Sexual Violence Prevention Legislative Report

Minnesota Department of Health

January 2015

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This report cost approximately $27,030 to prepare, including staff time, printing and mailing expenses (Minnesota Statute 3.197).

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FORWARD FROM COMMISSIONER EHLINGER

January 2015

Dear Legislators,

This is the Minnesota Department of Health's (MDH) first legislative report on sexual violence prevention in Minnesota. Sexual violence is a major public health problem and a costly burden on the state of Minnesota, with many lifelong health impacts for victims.

This report reveals that:

- In 2005, 77,000 people were sexually assaulted in Minnesota.[1]
- In 2005, the state of Minnesota spent $130 million on perpetrators.[2]

Earlier this year, MDH placed an intentional focus on achieving health equity, and we find stark disparities in victims of sexual violence. Women of color (particularly American Indians), people with disabilities, and people with limited income are at a higher risk for being sexually assaulted and face barriers to reporting the crime.

The Minnesota legislature has taken an important step in addressing a portion of our sexual violence problem by enacting and funding the country's first Safe Harbor legislation to protect children and youth from sexual exploitation. This targeted intervention provides necessary support for victims: however, this issue is complex and more needs to be done to prevent sexual violence.

Effectively addressing sexual violence goes beyond arresting, prosecuting and incarcerating perpetrators. It means taking on the root causes like alcohol and drug use, emotionally unsupportive family environments, and societal norms that support male superiority and sexual entitlement.

At MDH, the Sexual Violence Prevention Program puts their focus on prevention by building capacity for a broad set of strategies that protect our health including – community and family support, stable housing, connections to caring adults, and skills in solving problems non-violently.

In preparing this report, we had critical conversations with those state agencies and community partners that work directly on these issues. We heard overwhelmingly that prevention of sexual violence is a shared responsibility, and that we all need to work better together to create an effective infrastructure for prevention.

Sexual violence prevention is possible. It will, however, take time. Just as we shifted social norms for other societal problems, we must also commit ourselves to changing our methods of preventing sexual violence. It is our hope that this report will provide a much-needed foundation for building a world where sexual violence is unthinkable and our children will be free to grow up safe, healthy and violence-free.

1. Minnesota Department of Health. (2007). Costs of Sexual Violence. St. Paul: Minnesota Department of Health
2. Minnesota Department of Health. (2007). Costs of Sexual Violence. St. Paul: Minnesota Department of Health

EXECUTIVE SUMMARY

I. Sexual Violence in Minnesota

In 2005, 77,000 sexual assaults occurred in Minnesota.[1] The Minnesota Department of Health (MDH) reported that in 2005 sexual violence cost almost $8 billion in Minnesota or $1,500 per resident.[1] Sexual violence is a major public health problem and a costly burden on our state, with many lifelong health impacts for victims.

Some populations in Minnesota are at a higher risk for being sexually assaulted and face extra barriers when trying to report the crime. They include children and adolescents; females; American Indians and people of color; people with disabilities; people who are homeless; people with mental illness; human trafficking victims; and lesbian, gay, bisexual, transgender and questioning (LGBTQ) individuals.[3]

Sexual violence prevention is complex. We know there are no simple answers; yet we know sexual violence is a learned behavior and, as with all learned behaviors, there is the possibility for change. Sexual violence can be successfully addressed through a three-pronged approach: services, response and prevention.

The Sexual Violence Prevention Program of the MDH builds capacity for prevention throughout Minnesota, recognizing that for sexual violence to end we must work to address its root causes which typically fall within individual, relationship, community and societal factors. Intersections exist between MDH work and that of many other agencies and organizations to reduce other types of violence and improve community health and safety. We build partnerships and collaborations to create a world where sexual violence is unacceptable in order to ensure a healthier, happier environment for future generations.

Through interviews with 26 staff members at 11 Minnesota state agencies, we heard consistent interest in promoting the health and well-being of Minnesotans and a desire to work together to prevent sexual violence. Together, addressing shared protective factors, we could reduce drug and alcohol abuse, depression, suicidal tendencies, school dropout and truancy issues, and reduce incidence of adolescent pregnancy, and sexual violence.

There is knowledge and recognition across state agencies and community based organizations of the power of working together. We need to build the infrastructure to allow and encourage state agencies to coordinate their activities.

> **"I want talking about sexual violence to become as easy as talking about hockey."** *—Jim McDonough, Ramsey County Commissioner*

3. Minnesota Department of Health. (2009). *The Promise of Primary Prevention of Sexual Violence*. St. Paul: Minnesota Department of Health.

II. Methodology and Findings

In 2013, the Minnesota Legislature directed MDH to prepare a report on its activities to prevent sexual violence, including activities to promote coordination of existing state programs and services to achieve maximum impact on addressing the root causes of sexual violence.

To develop this report, the MDH Sexual Violence Prevention Program surveyed community partners, collecting information from 287 respondents on current prevention activities at the community level. The survey revealed that sexual violence prevention work at the community level is highly collaborative, far-reaching throughout the state, covers a wide variety of topics, and reaches many different audiences.

The MDH Sexual Violence Prevention Program staff along with members of the Sexual Violence Prevention Advisory Team also interviewed 26 state agency representatives from 11 different departments, gathering information about current prevention activities, gaps in activities, and opportunities for improvement at the legislative and agency level. Through our interviews with state agency representatives, we found that while sexual violence prevention may not be their primary objective, much of their work addresses the root causes of sexual violence and there is a desire for further collaboration.

The Sexual Violence Prevention Program would like to thank all of the Commissioners and state agency staff who participated in preparing this report.

III. Prevention is Possible

Based on interviews with state agency representatives as described above, the following opportunities were identified to strengthen sexual violence prevention.

Legislative opportunities include: appointing representatives from the Minnesota House, Senate, and the Judicial Branches to serve on the Sexual Violence Prevention Advisory Team; supporting comprehensive health education programs and policies, since they increase protective factors for sexual violence; reinstating the Minnesota Crime Victim Survey, which has historically provided state agencies with accurate and timely data on victimization; and continuing the Minnesota Student Survey, which provides important data on sexual violence and dating violence in youth. The latter two activities will improve the ability of the state to count sexual violence and measure prevention progress.

State agency opportunities include: dedicating agency staff to serve on the Sexual Violence Prevention Advisory Team; ensuring that proposed policy and practice changes include the voices, opinions, and needs of populations who are disproportionally affected by sexual violence; and supporting the Minnesota Adverse Childhood Experiences (ACE) study recommendation to work with the state's education, child welfare, mental health, public health, health care, substance abuse, juvenile justice, corrections, and public safety systems to increase awareness of the impact of ACEs and sexual violence on the people these agencies serve.

Community organization opportunities include: providing culturally responsive training on sexual violence prevention for all staff who serve children and youth, including school personnel, law enforcement, and other professionals; increasing prevention programming targeted at pre-school aged children and other populations who are at higher risk of being victimized; offering community programs on parenting, responsible fatherhood, peacemaking and home visiting; and increasing collaboration between community organizations and effective sex offender treatment programs.

Preparation of this report is part of a broader process to strengthen the efforts of MDH to prevent sexual violence. We learned there is extensive collaboration amongst community organizations and an eagerness to work together. We also found there is consensus among state agencies that greater coordination of programs and services would help maximize impact on addressing root causes of sexual violence. There is demonstrated interest in aligning work in sexual violence prevention and related work at other state agencies. Importantly, there is a shared belief that prevention of sexual violence is possible.

CHAPTER 1: INTRODUCTION

I. Purpose and Goals of the Report to the Legislature

According to Laws of Minnesota 2013, Chapter 108, Article 14, Section 3, Subdivision 2:

> Within available appropriations, by January 15, 2015, the commissioner must report to the legislature on its activities to prevent sexual violence, including activities to promote coordination of existing state programs and services to achieve maximum impact on addressing the root causes of sexual violence.

This report describes MDH activities to prevent sexual violence. It details MDH's collaborative work with other state agencies, statewide coalitions, community based organizations, local public health and the Centers for Disease Control and Prevention (CDC) to use the public health approach to prevent sexual violence and exploitation. Sexual violence is more than a public safety or criminal justice concern; it is a public health issue that affects everyone in Minnesota.

This report to the legislature integrates data from two sources. First, MDH's direct sexual violence prevention efforts and the activities and organizations directly funded by MDH. In the following pages, we describe the "promoting and coordinating" role of MDH in communities statewide. The second source of data is derived from surveys, interviews and personal knowledge as to who is doing what, where and with what impact. Respondents include tribal partners and leaders, state coalitions, state agencies, non- profit organizations and community based organizations.

MDH works to counteract the social norms, values and belief systems that contribute to and allow sexual violence to happen. Together, we can create a healthier, happier environment for future generations.

II. Background

A. Sexual Violence Defined

The term sexual violence is used in this report to describe the use of sexual actions and words that are unwanted by and/or harmful to another person.[4] It includes rape, attempted rape, abusive sexual contact, unwanted touching, threatened sexual violence, exhibitionism, verbal sexual harassment, pornography, and sexual exploitation.[5] (For futher definitions, see **Appendix A** for a list of frequently used terms)

Sexual violence is a significant public health problem in the United States. It is costly and widespread. The Minnesota Adverse Childhood Experiences (ACE) study found that 10% of

4. Minnesota Department of Health. (1999). *A Place to Start: A Resource Kit for Prevention of Sexual Violence*: http://www.health. state.mn.us/injury/pub/kit/index.cfm
5. Basile, K. S. (2002). Sexual violence surveillance: uniform definitions and recommended data elements version 1.0. Atlanta: Centers for Disease Control and Prevention.

respondents had experienced sexual violence. ACEs frequently occur together—sixty percent of Minnesotans have two or more ACEs. As the number of ACEs increases, the risk for health problems increases in areas such as alcohol and substance abuse, depression, anxiety and smoking. By reducing sexual violence, we can reliably expect a reduction in many ACE-related health and social problems.[6]

In 2005, 77,000 sexual assaults occurred in Minnesota.[1] While there were 7,200 reports to police of "unwanted sexual intercourse," only 2,617 of these reports met the law enforcement definition of rape. Consequently, two-thirds of rapes were not included in state and national rape statistics.[7]

Sexual assault cost Minnesota almost $8 billion dollars in 2005 or $1,540 per resident. Arrest, prosecution and incarceration, though necessary, are costly. Prevention of sexual violence could save not only future victims but millions of state dollars.[1]

Sexual violence is an under-reported crime.[8] Victims may choose not to report for many reasons, including fear of not being believed or fear of retaliation from the perpetrator. In the case of intimate partner violence or child sexual abuse, victims may choose not to report because they fear that the perpetrator, who is someone they rely on, will be sent to prison. (See **Appendix B** for additional facts on sexual violence and exploitation)

Sexual exploitation is a commonly ignored and/or hidden form of sexual violence; it refers to any actual or attempted abuse of a position of vulnerability, differential of power, or trust, for sexual purposes. It includes, but is not limited to, profiting monetarily, socially or politically from the sexual exploitation of another, or providing someone with money, drugs, shelter, food, or other item of value in exchange for sexual services.[8]

Sexual exploitation includes the production and distribution of abuse images of children (i.e., pornography), cyber enticement, child sex tourism, commercial sexual exploitation of children and domestic sex trafficking.[9] Sexual exploitation also includes using people of any age for sexual services via massage parlors, strip clubs, escort services or prostitution.

Sexual violence and exploitation have been with us for a long time, but the sheer volume of sexual content being shared, combined with escalating violence, and younger and younger victims, creates a new urgency in addressing the problem. The Internet, social networking and technological advancement changed everything through increased accessibility of sexualized and often violent content and the normalization of sexual exploitation, violence and harm.

Child pornography is one of the fastest growing industries on the Internet and is used to document sex crime scenes. It is recognized as harmful, illegal and not protected free speech.[10] As of June 2014, the National Center for Missing and Exploited Children's Child Victim

6. *Adverse Childhood Experiences in Minnesota*. (n.d.). Retrieved from http://www.health.state.mn.us/divs/cfh/program/ace/
7. Justice Department. (2008-2012). *National Crime Victimization Survey:* 2008-2012.
8. *UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA)*. (2003).
9. Sharon Cooper, M. F. (2012). *The Impact On Children Who Have Been Victims Of Child*. Fort Bragg.
10. Anderson, C. (2011). *The Impact of Pornography on Children, Youth and Culture*. Holyoke: NEARI Press.

