



New York State Coalition Against Sexual Assault

Working for a World Without Violence.

Centering Health Equity and Cultural Relevancy in Sexual Violence Prevention in New York State: Findings and Recommendations

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Introduction

Purpose

The purpose of this report is to obtain information from providers of sexual assault support services across the state on what primary prevention strategies they are implementing and what is needed to advance health equity for sexual violence prevention in New York State.

Background

Sexual violence, which includes forms of violence in which there is sexual activity without consent, is simultaneously pervasive and challenging to quantify.¹ In 2020, law enforcement across New York State received 5,610 reports of rape.² In the same year, law enforcement received 2,352 sexual offense kits prepared during medical forensic exams of sexual assault survivors.³

However, sexual violence is under-reported across the state and the nation; as a result, data that relies solely on reports to law enforcement is necessarily incomplete. In 2019, the New York State Hotline for Domestic Violence and Sexual Assault reported a total call volume of 9,221 calls, with an average of 25 calls per day.⁴ During the first eleven months of the COVID-19 pandemic in 2020, calls to the hotline increased 34% over the previous year to more than 12,350 calls, with an average of 33 calls per day.⁵ As statistics clearly illustrate, sexual violence continues to be an urgent public health concern for which it is imperative to develop the most effective prevention strategies possible.

Rape Prevention and Education

The Centers for Disease Control and Prevention (CDC) oversees the Rape Prevention and Education (RPE) program, authorized through the Violence Against Women Act (VAWA) passed in 1994 and most recently reauthorized in 2022.⁶ The RPE program aims to prevent sexual violence by providing funding to state and territorial health departments in all 50 states, the District of Columbia, Guam, American Samoa, Northern Mariana Islands and Puerto Rico, the U.S. Virgin Islands. The program also provides funding to state, territorial, and tribal sexual assault coalitions. Through this program, the CDC provides tools, training, and technical assistance to participating programs to promote the implementation and evaluation of sexual violence prevention strategies, practices, and policies based on the best available evidence.

The CDC's current project, Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention, requires program participants to collaborate with partners to plan, implement, and evaluate prevention strategies in alignment with

the CDC's technical package, *STOP SV: A Technical Package to Prevent Sexual Violence* (hereafter STOP SV Technical Package).⁷

The STOP SV Technical Package, which is discussed in more detail below, outlines primary prevention strategies rooted in the best available evidence, as well as approaches to implement these prevention strategies. Further, it argues that sexual violence is a public health problem: sexual violence is highly prevalent, affects all communities across the lifespan, and results in profound health and economic consequences for survivors and their communities.⁸ A public health approach underscores the significance of primary prevention—preventing sexual violence before it can occur.

Sexual Violence: A Public Health Crisis

The call for a public health approach to prevent sexual violence is reflected in the first-ever *U.S. National Plan to End Gender-Based Violence* (hereafter National Plan), released by the White House in May 2023.⁹ The National Plan identifies gender-based violence (GBV)—which includes sexual violence—as a public health crisis that requires a public health approach.¹⁰ It prioritizes areas that have been historically excluded from GBV-focused policy and research, including prevention, racial justice, LGBTQ+ equality, intergenerational healing, and social norms change.¹¹ The National Plan also emphasizes the importance of an intersectional approach that addresses the impact of overlapping forms of discrimination and bias experienced by historically marginalized communities.¹² The National Plan includes the prevention strategies advanced by the STOP SV Technical Package, discussed further below.

The National Plan offers additional goals for prevention strategies, including improving health care approaches to prevent sexual violence and help survivors heal. The plan identifies several objectives for meeting this goal, which include promoting access to healthcare for survivors regardless of employment status, providing comprehensive and behavioral health support for people who use violence, promoting routine screening about GBV by healthcare providers as a covered preventative service, ensuring that health care systems actively work to address social determinants of health and violence prevention by addressing housing, homelessness, and food insecurity.

In New York State, we echo the National Plan's vision to ensure that all people can live free from gender-based violence in all aspects of their lives. To this end, we seek to strengthen primary prevention efforts by integrating health equity in sexual violence prevention. Health equity means that all people have a fair and just opportunity to achieve their full health potential, and that no one is disadvantaged, excluded, or dismissed from attaining this potential.¹³

During 2023, the New York State Coalition Against Sexual Assault (NYSCASA) collected data about how health equity is utilized by culturally specific sexual assault service providers in New York State. This report documents findings and recommendations for incorporating health equity in sexual violence prevention strategies by supporting and promoting culturally specific prevention efforts for historically excluded and underserved communities across the state.

