of a dating relationship. These forms of sexual violence are also prevalent among the population, though precise information is not currently available.

**What is Sexual Violence?** The Wisconsin Coalition Against Sexual Assault defines sexual violence as any act or behavior (verbal or physical) that is sexual in nature and conducted through force, threats, coercion, manipulation, or abuse of power. Sexual violence is a tool of oppression often used to intimidate, target, and exploit historically marginalized communities and populations. However, sexual violence affects people of all identities, ages, and abilities. Perpetrators of sexual violence can be acquaintances, family members, intimate partners, trusted individuals, or strangers. Sexual violence is never the fault of the victim or survivor. Perpetrators are fully responsible for their actions. Sexual violence can have a profound effect on a person's well-being and the healing process is different for everyone. Experiences with institutionalized racism may make it difficult for victims and survivors of color to trust the systems and institutions that are supposed to help them. Some survivors find support from local sexual assault programs, family, friends, and other sources.<sup>1</sup>

In Wisconsin, previous work has focused on promoting social norms that protect against violence and teaching skills to prevent sexual violence, including social-emotional learning, teaching healthy, safe dating and intimate relationship skills, and promoting healthy sexuality. Additionally, some programs have provided leadership opportunities for adolescents. With a new five-year funding cycle approaching, Wisconsin proposes to further build on this foundation.

The Centers for Disease Control and Prevention (CDC) funds state health departments to guide the implementation of their state's sexual violence prevention efforts. This fund is known as Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention (RPE). The RPE program aims to prevent sexual violence in Wisconsin through primary prevention strategies. Primary prevention activities are steered by the following principles<sup>11</sup>:

- Preventing first-time occurrence of sexual violence.
- Reducing risk factors and increasing protective factors linked to sexual violence perpetration and victimization.
- Using the best available evidence when planning, implementing, and evaluating prevention programs.
- Incorporating behavior and social change theories into prevention programs so that behavior patterns, cultural values, and norms contributing to sexual violence will change over time.
- Analyzing state and community data to inform program decisions and monitor trends.
- Evaluating prevention efforts and using the results to improve future program plans.

The RPE program is located in the Division of Public Health under the Bureau of Community Health Promotion (BCHP), Family Health Section. In addition to RPE, the Family Health Section houses other adolescent health programs, as well as a number of women's and children's programs, including Children and Youth with Special Health Care Needs (CYSHCN) and Wisconsin's Maternal and Child Health (MCH) Title V Program.

The RPE program more closely connects to other current work in the Family Health Section, including the women's health family planning program and the monitoring of sexual violence in maternal mortality review. It also is linked with the Wisconsin Violent Death Reporting System (VDRS) surveillance activities.

Previously, the majority of the work of the RPE program has been accomplished through contracting with the Wisconsin Coalition Against Sexual Assault (WCASA) located in Madison. WCASA continues to be a crucial partner as they work closely with over 50 sexual assault service providers in the state of Wisconsin.

With the transition into the next five year funding cycle (2019-2023), Wisconsin RPE conducted a statewide needs assessment to inform program planning and prioritization. Goals of the needs assessment included:

- Gain insights from community voice, particularly youth voice.
- Gather adequate information needed to create a state program plan and evaluation plan;
- Establish strong understanding of the sexual violence prevention that is already happening in Wisconsin.

- Utilize tools such as STOP SV<sup>4</sup> and Connecting the Dots,<sup>5</sup> and use shared risk and protective factors, the social determinants of health, and a health equity lens to inform process.
- Build and expand upon trusted partnerships.

In order to accomplish these goals, the needs assessment contained both qualitative and quantitative data collection methods. Four community listening sessions were held around the state to learn what prevention work is already taking place as well as gaps and barriers to preventing sexual violence in Wisconsin communities. In addition to the listening sessions, an online provider survey was administered across the state to capture various agencies' sexual violence prevention strategies and activities and their priorities for prevention moving forward.

Wisconsin RPE is built out of the public health approach to prevent sexual violence before it occurs. The public health approach consists of a four-step process: defining the issue, identifying risk and protective factors, developing and testing strategies, and implementing and adopting these strategies broadly. In order to better understand these steps around a certain issue, information must be collected. A common method for collecting information is through a community needs assessment. A needs assessment provides a snapshot of local strategies currently in place and helps to identify areas for improvement. With this data, communities can create a plan to improve the health issue, like sexual violence, by developing and implementing strategies that make positive and sustainable changes in their communities.



## References

1. Wisconsin Coalition Against Sexual Assault. 2019. What is Sexual Violence? <https://www.wcasa.org/what-we-do>
2. Smith, S.G., Chen, J., Basile, K.C., Gilbert, L.K., Merrick, M.T., Patel, N., Walling, M., & Jain, A. (2017). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
3. McCoy, Katherine. (2018). 2017 Wisconsin Youth Risk Behavior Summary Report. Madison: Wisconsin Department of Public Instruction.
4. Division of Adolescent and School Health. The Centers for Disease Control and Prevention. (2017). Youth Risk Behavior Survey – Data Summary and Trends Report 2007-2017. <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf>
5. Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). STOP SV: A Technical Package to Prevent Sexual Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf>
6. Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute. [https://www.cdc.gov/violenceprevention/pdf/connecting\\_the\\_dots-a.pdf](https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf)
7. Wisconsin Department of Health Services. (2018). Youth Engagement Toolkit. <https://www.dhs.wisconsin.gov/publications/p02250.pdf>
8. Madison Metropolitan School District. (2018). Guidance & Policies to Support Transgender, Non-binary & Gender-Expansive Students. <https://studentservices.madison.k12.wi.us/files/stusvc/uploads/guidancebooklet.pdf>
9. Fond du Lac Area Women’s Fund. (2017). Fond Du Lac Says No More. <https://www.fdisaysnomore.org>
10. The Centers for Disease Control and Prevention. (2019). Violence Prevention, The Social-Ecological Model: A Framework for Prevention. [https://www.cdc.gov/violenceprevention/publichealthissue/social-ecological-model.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Foverview%2Fsocial-ecologicalmodel.html](https://www.cdc.gov/violenceprevention/publichealthissue/social-ecological-model.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Foverview%2Fsocial-ecologicalmodel.html)
11. The Centers for Disease Control and Prevention. (2018). Violence Prevention, Rape Prevention and Education: Transforming Communities to Prevent Sexual Violence. <https://www.cdc.gov/violenceprevention/sexualviolence/rpe/index.html>

## Acknowledgements

We acknowledge the following people for their contribution in the preparation of this report:

Kara Mathewson  
Mariah Geiger  
Aurielle Smith  
Katie Gillespie  
Debra Schmidt  
Shira Phelps