Identification Program has reviewed more than 115 million child pornography images since its creation in 2002.[11] (See **Appendix B** for additional facts on sexual violence and exploitation)

1 in 7 runaway youth reported to the National Center for Missing & Exploited Children in 2013 were likely sex trafficking victims[12]

B. Minnesota Department of Health Sexual Violence Prevention Program

The goal of the Sexual Violence Prevention Program at MDH is to prevent sexual violence from happening in the first place. Understanding there are shared risk and protective factors with many other forms of violence, we seek opportunities to maximize sexual violence prevention work by addressing root causes vital in building a healthy and safe environment for all Minnesotans. MDH strategies include equipping coaches, engaging men, building community prevention champions, encouraging survivors to become prevention change agents, and educating local public health and home visitors. This investment creates programs and community involvement that can be replicated throughout Minnesota in order to create a shared vision of how Minnesota can prevent sexual violence.

In 1994, Congress passed the Violence Against Women Act, which established the Rape Prevention and Education (RPE) program at the Centers for Disease Control and Prevention (CDC). The goal of the RPE program is to strengthen sexual violence prevention efforts at the local, state, and national levels. Minnesota's RPE appropriation for sexual violence prevention from the CDC is about $550,000 annually. We share about 45% of the total with our partner, The Minnesota Coalition Against Sexual Assault. We also receive about $117,000 in CDC Public Health Preventive Block Grant funding, primarily used to fund community prevention initiatives.

i. MDH State Plan to Prevent Sexual Violence

Our state plan, *The Promise of Primary Prevention of Sexual Violence and Exploitation in Minnesota*, was released in 2009 and continues to be updated with new strategies viewing the problem from a public health perspective and using the Social-Ecological Model. (See **Appendix C** for more information about the Social-Ecological Model.)

→ **Goal 1:** Strengthen social norms that encourage healthy and respectful relationships.

→ **Goal 2:** Identify and train leaders across the state to educate people about primary prevention.

11. *Missing Kids.* (n.d.). Retrieved from http://missingkids.com/KeyFacts

- → **Goal 3:** Ensure that all voices are heard in order to prevent sexual violence.
- → **Goal 4:** Increase the ability of individuals, groups and private policy entities to prevent sexual violence.
- → **Goal 5:** Seek action by local and state public and private policy entities.
- → **Goal 6:** Implement and evaluate data and best practices for preventing sexual violence.

This plan created a framework for action, reflecting the thoughts and experiences of many advocates and partners in the prevention movement. Sexual violence prevention is complex. We know there are no simple answers; yet we know sexual violence is a learned behavior and, as with all learned behaviors, there is the possibility for change.

Just as we look beyond individual knowledge, skills and biology to the social, economic and environmental factors that create community health, we look to many of the same factors that create healthy relationships to help prevent sexual violence. There are policies and organizational practices that contribute to the harms and risk factors and there are many changes that can build protective factors. The public health approach relies on knowledge from a broad range of disciplines including medicine, epidemiology, sociology, psychology, criminology, education and economics. This broad knowledge base has allowed the field of public health to respond successfully to a range of health conditions across the globe.

ii. MDH Program Highlights

MDH hosts meetings with our Sexual Violence Prevention Advisory Team twice a year to review prevention initiatives and update our strategic plan. We encourage participation from all statewide non-profit organizations and coalitions as well as representatives from other state agencies interested in sexual violence prevention.

Collaboration within MDH

MDH staff working on adolescent health, child maltreatment, alcohol, tobacco and other drugs, sexually transmitted diseases (STDs), HIV, and suicide prevention work together on strategies that increase the shared protective factor of families' connectedness to the community. Home visiting nurses have requested training on sexual violence prevention, as they have unique opportunities to provide resources for prevention with the families they serve. Collaborating on trainings with other MDH staff provides better understanding of sexual violence prevention, and allows for opportunities to support and strengthen community safety.

The MDH Women, Infant and Children (WIC) program screens individuals to assess whether they need help accessing housing and food and whether they feel safe at home. The WIC program's breastfeeding efforts establish a strong mother-child relationship and change the social norm that breasts are only for sexual pleasure by establishing the breast as a source of nourishment. The WIC program further strengthens families by teaching parents how to read and manage their baby's cues and parental stress management techniques.

MDH's Statewide Health Improvement Program (SHIP) initiatives help keep kids active, which is a protective factor for sexual violence. SHIP activities include Safe Routes to School and crime prevention through environmental design.

Sexual Violence Prevention Network

MDH manages the Sexual Violence Prevention Network (SVPN), a network of professionals and stakeholders engaged in sexual violence prevention work. More than 2,000 people receive regular communication describing meetings, conferences, workshops, training sessions, prevention resources and job openings. The Network meets quarterly to share prevention activities, speakers and educational forums across the state.

MDH Data Symposium

MDH hosts an annual symposium for a broad array of professionals and community members on a particular focus area within sexual violence prevention. The primary strategy of the symposium is to invite researchers who can translate their research to prevention policy and practice in that particular area of focus. The 2014 data symposium focused on the connections between pornography and sexual violence. Researchers shared their findings with over 200 participants, who were led on a daylong journey towards applying these findings to their work.

Safe Harbor

Minnesota's legislature was the first to fund Safe Harbor, which addresses sexual exploitation of children and youth. In 2011, the Minnesota Legislature decriminalized prostitution offenses for youth under 18.[12] In 2013, the Legislature authorized funds to house sexually exploited youth, conduct statewide trainings that will help communities identify and assist juveniles, and hire a statewide director and regional navigators as recommended in the "No Wrong Door Report: A Comprehensive Approach to Safe Harbor for Minnesota's Sexually Exploited Youth."[13] The No Wrong Door report outlines a statewide social service model for sexually exploited youth and designates Regional Navigators to implement the model (See **Appendix D** for Regional Navigator Map). No Wrong Door was created collaboratively by the Departments of Public Safety and Health, prosecutors, child protection workers and community service providers. This model is based on the assumption that neither child protection systems nor the juvenile justice systems alone are designed or adequate to address the needs of sexually exploited youth.

iii. MDH Collaboration with Outside Partners

MDH collaborates with many partners. There is an effective Sexual Violence Prevention Advisory Team with 37 members, including representatives from six state agencies, five different divisions within MDH, the Minnesota Coalition Against Sexual Assault, Minnesota Coalition for Battered Women, Minnesota Indian Women's Sexual Assault Coalition, Minnesota Indian Women's Resource Center, Cornerstone, Prevent Child Abuse Minnesota, Advocates for Human Rights, Corner House, Sensibilities, Gender Violence Institute, Wayside House Women's Treatment Center, Men as Peacemakers, Metro State and The Link. MDH consults the Leadership Advisory

12. Minnesota Statute 260B.007 Subd. 6 (c)
13. MN Stat 147. 4716 and 147.4717

Team regarding state plan implementation, emerging research and events and assessment of our collective work. Minnesota has a rich history of innovation, vision and caring communities coming together to make change happen. Our goal is to create a culture where sexual violence is unthinkable.

MDH utilizes our RPE dollars and Preventive Block dollars to support the following prevention partners:

Minnesota Coalition Against Sexual Assault (MNCASA)

We work closely with MNCASA to engage and equip their members through prevention webinars and training sessions. There is great power in energizing community champions; they become part of the infrastructure to accomplish prevention on a local level.

MDH and MNCASA have invited more survivor voices to speak to prevention. We have actively participated in training sessions and presentations by these strong survivors who call themselves HOPE (Honoring Our Personal Experiences). The voices and experiences of survivors can strengthen and inform how prevention programs and policies are put into practice at the organizational and community levels.

Minnesota Men's Action Network (MN-MAN)

Since men are predominantly the perpetrators of sexual violence, they must become part of the solution. MDH funded MN-MAN to engage men in prevention. MN-MAN has many promising activities in communities, including their BEST Party Model (Be Equitable, Safe and Trustworthy) to ensure a respectful environment for women on college campuses. MN-MAN also partnered with Anoka County public health to create a mandatory coaches training on sexual violence prevention for the Minnesota State High School League. This online training went live in the fall of 2014 and by the end of the year, 14,155 coaches had completed the training.

In the fall of 2014, MN-MAN participated in a roundtable with the National Football League to create a better response to sexual and domestic violence and suggest prevention strategies. Also in October 2014, MN-MAN participated in a global initiative to engage men in sexual violence prevention in Russia. Our Minnesota efforts to engage men are receiving national and international attention.

Minnesota Human Trafficking Task Force (MN-HTTF)

The Minnesota Human Trafficking Task Force meets quarterly under the leadership of the MDH. The purpose of the MN-HTTF is to end human trafficking and other forms of sexual exploitation in Minnesota through a coordinated, multidisciplinary, statewide response. Currently, the MN-HTTF has over 100 actively engaged members, representing governmental and non-governmental agencies, who attend regular meetings and volunteer on the Steering Committee and subcommittees. MN-HTTF has 500 statewide supporters on the active communication list.

MN-HTTF prevention efforts in Minnesota include reducing the likelihood that men will buy or sell women or children, reducing the likelihood that women and children will be vulnerable to

such commodification and exploitation, and reducing the ways that businesses are profiting from trafficking and exploitation.

C. Community Partner Activities

In preparation of this report, we surveyed community partners across the state. Through our community partner survey we collected information about the sexual violence prevention work happening in Minnesota at the community level (See **Appendix E** for Community Partner Survey Methods). The work is highly collaborative, reaches throughout the state, covers a wide variety of topics, and engages many different audiences.

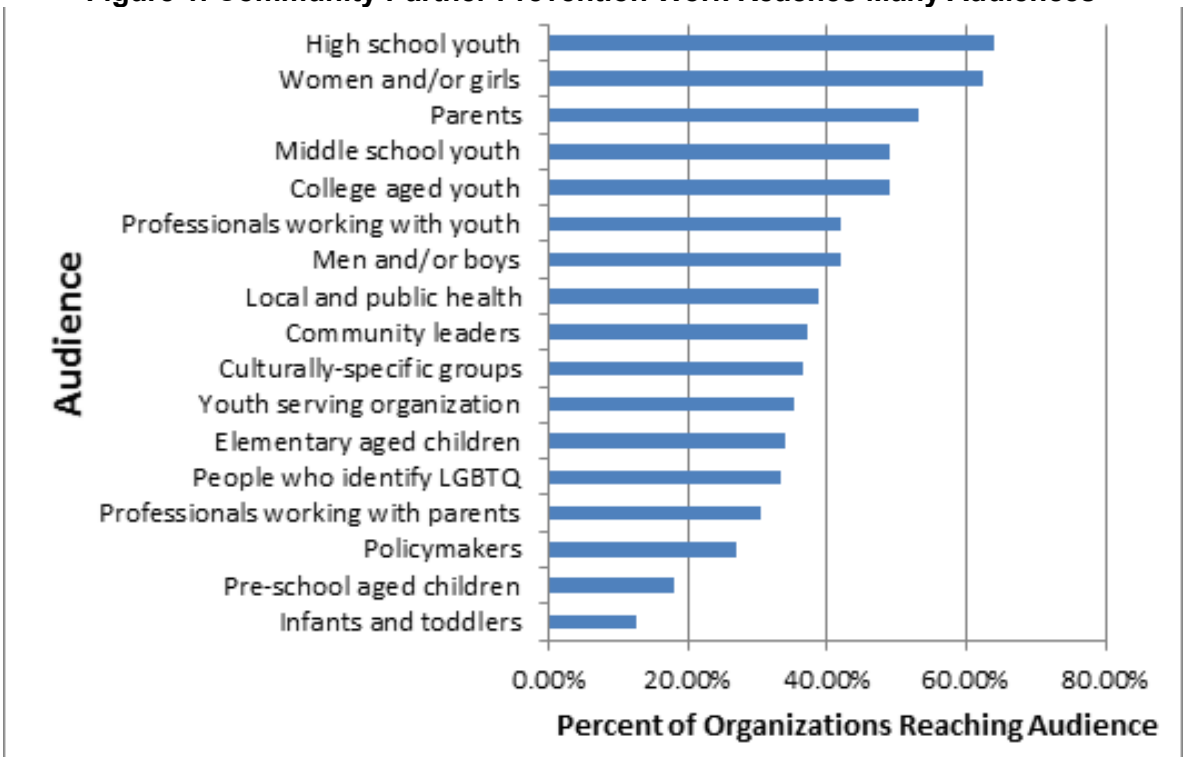
Minnesota has one of the strongest state sexual assault coalitions in the nation, the Minnesota Coalition Against Sexual Assault (MNCASA). MNCASA has more than 60 community-level members statewide. Minnesota's sexual violence prevention work is comprehensive and there are active programs in all regions of the state (39% Metro and 61% Greater MN).