Methodology

In March of 2023, NYSCASA conducted focus group interviews with members of an Advisory Committee which consists of representatives from four culturally specific anti-violence organizations from across New York State:

- Black Women’s Blueprint, a survivor-led organization within Restore Forward offering programs that support Black women and girls and promote gender justice, racial healing, reproductive health, and reconciliation;
- In Our Own Voices, which offers programs and support for LGBTQ+ people of color;
- Seven Dancers Coalition, which offers programs and support for Indigenous and communities across Haudenosaunee country and New York State; and
- Womankind, which focuses on the needs of Asian communities.

Through focus group interviews with the Advisory Committee, NYSCASA collected data about sexual violence in New York State and what primary prevention strategies these organizations implement in their communities. Participants also provided recommendations for strengthening primary prevention of sexual violence within the communities they serve and, ultimately, improve prevention strategies across New York State.

Two focus group interviews took place via Zoom. The first interview included participants from Seven Dancers Coalition, Womankind, and In Our Own Voices. The second interview included participants from Black Women’s Blueprint. A standard set of ten questions were utilized in both interviews.

Interview questions were designed to elicit responses about the following topics:

- Staff capacity for prevention and how many staff are dedicated to prevention work;
- Prevention efforts and curricula currently used by each organization;
- Whether organizations engage in prevention-related policy advocacy or have plans to do so;
- Whether organizations collaborate with partners on prevention work, and whom;
- Existing challenges and barriers to their prevention efforts;
- Successful prevention strategies that they have implemented;

- What issues and populations they prioritize in prevention work, and specifically which intersections they have identified as priorities;
- How burnout and/or staff turnover has impacted prevention efforts, and what support may be needed to mitigate these challenges;
- What support, training, and technical assistance regarding prevention they would find valuable;
- Their vision for sexual violence prevention work in New York State; and
- Whether the organization would be interested in participating in a sexual assault prevention statewide advisory committee, and how they would like to participate in such a committee.

In addition to the standard set of questions, NYSCASA staff posed follow-up questions as needed, and asked each participant if they had additional information they would like to share.

In 2022, NYSCASA staff conducted a needs assessment focused on prevention strategies of New York State Department of Health-approved rape crisis programs. Twenty-three rape crisis programs participated in interviews and surveys. The findings are summarized in a report prepared by the Center for Women in Government and Civil Society, entitled *Integrating Health Equity in Sexual Violence Prevention: A Statewide Review* (hereafter, *Integrating Health Equity*).¹⁴ That report provides a statewide review of sexual violence prevention efforts and assesses the extent to which an equity lens is implemented in sexual violence prevention in New York State's rape crisis programs. These findings will be utilized to highlight similarities, differences, and promising strategies among both NYSCASA member rape crisis programs and the culturally specific sexual assault service providers who participated in NYSCASA's Advisory Committee.

As an organization dedicated to preventing and mitigating the impacts of sexual violence, NYSCASA seeks to center input from sexual violence survivors at all stages of our work. From July 2017 through January 2022, NYSCASA collected online survey responses from sexual assault survivors in New York State about their experiences accessing (or not accessing) and seeking (or not seeking) services from various social, medical, and legal systems after their victimization.

A total of 226 survivors responded to NYSCASA's Survivor Survey. The findings and recommendations from this survey are available in two reports, one focusing broadly on sexual assault survivors' experiences seeking support,¹⁵ and the second focusing on college sexual assault survivors' experiences.¹⁶ The most relevant finding for this report is that survey respondents from historically excluded and underserved communities emphasized the need for culturally and contextually relevant sexual assault services.

Health equity, as described above, provides a path to meeting the needs of survivors and their communities. Historically, Black, Indigenous, Latinx, Asian/Asian American, Native Hawaiian, Pacific Islander, (im)migrant, LGBTQ+, disabled, low income, youth, and elder communities have been excluded or underserved within the broader movement to end sexual violence, despite the reality that people from these communities are disproportionately affected by sexual violence.¹⁷

Sexual violence *and* lack of access to sexual assault support services reflect oppressions that prevail in our society, including, but not limited to: white supremacy, patriarchy, racism, classism, homophobia/transphobia, ableism, and age-ism. In order to prevent oppression—and the sexual violence in which it is rooted—it is imperative to reimagine prevention strategies in New York State using the framework of health equity.

Findings

Prevention Strategies in New York State's Rape Crisis Programs

The CDC's *STOP SV: A Technical Package to Prevent Sexual Violence* offers a framework for sexual violence prevention strategies and the approaches used to implement those strategies.¹⁸ **Strategies** outlined in the STOP SV technical package include promoting social norms that protect against violence; teaching skills to prevent sexual violence; providing opportunities to empower and support girls and women; creating protective environments; and supporting victims and survivors to lessen harms associated with sexual violence.

Approaches to implementing these strategies can include, but are not limited to, promoting bystander intervention; mobilizing men and boys as allies; social-emotional learning; teaching healthy and safe relationship skills; strengthening economic support and leadership opportunities for women, girls, and their families; creating policies that promote safety in schools and workplaces; addressing community-level risks through environmental approaches; and offering survivor-centered services and support for survivors and those who are at-risk for violence. Many of these prevention strategies and accompanying approaches employ a public health strategy targeting individual, relationship, community, and societal factors that contribute to the perpetuation—and prevention—of sexual violence.

Data collected from NYSCASA's needs assessment interviews with rape crisis programs, reported in *Integrating Health Equity*, offer insight into which sexual violence prevention strategies are employed by the majority of sexual assault service providers in New York and to what extent health equity is incorporated into prevention efforts. Interview respondents reported the use of a broad range of prevention activities that align with the strategies identified in the STOP SV Technical Package.¹⁹ Their prevention efforts are

intended for children, youth, and adults in a variety of settings, including schools, colleges and universities, community organizations, local county jails, and local inpatient substance abuse treatment facilities.²⁰

Rape crisis programs reported awareness of systemic marginalization, exclusions, as well as equity consciousness. However, as is noted in *Integrating Health Equity*, respondents indicated that they encountered barriers to integrating health equity into program planning, design, and implementation.

Respondents reported that prevention programs and curricula must rely on “approved” or “affordable” curricula, and they are often not able to adapt programs.²¹ They also indicated that funders have not historically regarded educational programs as allowable costs, which hinders the ability of programs to offer and sustain prevention work. Additional gaps and challenges shared across the state include:

- Lack of full-time staff to dedicate to prevention;
- Lack of bilingual staff to engage with certain communities whose primary language is not English;
- Lack of access for and/or meaningful participation by men, especially students and college athletes;
- Lack of access to comprehensive sexual health education in some school districts which can undermine prevention efforts;
- Ensuring safety for marginalized communities, specifically noting LGBTQ+ individuals;
- Inadequate funding to recruit, hire, and retain staff; and
- Restrictive state regulations which prohibit offering programs in some areas.

Needs assessment participants reported that many of these factors diminish their capacity to offer and maintain equity-conscious prevention *and* sexual assault support services, despite their eagerness to incorporate health equity into their work. This leaves programs with inadequate resources and staff capacity to offer services that are effective and relevant for all of the communities which they aim to support.

Culturally Specific Prevention Efforts

Despite being disproportionately impacted by sexual violence, Black, Indigenous, and other Communities of Color, as well as LGBTQ+ communities and communities with disabilities are most affected by this dynamic and left without support and programs that are contextually and culturally relevant. Culturally specific anti-violence organizations emerged to address a widespread lack of access and care that is both rooted and led by Communities of Color.

Culturally specific organizations build awareness of the effects of culture at all levels, including policy, governance, practice, and access. These organizations involve respecting and seeking to understand cultural contexts that contribute to health and wellbeing of survivors and their communities, including language, communication styles, norms, beliefs, and behaviors.²² It is an ongoing process and commitment, rather than a discrete set of practices.

In focus group interviews with staff from Black Women's Blueprint, In Our Own Voices, Seven Dancers Coalition, and Womankind, participants underscored the importance of culturally specific and culturally competent strategies to prevent and address sexual violence. They also emphasized the need to recognize and embrace cultural diversity, neurodiversity, and the many ways that diversity manifests among survivors and service providers alike.