A large variety of sexual violence prevention programs exist. The most common programs offered are victim/survivor support programs (60%), positive youth development programs (46%), comprehensive sex education programs (46%), social-emotional development programs (42%), and programs engaging men and/or boys (41%). Fewer programs are offered in the categories of responsible fatherhood (11%), peacemaking (15%), home visiting (23%), and interventions for perpetrators (22%).

Sexual violence prevention work reaches many audiences. To prevent sexual violence, targeted programs need to reach all populations, especially those disproportionately affected by violence, including people of color and LGBTQ people, and people with disabilities. Minnesota community organizations most commonly offer programs to high school youth (64%), parents (53%), women/girls (62%), and college aged youth (49%). Gaps in programming include programs for infants and toddlers (13%), pre-school aged children (18%), policymakers (27%), people who identify as LGBTQ (33%), and culturally-specific groups (36%) (see **Figure 1**).

> **"We are an Afro-centric agency that focuses on women/girls, and our client base is 63% women of color."** *—Community Organization Representative*

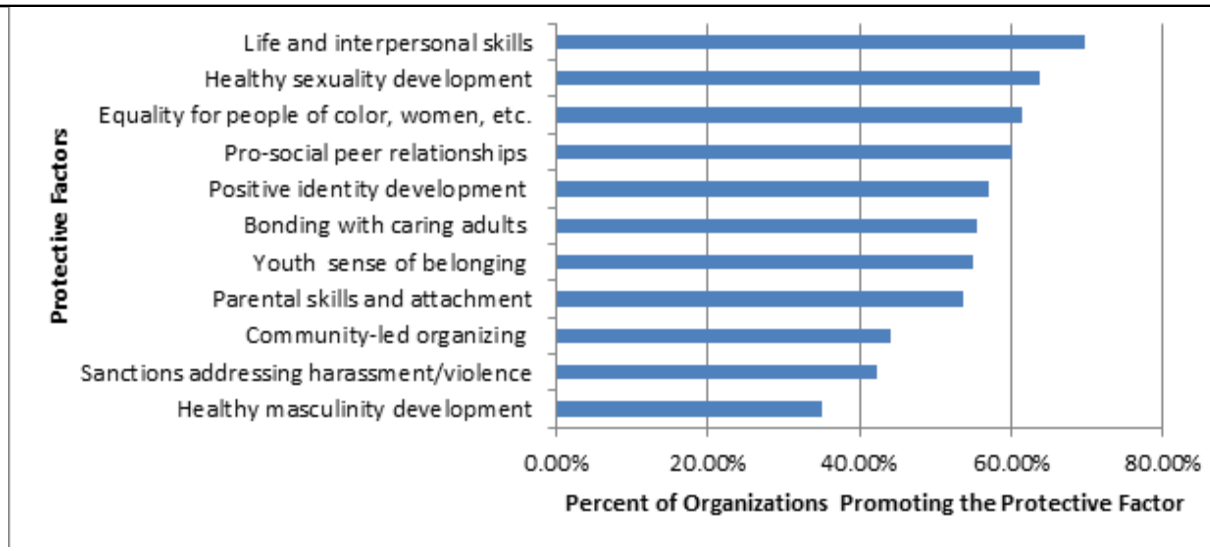
Figure 1. Community Partner Prevention Work Reaches Many Audiences



"We work specifically with the Native population, and it is complex work that includes educating nearly everyone out there (sometimes even Native folks) on the high rates of our victimization that is rooted in colonization." *—Community Organization Representative*

Community partner work promotes protective factors for sexual violence prevention. Almost all (97%) of Minnesota's sexual violence prevention programs are currently working to promote protective factors that prevent sexual violence. Their efforts are spread among many different protective factors, with an emphasis on positive youth development, healthy sexuality development, equality for women, people of color, and people with disabilities. Less work is currently being done around healthy masculinity development (35%) and community/school sanctions addressing sexual harassment/violence (42%) (see **Figure 2**).

Figure 2. Community Partners Promote Many Protective Factors



Collaboration is key to community partner work. People working at the community level know that to be successful, they must work with others. Organizations most commonly reported collaborating with sexual assault/domestic violence advocacy programs (66%), law enforcement and criminal justice system (64%), city/county government (57%), and K-12 schools (57%). Only 18% of respondents collaborate with pre-kindergarten programs, and only 23% collaborate with sex offender treatment programs.

> **"Oppression is a powerful tool to gain power and control and so is sexual violence. Sexual violence is an effective tool to perpetrate oppression."** *—Community Organization Representative*

Community partners need increased resources and support to reduce disparities in sexual violence. Survey respondents indicated that webinars and training sessions (80%) are most needed, followed by opportunities for networking (70%), and providing easy-to-implement initiatives (64%). They also indicated a need for prevention programs that can be adapted to specific communities (68%), examples of best-practice activities (67%), and toolkits (66%).

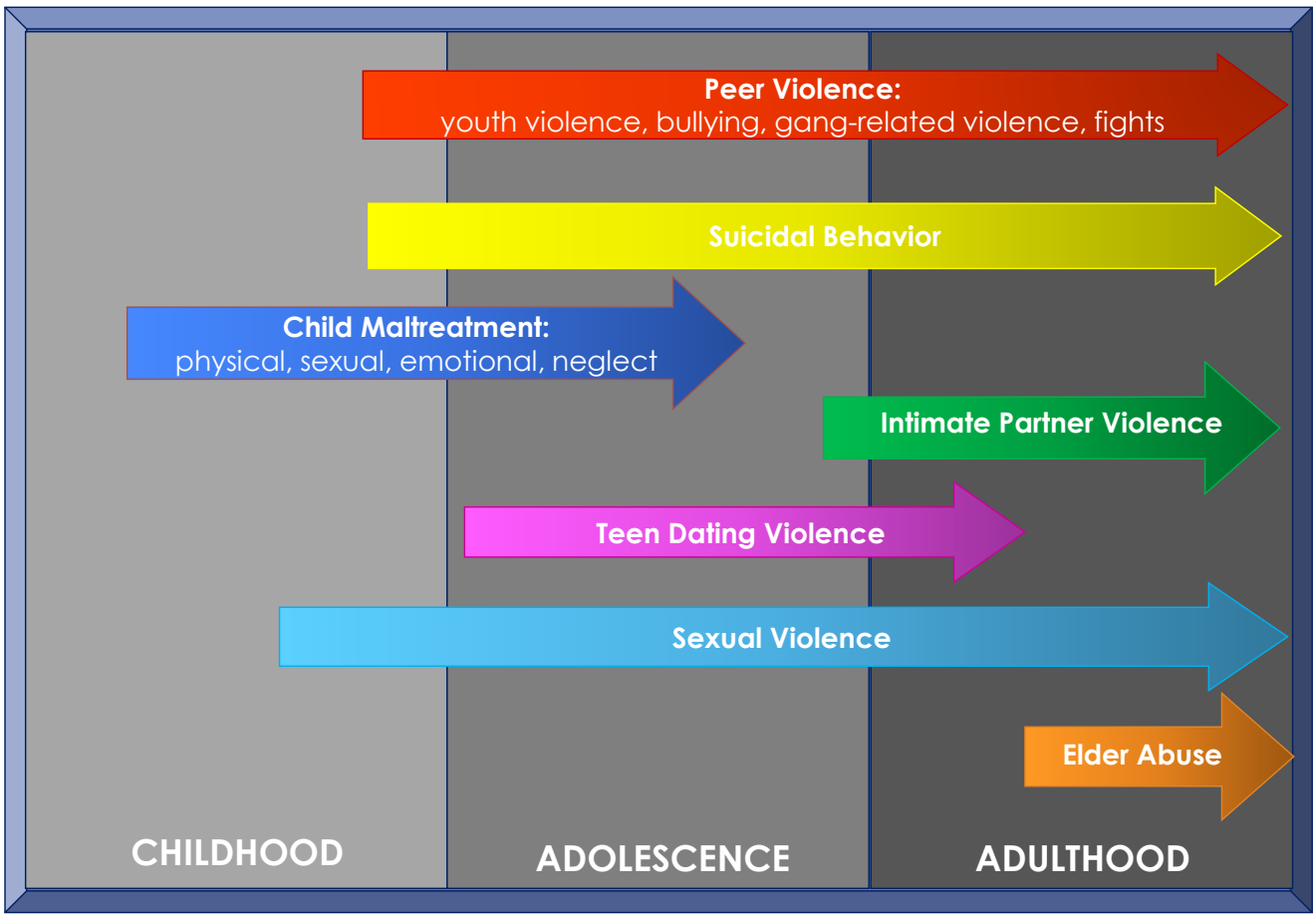
D. State Agency Activities

Intersections exist between our work to prevent sexual violence and that of many other agencies working to reduce other kinds of violence and improve community health. Protective factors, such as economic stability, healthy families, and access to education all help prevent child maltreatment, suicide, sexual violence and community violence by providing an environment where violence is less likely to occur (see **Figure 3**). These and other protective factors are being promoted by a variety of state agencies.

"Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse is connected. It is all connected."

—Dr. Deborah Prothrow-Stith, Adjunct Professor, Harvard School of Public Health

Figure 3. Different Forms of Violence



Source: Centers for Disease Control and Prevention, Division of Violence Prevention

Through interviews with 26 staff members at 11 Minnesota state agencies, we heard a consistent interest in promoting the health and well-being of Minnesotans and a desire to work together to prevent sexual violence. We heard many examples of how state agencies are working within schools, communities, the armed forces and other contexts to ensure Minnesota is a safe and healthy state. (See **Appendix F** for state agency interview methods and detailed results.)

For example, the **Minnesota Department of Education's** (MDE) Success for Future Grant Program teaches the importance of elevating the status of women in Native American communities to prevent violence, as well as the importance of providing emotional social support to children.

"Children need to be able to access the resiliency factors inherent in education. Everything that works to increase capacity of the schools can be traced back to primary prevention." *—State Agency Representative*

The School Safety Center within the **Department of Public Safety** (DPS) trains staff on the prevention of bullying and aims to create a school-wide environment where students feel safe, so they can access the protective factors inherent in education. In 2014, the Minnesota State Legislature approved $300,000 per year for two years in the Public Safety Budget to expand prevention action through grants to sexual assault advocacy programs.

Other agencies interviewed understood that their efforts to provide economic stability to Minnesota families reduce stress that could otherwise lead to violence. In the crime of child sex trafficking, victimizers often target runaways, homeless kids, teens living in poverty, youth with cognitive delays, chemical use or history of abuse. There is an overrepresentation of victims and traffickers in communities of color and poverty-stricken neighborhoods.[14] **The Minnesota Housing Finance Agency's** (MHFA) Heading Home Plan to Prevent and End Homelessness seeks to achieve housing stability and their McKinney Vento Liaisons identify homeless students and connect them with resources.

"We recognize that economic insecurity is a factor that can lead to a lot of stress in families." *—State Agency Representative*

Many state agencies focus on strengthening families by providing parental support and education. **Department of Human Services** (DHS) works to strengthen families and provide infrastructure support for counties and tribes that child protection. Their Children's Mental Health division provides mental health consultation for childcare providers. They also provide Temporary Assistance for Needy Families (TANF), child support, child maltreatment prevention, and parent support outreach programs, all of which encourage healthy family dynamics.

Overall, the interviews revealed a consensus among state agencies that sexual violence prevention is a shared responsibility. While many state agencies promote protective factors that prevent sexual violence, Minnesota needs greater collaboration between and within agencies to coordinate these efforts. Economic stability, healthy families, and access to education are all protective factors for sexual violence that are currently being promoted by a variety of state agencies. **Figure 4** shows the protective factors for sexual violence that are currently being promoted: (see **Appendix F** for further details). A coordinated approach will result in more effective prevention efforts overall.