While discussing strategies for culturally relevant prevention strategies, participants emphasized the following areas of focus:

- Building relationships and trust;
- Centering the leadership and expertise of survivors and allies in marginalized communities;
- Creating protective factors that reduce the risk and impact of violence; and
- Language justice.

BUILDING RELATIONSHIPS AND TRUST

Culturally specific advocacy requires building relationships and partnerships with different communities and having ongoing discussions with members of the communities which programs aim to serve.²³

Focus group participants discussed cultural barriers that often hinder access to traditional prevention and outreach efforts for marginalized communities. For example, many communities and individuals hesitate to discuss matters that feel private or personal, especially sexual violence. This dynamic is present among many survivors and their families, who are often concerned about lack of privacy, other people in their community finding out and passing judgment, potential retaliation, and other factors;²⁴ it is unsurprising that hesitancy to talk about sexual violence impacts the efficacy of prevention efforts.

Focus group participants emphasized the importance of building relationships with the communities that they wish to serve. They also described offering fun, entertaining, or even neutral activities that spark curiosity to facilitate engagement with individuals who are hesitant to talk about sexual violence. Examples of culturally specific practices that were discussed include:

- Intentional movement, such as T'ai Chi, Qigong, or yoga;
- Drum circles;
- Ancestral honoring rituals;
- Spending time connecting with the natural environment, such as wilderness retreats; and
- Engaging with expressive and creative arts, such as dance, music, drawing/painting, or performance.

Focus group participants described these activities as meaningful ways to initiate and build relationships with people who are less comfortable with talking about sex or sexual violence with anyone, let alone someone they do not know. Such activities can help create an environment in which relationships and trust can develop, and deepen, more difficult conversations can emerge over time.

“NOTHING ABOUT US WITHOUT US”

First invoked by South African disability activists in the 1990s, “Nothing about us without us” was a call to end oppression that excluded people with disabilities from participation in society and to encourage people with disabilities to take control over decisions about their lives.²⁵ This principle was reflected in focus group discussions about how participants’ programs prioritize the leadership of the communities they serve, who are often excluded from discussions about sexual violence prevention and interventions.

Focus group participants highlighted the importance of recognizing the expertise and wisdom of leaders within the community that a program wishes to serve. This can result in cultivating ambassadors from within target communities to engage people in culturally relevant conversations about sexual violence prevention and intervention.

Focus group participants also discussed the importance of ensuring that staff demographics are representative of the communities they serve. They discussed that for many people, in order to feel that they will be understood and supported, they need to see themselves reflected in the resources and programs available. In traditional rape crisis programs, the need to employ, promote, and retain Black staff, Indigenous staff, and Staff of Color remains an unmet need.

Some focus group participants highlighted that engaging LGBTQ+ survivors and their communities continues to be a challenge for their organization. To address this challenge, they are hoping to establish partnerships with LGBTQ-led organizations to strengthen their capacity to support this population.

PROTECTIVE FACTORS

Economic equity concerns surfaced throughout the focus group interviews. Research shows that people living in poverty and lacking economic power or resources are at a greater risk for sexual violence. However, addressing survival issues, such as housing and food security, often take priority for these populations over discussing sexual violence prevention and intervention.

Focus group discussions devoted significant attention to housing disparities. Housing inequality disproportionately affects Black communities and other Communities of Color, with “Black and Hispanic households [. . .] almost twice as likely as White households to be cost burdened”²⁶ as a result of systems of discrimination and structural violence. According to another study on the links between sexual violence and housing, Black individuals, Indigenous individuals, and other People of Color are overrepresented in the homeless population.²⁷

Housing insecurity is a significant risk factor for experiencing sexual violence, especially among historically marginalized communities. Research demonstrates that 23% of homeless young adults (ages 18 to 26) experience involvement with the sex trades.²⁸ Compared to 15% of non-LGBTQ+ homeless youth (ages 13 to 25), 38% of LGBTQ+ homeless youth report being sexually assaulted.²⁹ A survey examining discrimination of transgender people in the U.S. found that 22% of respondents who accessed housing through shelters reported being sexually assaulted by a staff person or another resident.³⁰ Black respondents reported the highest rate of sexual assault victimization at 33% followed by Latinx respondents at 31%.³¹

Experiencing sexual violence is also a risk factor for housing insecurity. An individual who experiences sexual violence by a landlord, intimate partner, family member, or neighbor may find themselves needing to move out for their safety. Almost eight percent of female survivors who experienced intimate partner violence and over seven percent who experienced rape needed housing services.³² However, research shows that over 50% of female survivors who needed housing services did not receive them.³³ According to one study, over 33% of homeless or precariously housed youth (ages 13 to 25) reported experiencing child sexual abuse prior to becoming homeless.³⁴

Lack of access to safe and affordable housing causes significant material and emotional stress, making it more difficult for survivors to heal. To address this barrier to healing, one Advisory Committee member organization has announced plans to partner with a local housing authority to offer transitional housing beginning in 2024.

Another topic of discussion in focus group interviews was mental health support. Participants highlighted that mental health support can include activities that are not

typically included in mental health services in the United States. Holistic mental health services can take many forms, including:

- Peer-to-peer support;
- Life coaching;
- Support groups or healing circles inclusive of food, tea, or other activities done together;
- Journaling;
- Expressive arts; and
- Therapeutic drumming or other musical play paired with counseling.

While mental health is not explicitly addressed in many prevention programs, promoting mental health and wellbeing contributes to protective factors against sexual violence.³⁵ One focus group participant explained that when a person's mental health is attended to, they are more likely to remain safe against violence that may be perpetuated against them or by them.

LANGUAGE JUSTICE

Language justice concerns also arose within the focus group. Language justice promotes meaningful participation of people whose identities, experiences, wisdoms, and languages stretch beyond Standard American English. It is grounded in the understanding that:

- All people should be able to communicate in the language and accent with which they feel most comfortable and whole;
- Marginalized people across race, gender, class, location, language, and dialect should have equal access to be active and engaged participants and leaders in social change and equity work;
- Language justice promotes deeper and more meaningful relationships across language communities; and
- Language justice expands our analysis, practices, and possibilities for the future.³⁶

Common language justice practices include intentional use of non-English languages in written and spoken materials, often used alongside English to create bilingual materials. The determination of which languages to prioritize should be rooted in an understanding of the target communities for prevention efforts and which languages those communities prioritize.³⁷

One example of a language justice practice employed by NYSCASA throughout the COVID-19 pandemic has been the intentional incorporation of American Sign Language (ASL) into its virtual programs. NYSCASA entered into an agreement with an organization that provides ASL interpretation to provide ongoing interpretation for programs offered

via Zoom webinar, thus increasing access for deaf and hard-of-hearing attendees who rely on ASL.

NYSCASA also entered into an agreement with a company that provides live captioning for virtual programs; this company then provided staff to provide live captioning for the same Zoom webinars, which increased access for deaf and hard-of-hearing attendees who do not use ASL, as well as attendees with disabilities who benefit from the availability of captions.

Focus group participants stressed that staff explain prevention terminology more clearly in English-language materials, beginning with plain language. Participants also noted that certain terms used in prevention work can have different meanings for communities whose primary language is not English. For example, one participant noted that “confidentiality” may not be a meaningful concept for some groups, but “privacy” may be more meaningful and significant. From NYSCASA’s experience in the field, the same can be true for “safety,” which can have different meanings among different communities. In English-language surveys and programming, the language used can often be simplified, articulated, and explained using language that is clearer and more meaningful for the target audience.

What Is Needed to Strengthen Equity-Conscious Prevention?

Focus group participants identified opportunities to promote and sustain health equity-conscious sexual violence prevention. The following topics were discussed:

- Collaborating with, and learning from, intersecting social justice movements;
- Reducing workplace trauma, burnout, and staff turnover;
- Improving culturally specific data collection;
- Equity-conscious training and technical assistance; and
- Funding to support culturally relevant and equity-conscious prevention programs.

INTERSECTING SOCIAL JUSTICE MOVEMENTS

Focus group participants envisioned the possibilities of collaborating with and learning from social justice movements, such as reproductive health and justice, environmental and climate justice, land reclamation, and racial justice and healing.

Focus group participants discussed the need to decrease the isolation of sexual violence prevention and intervention, and to make it possible to explore the connections between sexual violence and reproductive health, environmental injustice, economic injustice, and racial injustice. “We can’t leave any of it out,” one participant said.