14. Martin & Pierce, et. al. (2014). Mapping the Market for Sex with Trafficked Minor Girls in Minneapolis: Structures, Functions, and Patterns. Full report: Preliminary Findings. Minneapolis: UROC.

Figure 4. Protective Factors Promoted by State Agencies

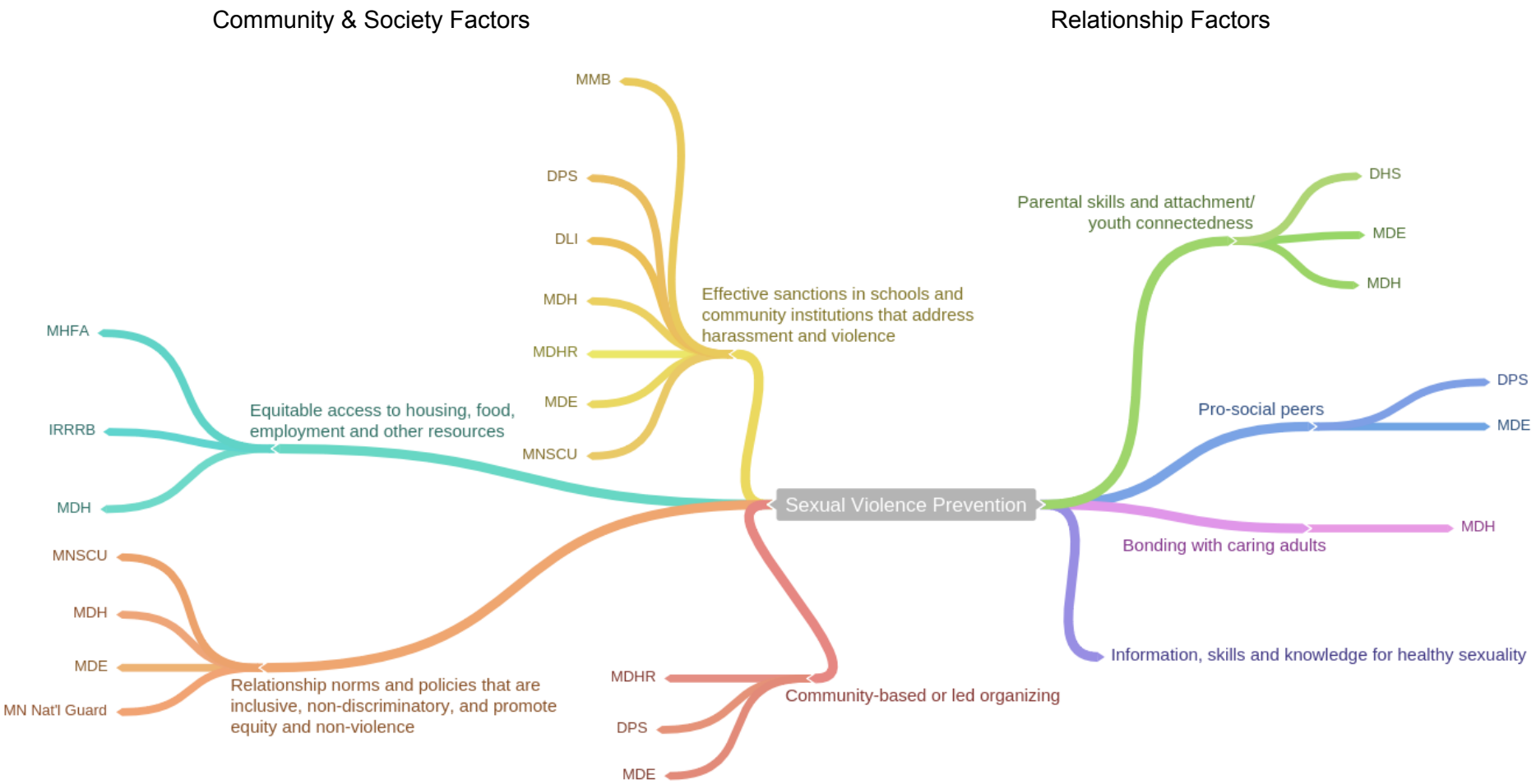


Figure 4. Index of State Agency Abbreviations

DHS	Department of Human Services	MDHR	Minnesota Department of Human Rights
DLI	Minnesota Department of Labor and Industry	MHFA	Minnesota Housing Finance Agency
DPS	Minnesota Department of Public Safety	MMB	Minnesota Management and Budget
IRRRB	Iron Range Resources and Rehabilitation Board	MN Nat'l Guard	Minnesota National Guard
MDI	Minnesota Department of Education	MNSCU	Minnesota State Colleges and Universities
MDH	Minnesota Department of Health		

CHAPTER 2: OPPORTUNITIES TO STRENGTHEN SEXUAL VIOLENCE PREVENTION

I. Legislative Opportunities

Based on interviews with state agency representatives as described in Chapter 1, the following opportunities were identified to strengthen sexual violence prevention.

Legislative interest might include: a) expanding support for sexual violence prevention by appointing representatives from the Minnesota House, Senate, and the Judicial Branches to serve on the Sexual Violence Prevention Advisory Team; b) supporting comprehensive health education programs and policies, since they increase protective factors for sexual violence; c) improving the ability to count and measure sexual violence by reinstating the Minnesota Crime Victim Survey, which has historically provided state agencies with accurate and timely data on victimization; and d) continuing the Minnesota Student Survey, which provides important data on sexual violence and dating violence in youth.

Comprehensive health education programs and policies increase protective factors for sexual violence. These programs teach about healthy relationships, consent processes and healthy sexuality. They emphasize the importance of adults modeling healthy relationships/interactions with each other and with their kids, discuss the ways in which social norms influence sexual violence and sexual entitlement, incorporate critical thinking about the media, allow children safe spaces to talk about what's happening around them, and ensure material discussed is age-appropriate to match the child's understanding level.

> **"K-12 health education needs to support young people in adopting healthy behaviors, interpersonal skills, and other practices necessary to adopt healthy behaviors."** *—State Agency Representative*

Programs and initiatives that improve schools' ability to provide students with life and interpersonal skills protect them against harmful experiences that may lead them to either perpetrate or become victims of sexual violence. Some examples include: before and after school programming, drop-out prevention programs, alternatives to school suspension, sufficient access to mental health professionals in schools, Safe Routes to School/Complete Streets, the CDC Division of Adolescent and School Health (DASH) grant for social-behavioral skill building, programs for students affected by incarceration and programs providing housing/shelter for homeless youth.

II. Community Partner Opportunities

Community partner interest might include: a) providing culturally responsive trainings to service providers as well as more trauma-informed training sessions with experts serving groups that face higher rates of sexual violence; b) increasing programming targeted at pre-school aged children, people who identify as LGBTQ, and culturally-specific groups; c) supporting adequate access to childcare and fathering programs; d) increasing programs focused on responsible fatherhood, peacemaking, home visiting, and interventions for perpetrators; e) increasing community organization collaboration with pre-kindergarten programs and sex offender treatment programs; f) developing local citizen prevention councils to adapt and implement prevention efforts at the city or county level; and g) when collaborating with organizations doing community surveys, encourage them to incorporate questions about sexual violence prevention.

> **"More efforts need to happen in elementary and middle schools as a prevention effort. In my experience, youth in my neighborhood are at high risk due to the higher rates of poverty, violence, single mother households, gang activity and teen pregnancy."** *—Community Organization Representative*

III. State Agency Opportunities

State agencies work across many sectors, and promote many protective factors for sexual violence prevention. However, according to **Figure 4**, a gap in state agency work is the promotion of information, skills and knowledge for healthy sexuality. Based upon the interviews conducted, work around healthy sexuality was not evident, but a need for this work was suggested by several state agencies with specific recommendations for action to prevent sexual violence.

> **"We need to underline infrastructure. We need sexual violence prevention imbedded into the structures of our schools, communities and businesses."** *—State Agency Representative*

State agency interests might include: a) dedicating agency staff to serve on the Sexual Violence Prevention Advisory Team to review state agency plans and identify areas where connections can be built; b) ensuring that all agency policy and practice change procedures include the voices, opinions, and needs of populations who are disproportionally affected by sexual violence, including: youth, children and elderly people, racial and ethnic groups, people with disabilities, LGBTQ people, victims and survivors of violence and their loved ones; c) working with the state's education, child welfare, mental health, public health, health care, substance abuse, juvenile justice, corrections, and public safety systems to increase awareness of the impact of Adverse Childhood Experiences (ACEs) and sexual violence on the people these agencies serve; d) since balanced mental health is a protective factor for sexual violence, it is important to develop and

promote an Employee Assistance Program (EAP) for state and non-state agency employees. This will provide opportunities to focus on mental health, stress management, and self-care practices; e)promote and participate in the Violence Against Women Action Day at the Capitol; f) adopt model programs, such as the National Guard Sexual Assault Prevention and Response Program that aim to both improve response to victims and prevent sexual violence from happening; and g) collaborate with the Department of Corrections and the Department of Public Safety to promote protective factors for people who have committed sexual offenses, to prevent recidivism.

> **"The biggest impact we can have on sexual violence prevention would be to help identify the relationship between sexual violence and other health issues, so that everyone can work on this together. ACEs are one of the ways to do this."** *—State Agency Representative*

IV. Conclusion

Sexual violence often evokes strong reactions of anger and fear. Many people think primarily of the criminal justice response of arrest, prosecution and incarceration. While these are necessary components, they are not enough. Through the Adverse Childhood Experiences (ACE) research, we now know of the many lifelong effects of sexual violence and that its significance as a public health problem. We know that many of the protective factors for other public health concerns, such as community and family support, stable housing, connections to caring adults, and skills in solving problems non-violently are also protective factors for preventing sexual violence. Prevention will take time. Just as we have changed the social norms with other societal problems, so must we commit ourselves to preventing sexual violence.

State agencies and community organizations across Minnesota believe that sexual violence prevention is possible. They are working together to create a world where sexual violence is unthinkable. Through interviews with state agencies, MDH found that greater coordination of programs and services is needed to better address the root causes of sexual violence. State agency staff members know that their work is connected to sexual violence prevention and they want to connect the dots between their work and MDH's work in sexual violence prevention. Through further collaboration and coordination, we can work together to build a world where our children will be free to grow up safe, healthy and violence-free.

CHAPTER 4: APPENDICES

I. Appendix A: Frequently Used Terms

Here are some terms that will be used throughout this report:	
Child Pornography	Sexual abuse photos and videos of children.
Prevention	The action of stopping something from happening or arising.
Protective Factors	Characteristics or situations that lessen the risk of a child or adolescent becoming a victim or perpetrator of violence.
Public Health Approach	A practical, goal oriented and community based approach for promoting and sustaining health. This approach defines and monitors the problem, identifies risk and protective factors; develops and tests prevention strategies, and assures widespread adoption.
Risk Factors	Characteristics or situations that increase the probability that someone will become a victim or perpetrator of violence.
Sex Trafficking	The sale of adults and children into commercial sexual servitude.
Sexual Exploitation	Practices by which a person achieves sexual gratification, financial gain, or advancement through the abuse and/or misuse of a person's sexuality.
Sexual Health	A state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.
Sexual Violence	The use of sexual actions and words that are unwanted by and/or harmful to another person.
Shared Risk and Protective Factors	Risk and/or protective factors that have an impact on more than one type of violence. For example, "family connectedness" is a shared protective factor for child maltreatment, suicide, sexual violence and community violence.
Social Ecological Model	This four-level model aids in understanding violence and the effect of potential prevention strategies. It considers the complex interplay between individual, relationship, community and societal factors and allows us to address the factors that put people at risk for experiencing or perpetrating violence (see also **Appendix C**).

II. Appendix B: Sexual Violence and Exploitation Data

A. Information on Perpetration

If we are to end sexual violence we must end the perpetration of it, so what does research suggest about those who perpetrate sexual violence?