Echoing the call, “Nothing about us without us,” focus group participants emphasized that survivor-led and BIPOC-led organizations can and are eager to, lead the efforts to

organize and learn across social justice movements and report back to the field of sexual violence prevention and victim advocacy.

BUILDING STAFF CAPACITY WHILE REDUCING BURNOUT, TRAUMA, AND TURNOVER

Focus group interviews also addressed the need to build staff capacity to implement equity-conscious programs while addressing burnout, workplace trauma, and staff turnover. One focus group participant explained that burnout is as much a loss for any staff person as it is for an organization.

Focusing on healing and self-care practices is a priority within participants' organizations. According to one participant,

When we ask people, "What do you need to engage in those healing and recalibration regenerative practices?", it's because we recognize that burnout is something that we're constantly paying attention to. At our staff meetings and every morning, we discuss how folks are doing, their level of wellness, and whether they still feel inspired by the work. We try to get at the root of what that is.

Participants identified additional opportunities to build capacity and mitigate burnout and workplace trauma:

- Provide opportunities for peer-to-peer networking and learning;
- Prioritize staff self-care, health, and wellbeing with organizational leaders modeling self-care practices and funders recognizing the importance of self-care;
- Address policies and procedures that uphold oppressive systems and norms in the workplace;
- Create supportive mechanisms to address internalized oppression among workers;
- Honor different access needs and time management styles by allowing flexible schedules;
- Dedicate time for staff retreats and activities that promote team health, resilience, and capacity.
- Increase compensation for staff who take on more during times of need—some programs provide bonuses as a temporary measure until they are able to hire additional staff;
- Recognize that cultural expertise is expertise.
- Build in deadline flexibility and respect the need for extensions when requested; and
- Incorporate housing equity as an area of focus for systems advocacy. Without safe and affordable housing, advocates cannot prioritize prevention work or participate

in the intentional relationship-building that is required to effectively implement prevention programs.

IMPROVING CULTURALLY SPECIFIC DATA COLLECTION

Focus group participants identified that there is a need for data collection tools and performance measures that are meaningful for culturally specific prevention efforts. Culturally specific data is difficult to collect for a variety of reasons, including lack of willingness for some individuals to share demographic data and that evaluations and surveys may not be offered in language that is accessible or culturally relevant.

Language justice, described above, can greatly improve data collection used to design, implement, and evaluate culturally specific prevention work. Creating evaluation tools and surveys in languages other than English and contracting with translators and interpreters can not only facilitate the process of building relationships and connecting with the communities a program wishes to serve, but also to facilitate data collection that may not otherwise be possible if surveys and evaluation tools are only offered in English.

Focus group participants stressed that surveys and other data collection tools intended for culturally specific communities are most effective if the language used is culturally specific and culturally relevant for the target audience. One example provided is that most data collection tools rely on the prevailing notion that sexual violence (and prevention) is a woman-centered issue, in addition to reflecting the dominant view of a gender binary. As a result, these tools focus exclusively on cisgender women and exclude transgender women, cisgender men, and individuals whose gender does not align with the gender binary. As a result, these populations are not properly served because they are not accurately included in the data.

Focus group participants also highlighted the need for better infrastructure for data collection, reporting, and case management. One organization uses Apricot 360 for case management and data reporting, which costs \$10,000 to \$15,000 annually. The representative from this organization reported, "There are better systems out there. They have a higher price tag but provide more comprehensive data collection and would successfully help us reflect and report on who we actually work with as clients."

Participants also requested specific state-level funding that would allow culturally specific providers to collect and report data—and be credited for the work that they do—instead of larger, "mainstream" organizations collecting the data and receiving credit.

TRAINING AND TECHNICAL ASSISTANCE

Focus group participants identified the following topics for training and technical assistance that they would like to see offered:

- Prevention evaluation and performance measurement that are meaningful and culturally relevant;
- Data collection systems and methods;
- Cultural competency;
- Specifically working in and with rural communities, immigrants in rural communities, LGBTQ+ and two-spirit individuals, men, sex workers, and human trafficking survivors;
- Mitigating trauma and burnout among staff;
- Language justice and improving language access;
- Communications and marketing; and
- Human resources practices, including hiring practices and staff retention.

FUNDING

Another barrier to implementing culturally specific and equity-conscious prevention strategies is a lack of flexible funding.

In NYSCASA’s prevention needs assessment, rape crisis programs raised concerns that existing funding restrictions inhibit their ability to purchase, promote, and sustain equity-conscious curricula and prevention programs. Participants in the Advisory Committee focus group highlighted the need to be able to offer food at programs to bring the community together and try to address food insecurity. They also highlighted the need to offer virtual programs to improve access for people with disabilities and others who may not be able to attend in-person programs. The availability of flexible funding would enable organizations to offer more inclusive, equity-conscious community events and prevention programs.

Rape crisis programs and culturally specific programs alike reported that inadequate funding also restricts their ability to sustain sexual violence prevention efforts. Organizations are too often left understaffed and with underpaid staff. Moreover, in a study conducted by FreeFrom about prioritizing financial security in the movement to end intimate partner violence, more than half of staff members identified as survivors.³⁸ Without economic security, survivors working in the movement lack material resources that can support their healing journey. Economic security is an essential component of staff wellbeing and capacity. To be a trauma-informed and survivor-centered organization means compensating workers in a way that enables them to thrive.

Recommendations for Advancing Health for Sexual Violence Prevention in New York State

Based on the findings summarized in this report, *Integrating Health Equity*, and on the National Sexual Violence Resource Center’s (NSVRC) and the Prevention Institute’s

guidance document, *A Health Equity Approach to Preventing Sexual Violence*,³⁹ NYSCASA offers the following recommendations for advancing health equity in sexual violence prevention in New York.

Prioritizing Community Leadership and Community Power

Health equity cannot be achieved without creating the space for community members, particularly those most impacted by sexual violence, to lead the path that sexual violence prevention takes in their communities. As NSVRC and the Prevention Institute note, “this means ensuring that communities experiencing the heaviest burdens of oppression and sexual violence have the power, opportunities, and resources to create solutions that make sense to their community and cultures.”⁴⁰ A health equity approach to sexual violence prevention in New York needs to begin with this value. It can take a variety of forms.

Instead of taking a formulaic approach that attempts to fit the needs of diverse communities into pre-defined programming and strategies, an approach that prioritizes community leadership and power-sharing would instead begin with listening to and developing strategies *with* the communities they wish to serve.

This would mean instead of simply training prevention educators in various curricula, organizations would instead train staff and develop a framework for engaging, building trust and genuine relationships, and learning from historically excluded and underserved populations. Existing prevention curricula and training would remain relevant, but with the important caveat that one size does not fit all. Technical assistance would focus on the skills and strategies needed to engage, develop partnerships, and support community power—benefiting both mainstream rape crisis programs and culturally specific programs as they work to reach marginalized populations.

Valuing community leadership would also mean valuing culturally specific knowledge as expertise and providing greater support to culturally specific programs. This means “starting with existing strengths and investing in those within the community.”⁴¹

Supporting culturally specific programs means providing them with the resources to do and expand their sexual violence prevention work. Resources can include both access to funding and dedicated technical assistance, including maintaining an infrastructure to support peer-learning and empowering culturally specific programs to share their expertise. As noted in this report’s findings, culturally specific programs have various technical assistance needs currently going unmet.

Funders would also need to provide the funding needed to employ the staffing levels required to develop and maintain genuine community relationships. Grant requirements would need to allow for the flexibility for programs to “move at the speed of trust.”⁴²

Instead of being expected to quickly start traditional sexual violence prevention curricula in a given community, programs would be allowed the time to focus on building relationships and trust, as well as organizing with communities to develop community and culturally informed solutions. This would require different performance measures than, for example, how many training sessions a program completes in their service area in a grant period.

Expanding Definition of Primary Prevention

Most of the prevention efforts that rape crisis programs reported doing involved implementing traditional prevention programming such as bystander intervention, healthy relationships and consent, and empowering girls. This is all necessary and crucial work.

At the same time, a health equity approach acknowledges that “multiple forms of oppression, like racism, sexism, and ableism, impact the environments where people live, work, and exist”⁴³ and that we can lessen the likelihood of sexual violence by addressing underlying risk factors that contribute to multiple forms of violence.

Campaigns to address social inequity (e.g. fair-wage campaigns) and strategies that promote protective factors (e.g. community connectivity), even if they don’t mention sexual violence, do prevent sexual violence and need to be valued and acknowledged as such in New York State.