- Between 6 and 13% of a sample of adult males in college or the military admitted to completed or attempted rape.[15, 16]
- When a broader definition of sexual violence is used; "making someone do something sexual when they didn't want to or forced sexual contact", those percentages are much higher; **28 to 32%** of a college male sample admitted to perpetration during a 24-month period.[17, 18]
- The Minnesota Student Survey (2013) also offers a glimpse into perpetration; 4% of 11th grade males and 1% of 11th grade females reported having pressured a boyfriend/girlfriend into having sex.[19]

i. What does research reveal about people who perpetrate sexual violence?

- **Starts in childhood**: 33% of the sexual abuse that children experience is perpetrated by other children.[20]
- **Multiple incidents**: Over 60% of undetected adult male perpetrators are perpetrating multiple rapes [18]
  - → Many adult male perpetrators admit to first perpetrating sexual violence and other forms of interpersonal violence when they were children.[21]
  - → Many adult male perpetrators of sex trafficking of minors have been charged with other violence-related offenses in the past.[21]
- **They know their victims:** family, relatives, neighbors, peers, romantic partners, etc.[22]
- **Males** are the primary perpetrators of rape and attempted rape against other males and all forms of sexual violence against females. However, there are some types of sexual violence (sexual coercion and sexual contact) for which females are the primary perpetrators against males.[20]
- **Internet technology** is increasingly used by perpetrators to target victims, to further harm victims, and to make money off of perpetration. Examples include creating and spreading

15. Lisak, D. & Miller, P.M. (2002). Repeat rape and multiple offending among undetected rapists. Violence and Victims, 17, 73-83.
16. McWhorter, S.K., et al. (2009). Reports of rape perpetration by newly enlisted male navy personnel. Violence and Victims, 24(2), 209-223.
17. Abbey, A., Parkhill, M.R., & Koss, M.P. (2005). The effects of frame of reference on response to questions about sexual assault victimization and perpetration. Psychology of Women Quarterly, 29, 364-373
18. Hall, G.C.N. et al. (2006). Initiation, desistance, and persistence of men's sexual coercion. Journal of Consulting and Clinical Psychology, 74, 732-742.
19. Minnesota Student Survey. Minnesota Center for Health Statistics, 2013.
20. Finkelhor, D. et al. (2009). Juveniles who commit sex offenses against minors. OJJDP Juvenile Justice Bulletin.
21. Martin, L. & Pierce, A. (2014). Mapping the market for sex with trafficked minor girls in Minneapolis.
22. National Intimate Partner and Sexual Violence Survey. Centers for Disease Control and Prevention, 2010.

child sexual abuse images, selling people for sex online, and using social media sites and online chat forums to groom potential victims.[23]

B. Populations Experiencing Inequities in Sexual Violence Victimization

i. Children, youth, and young adults

- 19% of 11th graders from the MN Student Survey (2013) reported that a boyfriend/girlfriend had pressured them into having sex when they didn't want to. At 9th grade, this percent was 12%. This number was 42% for children of any age in juvenile correctional facilities.[19]
- Among female victims of completed rape, an estimated 78% were first raped before age 25 years (40% before age 18 years). Among male victims who were made to penetrate a perpetrator, an estimated 71% were victimized before age 25 years (21% before age 18 years).[22]
- 24% of females from the College Student Health Survey (2013) reported a sexual assault within their lifetime, and nearly 5% reported a sexual assault in the past 12 months. For males, those percentages were nearly 5% and nearly 1.6 respectively.[24]
- Children are exposed to images of sexual abuse and pornography on the internet and through peer-to-peer file sharing via cell phones. The average age of first exposure to pornography is estimated to be 11 years old.[23]
- Each week the National Center for Missing and Exploited Children receives an average of 4,296 reports of sexual exploitation. Approximately 95% of those are reports about child pornography.[25]
- State and local law enforcement agencies involved in Internet Crimes Against Children (ICAC) Task Forces reported a 230 percent increase in the number of documented complaints of online enticement of children from 2004 to 2008.[25]
- Internet Crimes Against Children Task forces reported a 1,000 percent increase in complaints of child sex trafficking from 2004 to 2008.[25]
- A North Minneapolis study of primarily African Americans who had traded sex for shelter, food or something else of value in the past 5 years found that 50% had first traded sex as a minor at an average age of 13.[26]

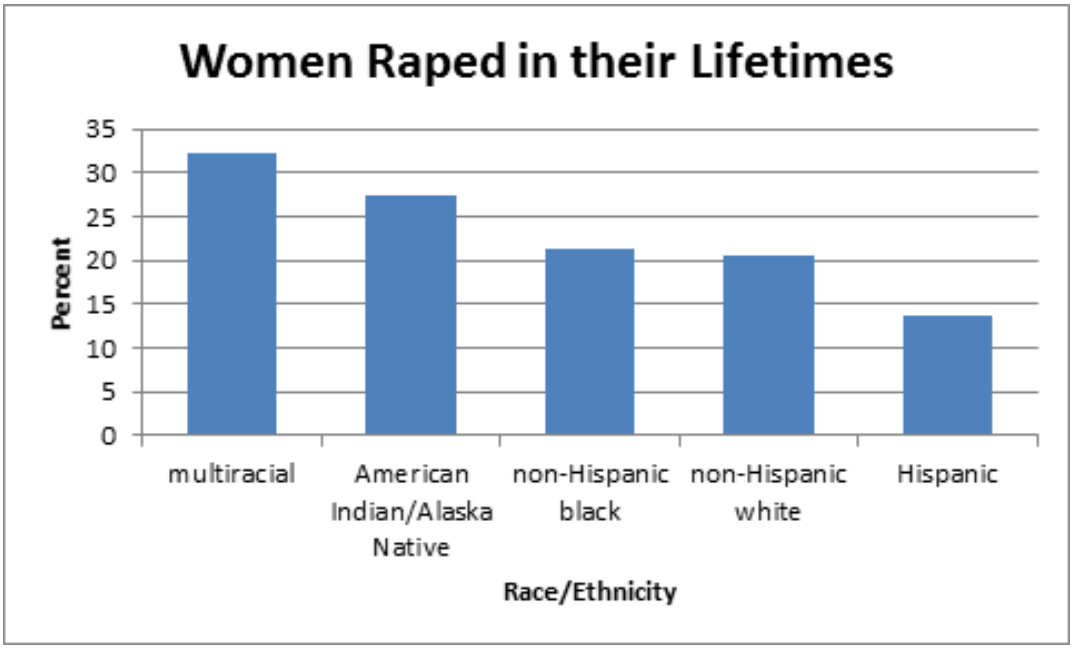
ii. Women/Girls

- Nationally, just over 19% of women and nearly 2% of men have been raped during their lifetimes. An estimated 44% of women and 24% of men experienced other forms of sexual violence during their lifetimes, including being made to penetrate, sexual coercion, unwanted sexual contact, and noncontact unwanted sexual experiences.[22]

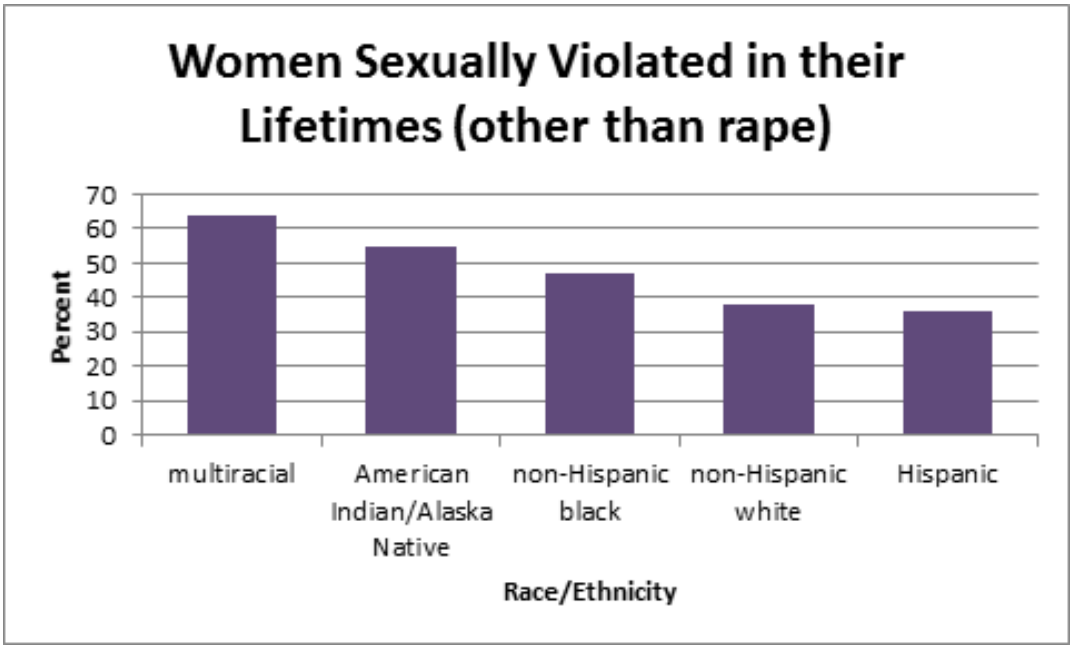
23. National Coalition to Prevent Child Sexual Abuse and Exploitation. (2013). Impact of media and technology on youth.
24. College Student Health Survey. 2013. Health and health-related behaviors: Minnesota postsecondary students
25. https://www,missingkids.com/KeyFacts
26. Martin, L., M. Hearst and R. Windome. (2010). Meaningful differences: comparison of adult women who first traded sex as a juvenile versus

- 4% of 11th grade girls and 1% of 11th grade boys from the Minnesota Student Survey (2013) reported that a family member had sexually assaulted them in their lifetime.[19]

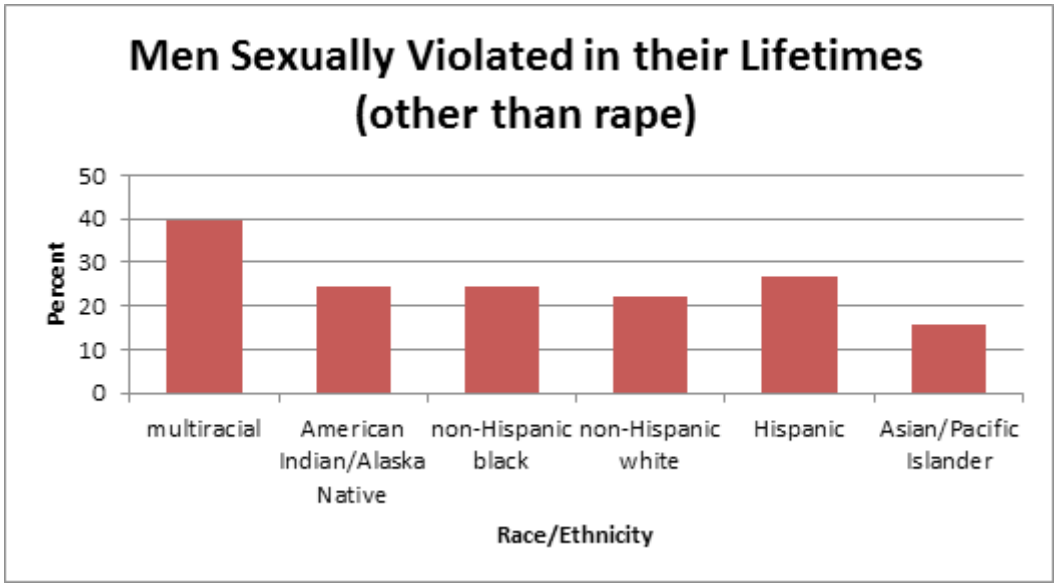
iii. American Indian, African Americans, and other Racial or Ethnic Groups



Source: National Intimate Partner and Sexual Violence Survey. Centers for Disease Control and Prevention, 2010



Source: National Intimate Partner and Sexual Violence Survey. Centers for Disease Control and Prevention, 2010



Source: National Intimate Partner and Sexual Violence Survey. Centers for Disease Control and Prevention, 2010

- Just over 32% of multiracial women, nearly 28% of American Indian/Alaska Native women, just over 21% of non-Hispanic black women, nearly 21% of non-Hispanic white women, and nearly 14% of Hispanic women are raped during their lifetimes.[22]
- An estimated 64% of multiracial women, 55% of American Indian/Alaska Native women, 47% of non-Hispanic white women, and 38% of non-Hispanic black women experienced sexual violence other than rape during their lifetimes.[22]
- Among men, an estimated 40% of multiracial men experienced sexual violence other than rape during their lifetimes. In addition, 27% of Hispanic men, 25% of American Indian/Alaska Native men, 24% of non-Hispanic black men, and 22% of non-Hispanic white men experienced sexual violence other than rape during their lifetimes, and an estimated 16% of Asian or Pacific Islander men experienced this type of sexual violence during their lifetimes.[22]
- People of color, particularly American Indian women/girls, are disproportionally targeted for sex trafficking.[27, 28, 29]

27. Farley, M., Matthews, N., Deer, S., Lopez, G., Stark, C., & Hudon, E. (2011). Garden of Truth: The Prostitution and Trafficking of Native Women in Minnesota. *MN Indian Women's Sexual Assault Coalition.*
28. Pierce, Sandi. (2009). Shattered Hearts: Commercial Sexual Exploitation of American Indian Women and Girls in Minnesota. MN Indian Women's Resource Center
29. Pierce, A. & Koepplinger, S. (2011). New Language, Old Problem: Sex Trafficking of American Indian Women and Children. National Online Resource Center on Violence Against Women (VAWnet.org)

iv. People who are transgender

- Transgender people are at risk for multiple types and incidences of violence, and this threat lasts throughout their lives. A survey of 515 transgender individuals found that 59% had been raped during their lifetime.[30]

v. People who are lesbian, gay, bisexual or questioning (LGBTQ)

- Nationally, 50% of bisexual women and 12% of lesbian women experience rape in their lifetime, while 50% of bisexual men and 40% of gay men experience types of sexual violence other than rape in their lifetime. These percentages are higher for LGBTQ populations of color.[22]

vi. People over 60

- Sexual violence is more common amongst the younger population; however, those over 60 are vulnerable for victimization but are often overlooked in studies about sexual violence.[31]

vii. People with disabilities

- Nearly 20% of female high school students who have a physical disability have experienced rape in their lifetime, compared to just over 9% of those without a physical disability.[32]
- Adult females with severe self-reported disability impairments were four times more likely to have experienced a sexual assault in their lifetime, compared to females with no self-reported disabilities. (Note: sexual assault can contribute to disability).[33]
- People with intellectual/cognitive disabilities experience the highest rates of violent victimization compared to other types of disability.[34]

viii. People with limited income

- Nearly 10% of women with a household income of less than $25,000 reported experiencing sexual violence. For women with a household income between $25,000 and $50,000 the rate was nearly 6% and it was nearly 3% for women with a household income over $75,000.[22]

30. Stotzer, R.L. (2009). Violence against transgender people: a review of United States data. Aggression and Violent Behavior, 14, 170-179.
31. Acierno, R. et al. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: the National Elder Mistreatment Study. American Journal of Public Health, 100(2), 292-297
32. Alriksson-Schmidt, A.L. et al. (2010). Are adolescent girls with a physical disability at increased risk for sexual violence? Journal of School Health, 80(7), 361-367.
33. Casteel, C. et al. (2008). National study of physical and sexual assault among women with disabilities. Journal of Injury Prevention, 14(2), 87-90.
34. Harrell, E. & Rand, M. (2010). Crimes against people with disabilities, 2008. Washington DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Women with a household income less than 50,000 have a significantly higher prevalence of intimate partner violence.

Source: National Intimate Partner and Sexual Violence Survey, Centers for Disease Control.

ix. People who are homeless

- 25% of adult participants and 27% of people under the age of 21 in the Wilder Foundation Homelessness Study (2012) reported experiencing sexual abuse as a child. 20% of adult females and 6% of adult males reported being encouraged to make money by offering sexual services of some type. 17% of those under the age of 21 had engaged in survival sex.[35]

Many victims are exposed to multiple forms of trauma throughout their lifetime. The immediate and long-term health consequences of sexual violence and other forms of trauma include: depression, anxiety, Post-Traumatic Stress Disorder (PTSD) and disordered eating, Sexually Transmitted Infections (STIs) and pregnancy, physical injuries and use and abuse of alcohol and other drugs, including cigarettes.[36]

Minnesotans with more ACEs were more likely to rate their health as fair to poor, to have been diagnosed with depression or anxiety, to report smoking and chronic drinking, to have been diagnosed with asthma, and to be obese.[36]

III. Appendix C: Social-Ecological Model

A. Social-Ecological Model

MDH promotes having our partners engage in prevention at all levels of the socio-ecological model. Prevention strategies include promoting education and life skills training, healthy relationships, mentoring and peer programs; fostering problem solving skills, engaging community partners, and promoting policies that help reduce economic or social inequalities between groups in society.

35. Amherst H. Wilder Foundation. (2012). Homelessness in Minnesota.
36. Adverse childhood experiences in MN: findings and recommendations based on the 2011 Minnesota behavioral risk factors surveillance system. MN Department of Health, 2012.

B. Risk and Protective Factors for Perpetration

Risk and protective factors do not predict that a person will or will not become a victim or a perpetrator; however, if we improve the conditions for our youth and reduce risks, we know they will have a better chance of becoming better equipped to be healthy, contributing members of our communities.

According to the Centers for Disease Control and Prevention, risk factors are associated with a greater likelihood of sexual violence perpetration. They are contributing factors and may or may not be direct causes. Not everyone who is identified as "at-risk" becomes a perpetrator of violence. A combination of individual, relational, community and societal factors contribute to the risk of becoming a perpetrator of sexual violence Protective factors are the characteristics or situations that may lessen the likelihood of sexual violence victimization or perpetration by buffering against risk. These factors can also exist at individual, relational, community, and societal levels. Strategies can focus on sustaining existing factors and creating factors that may be absent.

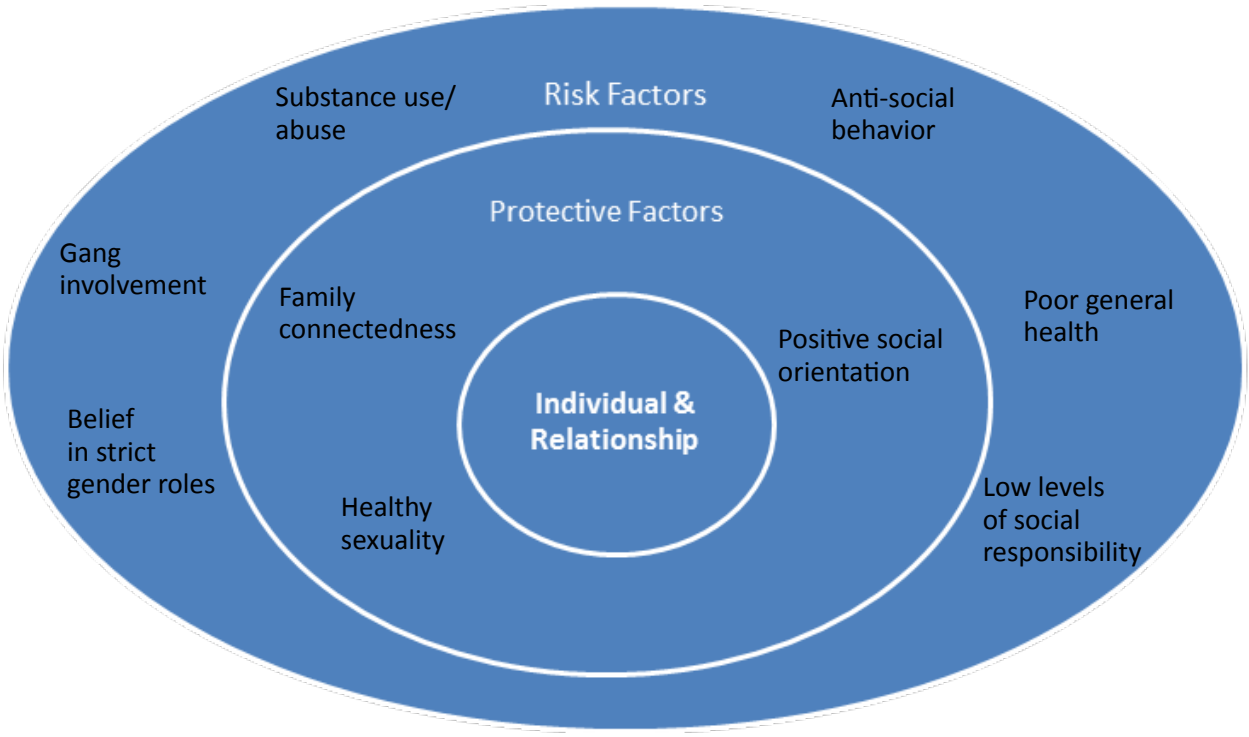
Prevention science research suggests that the most effective methods for promoting positive youth development and preventing problem behaviors involve addressing both risk and protective factors. Examples of risk factors are: rigid social beliefs about what is "masculine" and "feminine," lack of job opportunities, cultural norms that support aggression toward others, family conflict, neighborhood poverty, community violence, poor parent-child relationships, associating with delinquent peers, poor behavioral control, substance abuse and many others.[37]

Protective factors work to improve conditions that could solve many community problems. They include coordination of resources and services among community agencies, access to mental health and substance abuse services, community support and connectedness, family support, connections to caring adults, association with pro-social peers, connection/commitment to school and skills in solving problems non-violently.

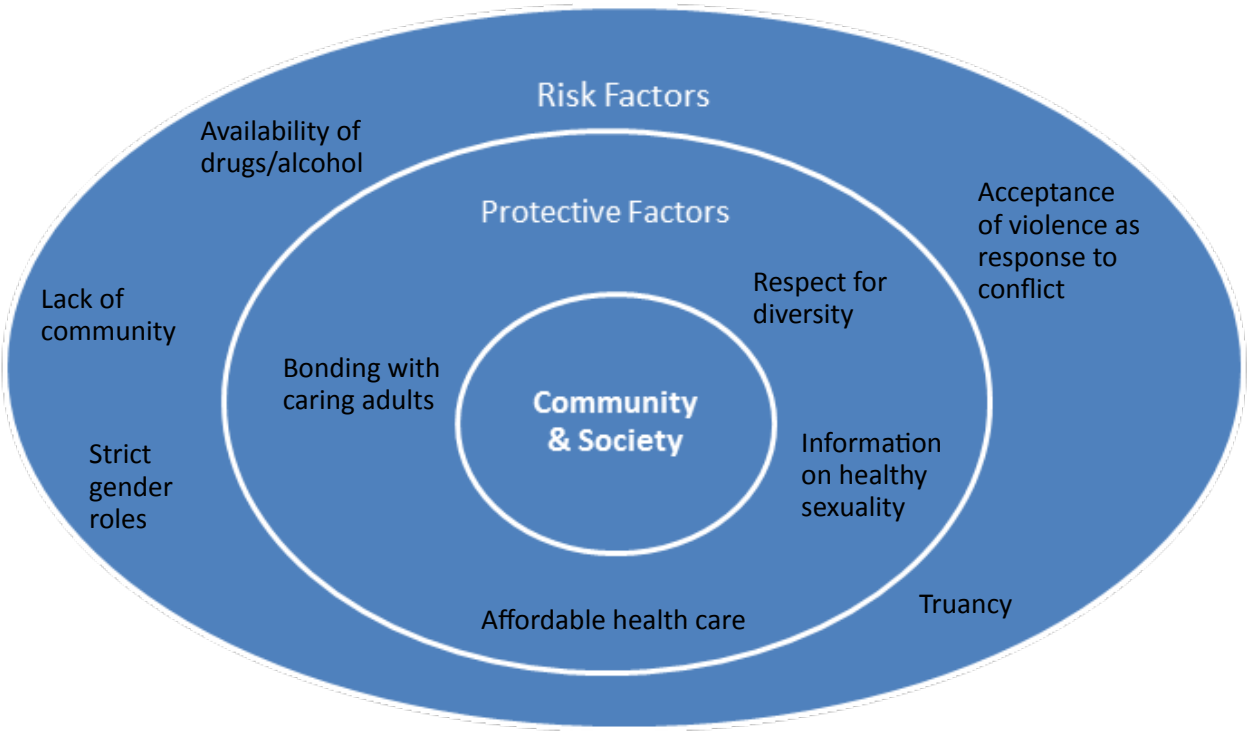
37. Dahlberg LL, Krug EG. Violence-a global public health problem. In: Krug E, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, eds. World Report on Violence and Health. Geneva, Switzerland: World Health Organization; 2002:1–56.