Funders can help achieve this by allowing these kinds of prevention activities to be covered by grants. Funders can also support the provision of technical assistance to help programs develop the skills, confidence, and relationships to engage in equity-based prevention work. As noted in the above findings, some culturally specific programs emphasized an urgent need to work across movements and systems to prevent sexual violence.

Additionally, it is important to recognize that prevention and healing are connected. This notion emerged throughout discussions with culturally specific programs, and would benefit all programs and communities working to prevent sexual violence.

NSVRC and the Prevention Institute explain that “integrating culturally rooted healing and accountability practices, like healing circles and listening sessions,” can give attention to community healing that challenges larger cultures of silence and tolerances of sexual violence.⁴⁴ As was noted above, holistic mental health support can significantly reduce the impact of sexual violence and the likelihood of perpetuating sexual violence.

Supporting Internal Organizational Change

Finally, in order to sustain health equity-focused prevention, rape crisis programs in New York State need to be supported in initiating and sustaining internal organizational change. While there is some awareness among programs about needs such as creating workplace policies that attract and retain staff from marginalized populations, some programs need more support, such as frameworks and tangible resources, for making such changes.

Both rape crisis programs and culturally specific programs discussed the impact of burnout, with many of the culturally specific programs already taking steps to try to address staff burnout and trauma. This is another area in which mainstream programs may be able to learn from culturally specific programs—if the infrastructure for such learning was intentionally created and sustained. Prevention funding in New York needs to enable programs to have space to do this essential work.

Conclusion

Prevention strategies rooted in health equity acknowledge that our efforts benefit everyone when prevention efforts center those most at risk for experiencing violence and harm. Based on the available data and findings outlined above, NYSCASA concludes that an expansive definition of what constitutes primary prevention, structural support for internal organizational change, and community-led and culturally relevant program design, implementation, and evaluation are essential components required to successfully promote and sustain health equity-centered sexual violence prevention efforts in New York State.

Appendices

Appendix A: Interview Questions Used in Needs Assessment with New York State Department of Health-Approved Rape Crisis Programs (2022)

1. How many full-time and/or part-time prevention staff do you have?
2. Can you tell me about any prevention programming, or other prevention efforts, you are currently doing? What curricula, if any, are you using, and is any of it homegrown? Are you currently doing any work with engaging men and boys?
3. Can you tell me about any community partners you have in your prevention work? Are there any underserved populations you've been trying to reach with your prevention work?
4. What, if any, obstacles, barriers, challenges, etc., have you found in trying to do prevention work in your service area?
5. What do you think has been going well?
6. How frequently are you able to connect, strategize, brainstorm, etc., with other preventionists from other crisis programs, organizations, and communities?
7. What does the onboarding/orientation look like when you hire new prevention staff?
8. How have burnout and turnover affected your prevention staff and prevention efforts? What supports do you feel are needed in this area?
9. What kind of support, training, and technical assistance regarding prevention would you like to see more of from NYSCASA? Any specific topics/issues/areas where you feel you need more assistance?

Appendix B: Interview Questions Used in Focus Groups with NYSCASA Advisory Committee with Representatives of Culturally Specific Organizations (2023)

1. How many staff do you have who are doing sexual violence prevention work?
2. What prevention efforts do you currently have going on? What curricula, if any, are you using, and is any of it homegrown? Are you currently doing any work with engaging men and boys?
3. Is there any prevention-related policy advocacy you're currently doing or planning to do?
4. What partners do you have in your prevention work?
5. What, if any, obstacles, barriers, challenges, etc. have you found in trying to do prevention work? What do you think has been going well?
6. We know your work is already focused on underserved populations and is culturally specific. Within that context, are there any particular intersections that you have recently been looking to address in your prevention work?
7. How has burnout and/or turnover affected your prevention staff and prevention efforts? What supports do you feel are needed in this area?
8. What kind of support, training, and technical assistance regarding prevention would you like to see?
9. What do you think is missing in New York State sexual violence prevention work? What changes would you like to see in New York State in terms of supporting culturally specific prevention efforts?
10. Would your organization be interested in participating in a sexual assault prevention statewide committee? If so, what would be your ideal way of participating and/or what would make participation possible for you? What would you like to see such a committee focus on?
11. Is there anything we did not ask about that you want to share?

Notes

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