i. Social Ecological Model of Risk and Protective Factors

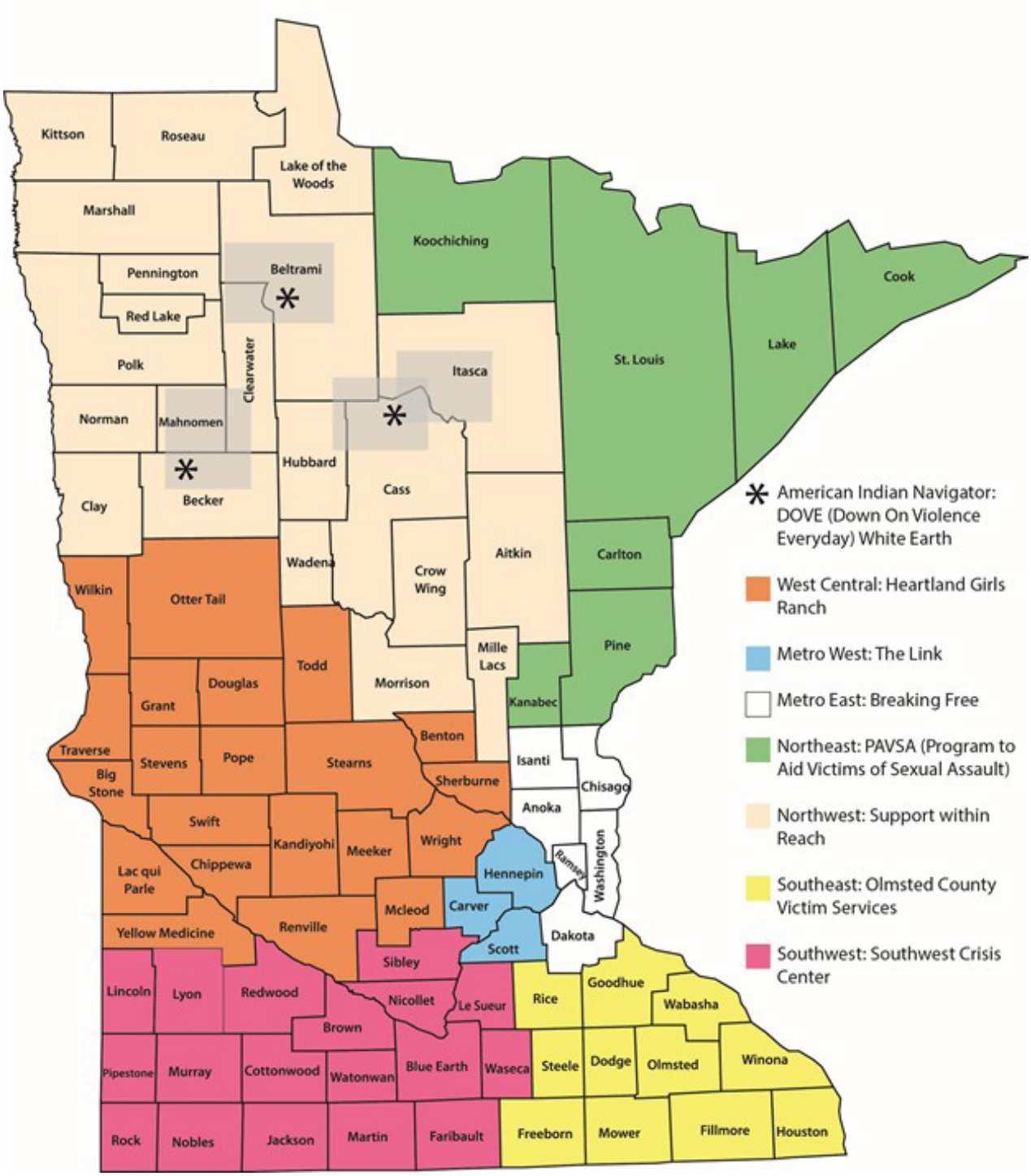
Individual & Relationship Factors



Community and Society Factors



IV. Appendix D: Safe Harbor Regional Navigators Map



V. Appendix E. Community Partner Survey Findings and Methodology

A. Survey of Community Partners Methodology

MDH conducted an environmental scan to collect baseline data about:

1. Where sexual violence prevention work is being conducted
2. The type of work being done
3. The primary audiences for this work
4. Missing resources and needed support

The survey was designed to gather information on current activity (programs, policies and organizational practices), strengths and needs among organizations that currently do sexual violence prevention work, and those who have a secondary impact on reducing sexual violence.

The survey tool was developed in collaboration between MDH and MNCASA, and it asked a variety of questions about prevention programming, types of strategies employed and risk/protective factors addressed by initiatives. The survey was administered electronically via Vovici/Verint software.

Initial participants were selected based on MDH knowledge about the organizations engaged in prevention work statewide. Participants were contacted via email and invited to complete the survey. To increase reach, participants were encouraged to forward the survey to other partners and stakeholders; thus, a response rate cannot be calculated. No incentives were provided. 287 people completed the survey. Frequencies were calculated using Vovici/Verint software. Qualitative responses were analyzed manually to look for common themes. The results are summarized in the opportunities for improvement section of this report. A potential limitation is that it is possible more than one person at each organization might have completed the survey, leading to an over-estimate in certain survey answers. Another potential limitation is that the qualitative data were not analyzed using a pre-determined coding system, nor was it possible to utilize inter-coder reliability to verify and strengthen the analysis.

B. Community Partner Survey Respondents

Note: Not all respondents are listed here. This is a sample of some of the organizations who responded to our survey

Anoka County Community Health
Avenues For Homeless Youth-Minneapolis
Canvas Health

Committee Against Domestic Abuse (CADa)
Department of Corrections
Diversity Council
Domestic Abuse Project
East Side Neighborhood Services
Gender Violence Institute
Healing Outreach Prevention Education (HOPE) Center
Helping Kids Succeed - The Hastings Way
Indian Health Service
Institute on Community Integration University of Minnesota
Jacob Wetterling Resource Center (JWRC)
Kwanzaa's Northside Women's Space
Lutheran Social Services Youth Services
Men As Peacemakers
Mille Lacs Band Family Violence Prevention Program Criminal Justice Intervention
Minnesota Coalition Against Sexual Assault (MNCASA)
Minnesota Coalition for Battered Women (MCBW)
Minnesota Communities Caring for Children
Minnesota Indian Women's Sexual Assault Coalition (MIWSAC)
Minneapolis School Based Clinics
Minnesota Sex Offender Re-entry Project (MNSORP)
New Horizons Crisis Center
North Shore Horizons
Oakridge Homes
Pathways of West Central Minnesota, Incorporated
Program for Aid to Victims of Sexual Assault (PAVSA)
Rape and Abuse Crisis Center of Fargo-Moorhead
Rochester Franciscan Sister
Saint Paul Homeless Elders Program
Sensibilities Prevention Services
Sexual Assault Program of Northern St. Louis County

Sexual Violence Center
Silent No More 4 Change Domestic Violence & Human Trafficking Awareness
St. Cloud State University
The Aurora Center for Advocacy & Education/Boynton Health Service
University of Minnesota-Twin Cities Aurora Center for Advocacy & Education
Winona County Primary Prevention Project (PPP) Stop Sexual and Domestic Violence
Women's Resource and Action Center

C. Community Survey Questions

1. Please select which categories best represent your organization: [select all that apply]
   - ☐ Business/private company
   - ☐ City or county government
   - ☐ College/University/Post-secondary education
   - ☐ Dual Sexual Assault/Domestic Violence agency
   - ☐ Early childhood or childcare program
   - ☐ Faith community
   - ☐ Healthcare/hospital/clinic
   - ☐ K-12 School
   - ☐ Law enforcement & criminal justice system
   - ☐ Local public health
   - ☐ Member of MCBW (MN Coalition for Battered Women)
   - ☐ Member of MIWSAC (MN Indian Women's Sexual Assault Coalition)
   - ☐ Member of MNCASA (MN Coalition Against Sexual Assault)
   - ☐ Non-profit
   - ☐ Sexual Assault/Advocacy program
   - ☐ State agency
   - ☐ Other _____[type in]
2. In what region of Minnesota are your organization's programs primarily offered? (select all that apply)
   - ☐ Statewide
   - ☐ Northwest
   - ☐ Northeast
   - ☐ Central
   - ☐ Metro

- ☐ Southwest
- ☐ Southeast

3. What is the number of full time staff employed by your organization?
   - ☐ 0-5
   - ☐ 6-10
   - ☐ 11-15
   - ☐ 15-20
   - ☐ Other: _____[write in]
4. How many full time employees do you have who are doing sexual violence prevention work? (open ended)
5. There are many risk factors for sexual violence perpetration. Listed below are just a few. Please indicate which of these risk factors for perpetration your prevention programs try to decrease: [select all that apply]
   - ☐ Childhood trauma (such as abuse, neglect, family violence, etc.)
   - ☐ Hyper-masculinity
   - ☐ Lack of empathy and poor social-emotional development
   - ☐ Sexual behavioral problems in children (hyper sexuality, coercive sexual fantasies, etc.)
   - ☐ Hostile beliefs towards oppressed groups (i.e. beliefs that are racist, sexist, homophobic, etc.)
   - ☐ Association with sexually aggressive peers
   - ☐ Strong patriarchal relationship or strong patriarchal familial environment
   - ☐ Existence of businesses that promote sexual objectification & exploitation
   - ☐ Lack of resources on healthy relationships and healthy sexuality
   - ☐ Weak community sanctions against sexual violence perpetrators
   - ☐ Social norms that support sexual violence perpetration
   - ☐ Social norms that support male superiority and sexual entitlement
   - ☐ Social norms that maintain women's inferiority and sexual submissiveness
   - ☐ Lack of laws and policies that promote equality for women/girls, people of color, LGBTQ people, people with disabilities, etc.
   - ☐ Societal or community tolerance of violence
   - ☐ Other _____[write in]
   - ☐ None
6. There are many protective factors for sexual violence perpetration. Listed below are just a few. Please indicate which of these protective factors your prevention programs try to build: [select all that apply]
   - ☐ Pro-social peer relationships (youth)

- ☐ Bonding with caring adults (youth)
- ☐ Parental skills and attachment
- ☐ Youth connectedness and sense of belonging to family, community, school, etc.
- ☐ Effective sanctions in schools and community institutions which address harassment and violence
- ☐ Community-based or community-led organizing (involving youth participation)
- ☐ Equality for people of color, LGBTQ people, women/girls, people with disabilities, etc.
- ☐ Life and interpersonal skills (conflict and stress management, leadership, problem solving, critical thinking, communication, cross-cultural skills)
- ☐ Positive identity development (individual or collective)
- ☐ Healthy sexuality development
- ☐ Healthy masculinity development
- ☐ Other:_____[write in]
- ☐ None

7. Which of the following groups do you collaborate with on sexual violence prevention? [select all that apply]
   - ☐ Batterer intervention programs or sexual assault perpetrator intervention programs
   - ☐ Businesses
   - ☐ Childcare & early learning programs
   - ☐ City or county government
   - ☐ Colleges/Universities/Post-secondary institutions
   - ☐ Dual Sexual Assault/Domestic Violence agencies
   - ☐ Faith-based groups
   - ☐ Healthcare/hospitals/clinics
   - ☐ K-12 Schools
   - ☐ Law enforcement & criminal justice system
   - ☐ Male engagement networks
   - ☐ Neighborhood groups/associations
   - ☐ Pre-kindergarten programs
   - ☐ Sexual assault/domestic violence advocacy programs
   - ☐ Sex offender treatment programs
   - ☐ Sexual Assault/Advocacy Programs
   - ☐ State government
   - ☐ Victims/survivors, and loved ones of those who've experienced violence
   - ☐ Other _____[type in]

8. In what settings are your sexual violence prevention efforts being offered? (Check all that apply)
   - ☐ Batterer intervention programs or sexual assault perpetrator intervention programs
   - ☐ Businesses
   - ☐ Childcare & early learning programs
   - ☐ City or county government agencies
   - ☐ Colleges/Universities/Post-secondary institutions
   - ☐ Elementary schools
   - ☐ Faith-based groups
   - ☐ Healthcare/hospitals/clinics
   - ☐ High Schools
   - ☐ Law enforcement & criminal justice system
   - ☐ Male engagement networks
   - ☐ Middle Schools
   - ☐ Neighborhood groups/associations
   - ☐ Pre-kindergarten programs
   - ☐ Sexual assault/domestic violence advocacy programs
   - ☐ State government
   - ☐ Victims/survivors, and loved ones of those who've experienced violence
   - ☐ Other _____[type in]
9. What audience does your sexual violence prevention programming target? (Select all that apply)
   - ☐ College aged youth
   - ☐ Community leaders
   - ☐ Culturally-specific groups
   - ☐ Elementary aged children
   - ☐ High school youth
   - ☐ Infants and toddlers
   - ☐ Local public health
   - ☐ Men and/or boys
   - ☐ Middle school youth
   - ☐ Parents
   - ☐ People who identify as LGBTQ
   - ☐ Policymakers
   - ☐ Pre-school aged children

- ☐ Professionals working with parents
- ☐ Professionals working with youth
- ☐ Women and/or girls
- ☐ Youth serving organization
- ☐ Other:_____[write in]

10. What do your organization's sexual violence prevention strategies include? [Select all that apply]
    - ☐ Educating individuals one-to-one
    - ☐ Training groups of people
    - ☐ Educating providers
    - ☐ Partnering across fields through formal or informal alliances
    - ☐ Creating codes of conduct, screening policies for volunteers, or other changes in organizational practices
    - ☐ Influencing policy and legislation at the local, state, or federal level (e.g. school board policies, anti-bullying policies, etc.)
    - ☐ Other _____
11. Is your organization implementing any of the following types of programs? [Select all that apply]
    - ☐ Anti-Bullying
    - ☐ Anti-trafficking
    - ☐ Bystander intervention
    - ☐ Collaborative Community prevention team building
    - ☐ Comprehensive sexuality education & healthy relationship education
    - ☐ Engaging men and/or boys
    - ☐ Home visiting
    - ☐ Interventions for people who've perpetrated sexual assault, domestic violence, or sexual exploitation
    - ☐ Parent/caregiver support groups
    - ☐ Peacemaking
    - ☐ Positive youth development (asset-building, etc.)
    - ☐ Responsible fatherhood programming
    - ☐ Restorative practice/restorative justice
    - ☐ Social-emotional development
    - ☐ Staff/teacher training
    - ☐ Victim/Survivor support and engagement
    - ☐ Other _____

12. If you or your organization does policy work to prevent sexual violence, what is the focus? [Select all that apply]
    - ☐ Policy change in my/our own workplace
    - ☐ Organizational or institutional policy change in settings that are not my workplace
    - ☐ City or county level policy change
    - ☐ State-level legislative policy change
    - ☐ Federal-level policy change
    - ☐ Not applicable
    - ☐ Other

13. Some organizations are implementing specific programs/curricula to address sexual violence. Does your organization use any of the following programs? (Note: this list is not exhaustive and the programs listed are not necessarily endorsed by the creators of this survey). [Select all that apply]
    - ☐ And Then It Changed
    - ☐ B.E.S.T. Party Model
    - ☐ Bring in the Bystander
    - ☐ Bystanders in Action
    - ☐ Can I Kiss You?
    - ☐ Champions Building Champions
    - ☐ Champion Communities
    - ☐ Child safety presentations/programs
    - ☐ Choose Respect
    - ☐ Circle of Parents
    - ☐ Coaching Boys into Men
    - ☐ Expect Respect
    - ☐ Game Plan
    - ☐ Green Dot
    - ☐ HOPE: Honoring our Personal Experiences
    - ☐ Men of Strength Clubs
    - ☐ The MENding Project
    - ☐ MVP (Mentors in Violence Prevention)
    - ☐ PAVE (Preventing Abuse and Violence through Education)
    - ☐ Safe Dates
    - ☐ Say it Straight
    - ☐ Second Step
    - ☐ Stewards of Children

- ☐ Walk a mile in her shoes
- ☐ Other _____[type in]
- ☐ None

14. What do you do to address the higher rates of sexual violence experienced by Native Americans, African Americans, women/girls, LGBTQ people, people with disabilities, and other populations? [open ended]

15. What else should we be doing to reduce these disparities? [open ended]

16. To increase our capacity for engaging in the primary prevention of sexual violence, our organization: [select all that apply]
    - ☐ Partners with stakeholders from a broad spectrum of interests
    - ☐ Attends Sexual Violence Prevention Network meetings
    - ☐ Attends Human Trafficking Task Force Prevention meetings
    - ☐ Attends activities offered by MNCASA, MDH, or others
    - ☐ Attends prevention training offered by MNCASA, MDH, or others
    - ☐ Is a part of a coalition, committee, council, or other collaborative group
    - ☐ Incorporates prevention into existing efforts rather than starting new efforts
    - ☐ Re-arranges resources in order to invest more into prevention efforts
    - ☐ Includes other organizations in strategic planning
    - ☐ Relies on the expertise of victims/survivors, and loved ones of those impacted by sexual violence
    - ☐ Other _____
    - ☐ None

17. What can MDH and MNCASA do to support your organization's prevention efforts? [Select all that apply]
    - ☐ Offer onsite technical assistance
    - ☐ Provide easy-to-implement initiatives
    - ☐ Organize leadership opportunities
    - ☐ Offer opportunities for networking with others doing prevention
    - ☐ Offer webinars and trainings
    - ☐ Other _____
    - ☐ None _____

18. What resources would be most helpful to build your capacity to do primary prevention? [Select all that apply]
    - ☐ Examples of successful primary prevention activities from other communities like mine
    - ☐ A toolkit with resources to follow to create a prevention plan for my community

- ☐ Prevention programs that I can adapt to my particular community
- ☐ One to one technical assistance to problem solve community challenges
- ☐ Messaging toolkit to help talk about primary prevention in my community
- ☐ Other: _____

19. What are your biggest challenges in doing sexual violence prevention work? [open-ended]
20. What are your organization's most promising efforts in its sexual violence prevention work? [open ended]
21. If primary prevention of sexual violence were your organization's main purpose for being, what would your organization do differently? [open ended]
22. Additional comments:
23. If you would like an email of the findings of this survey:
    - » Name: _____
    - » Organization: _____
    - » Email: _____

VI. Appendix F: State Agency Interview Methodology and Findings

The interviews were conducted by MDH staff and members of the Sexual Advisory Prevention Advisory Team. We conducted 26 interviews with state agency representatives from 11 different state agencies. We then reviewed 11 other state agency websites, recording programs and policies that promote protective factors for sexual violence.

A. Interview Questions

1. Are you aware of any ways your agency or program attempts to address sexual violence prevention? This can include policies, programs, strategies, etc., that are internal to your agency or external.
   a. If yes, please provide some specifics of these policies, programs, etc.
   b. If no, why do you think that's the case?
2. If primary prevention of sexual violence were a priority for your agency, what are your ideas of what your agency could be doing to prevent sexual violence?
3. What would need to change to make sexual violence prevention more of a priority in your agency?
4. What are your ideas for what could happen in other state agencies that could make the biggest impact to prevent sexual violence?
5. What are your ideas for collaboration between your state agency and other state agencies to prevent sexual violence?
6. Who else should I talk to?
7. Would you like to receive a copy of the report?

B. Detailed Interview Results

Below is a sample of respondents to our state agency interviews.

Department of Human Services (DHS)

DHS houses the Office of Economic Opportunity, which administers funding for Temporary Assistance for Needy Families (TANF). Economic stability prevents stress in families which could lead to violence. DHS is also in charge of Child Support, Child Welfare, Child Abuse Maltreatment Prevention and Parent Support Outreach programs. These programs contribute to the prevention of sexual violence by strengthening families and preventing child abuse.

Department of Public Safety (DPS)

The School Safety Center within DPS incorporates prevention of bullying and cyber-bullying into their emergency management training and training sessions for school administrative personnel. Preventing all forms of violence, including bullying, is important for sexual violence prevention, because are forms of violence are related. The Office of Justice Programs (OJP) received a state appropriation for MNCASA to administer a pilot primary prevention project in communities across Minnesota (Champion Communities). OJP also funds youth intervention programs that address sexual violence in a broad capacity.

Iron Range Rehabilitation Board (IRRRB)

The IRRRB has economic development programs that reduce economic stress, preventing violent behavior. They also provided one time emergency funding to a local sexual and domestic violence shelter recognizing the need in their community.

> **"We recognize that economic insecurity is a factor that can lead to a lot of stress in families."** *—State Agency Interviewee*

Minnesota Department of Education (MDE)

> **"Children need to be able to access the resiliency factors inherent in education. Everything that works to increase capacity of the schools can be traced back to primary prevention."** *—State Agency Interviewee*

> **"If you suspend a kid, you put them at risk for all kinds of things."** *—State Agency Interviewee*

The MDE Positive Intervention and Support Behavior (PBIS) initiative aims to create a school wide environment where children feel safe. The agency trains staff on how to work with families on parental stress management. They also have the CDC DASH grant, which includes funding for social-behavioral skill building.

> **"Social emotional learning aims to create a safe environment where kids have skills and abilities to get along with each other. This has a long term positive effect for kids."** *—State Agency Interviewee*

MDE's Indian Education Office administers the Success for Future Grant Program, which works to preserve language and culture initiatives and address the student achievement gap among Native American children. They also administer the Success for Future Grant Program, which includes "positive Indian parenting" which teaches the importance of elevating the status of women in Native American communities to prevent violence and the importance of providing emotional social support to children. The Indian Education Office also has a committee of student and community representatives who develop annual recommendations about supportive programming, which they share with the school board. They also oversee the American Indian Parent Advisory Committee, which looks at parenting within and without the school and advises on all things affecting Indian students.

Minnesota Department of Health (MDH)

See page 11 of the report.

Minnesota Department of Human Rights (MDHR)

During Human Rights Week 2013, MDHR hosted an event to spark the conversation about what state agencies could be doing to strengthen their strategy for approaching private companies about sex trafficking prevention. They also handle cases of sexual harassment or sexual violence in the workplace.

Minnesota Housing Finance Agency (MHFA)

> **"Economic stability offers choices to women who might otherwise stay in a bad relationship or situation."** *—State Agency Interviewee*

MHFA's Heading Home Plan to Prevent and End Homelessness seeks to achieve housing stability, which reduces economic stress, which can lead to violent behavior particularly youth trading sex for shelter (survival sex). Housing and economic stability also offer choices to women who might otherwise stay in a bad a relationship or situation. The agency's McKinney Vento Liaisons identify homeless kids in schools and connect them with transportation and services.

Minnesota Management and Budget (MMB)

MMB's Employee Assistance Program (EAP) offers state employees resources to deal with depression, which can be a response to sexual violence.

Minnesota National Guard

The MN National Guard is a member program of the Minnesota Coalition Against Sexual Assault (MNCASA), and participates in trainings for the prevention of sexual violence.

Minnesota State Colleges and Universities (MNSCU)

MNSCU recently updated their sexual violence policies to include stalking, dating and relationship violence, and domestic violence. They also changed their policies and procedures for handling sexual violence and harassment investigations to comport with new laws. They also held a day-long training for campus investigators of sexual violence. The training facilitators included attorneys, law enforcement, MNCASA, and a professor of violence prevention studies. They have also developed an online training on sexual violence for all MNSCU campus employees.

MN Department of Corrections (DOC)

Minnesota CHOICE is the Minnesota Department of Corrections' victim notification and information source, where victims can receive automatic notifications if their perpetrators are released from jail or if they are granted parole. There is also a program which allows perpetrators to contact victims through a third party and offer an apology for their crime, protecting the victim's privacy. DOC also offers resource sheets for incarcerated parents on how to talk with their kids about their circumstances and maintain positive relationships with them to mitigate the adverse childhood experience and strengthen family connections.

MN Department of Administration (MNDA)

MNDA offers a course which discusses violence in the workplace and describes the warning signs that precede the violence. They have model policies on Sexual Harassment and identified procedures for complaints, which they communicate electronically with employees.