Imagine... our lives without sexual violence or exploitation.

We would have more ... Safety + Equality + Dignity + Respect + Confidence + Trust + Caring, respectful relationships + Freedom

The Promise of Primary Prevention of Sexual Violence

A Five-Year Plan To Prevent Sexual Violence and Exploitation in Minnesota

June 2009

MINNESOTA MDH DEPARTMENT of HEALTH

We can stop sexual violence and exploitation in Minnesota. Prevention works!

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Dear Fellow Minnesotan,

Sexual violence can be prevented. *The Promise of Primary Prevention of Sexual Violence: A Five Year Plan to Prevent Sexual Violence and Exploitation in Minnesota* is the framework for action. It reflects the thoughts and experiences of people who work to prevent sexual violence, who serve victims/survivors and/or work with perpetrators. It is a shared vision of how Minnesota can prevent sexual violence from happening.

The plan is for all of Minnesota. The Minnesota Department of Health has a role, as do many other parts of society. We have learned the terrible costs of sexual violence: its effects on victims/survivors, families, and all of society, as well as the shocking financial costs. In one year, 2005, we spent nearly $8 billion on sexual violence. The number of lives affected is staggering; the Minnesota children and adults sexually assaulted in 2005 would nearly fill the Metrodome, and this does not take into account the effect on their families or others in their community. Even so, these emotional and financial costs are conservative, because not all forms of sexual violence are included in the $8 billion.

Many people and organizations in Minnesota work in secondary and tertiary prevention by assisting victims in their recovery and working with perpetrators to stop their offending behaviors. We support these efforts. However, we must also put energy, knowledge and expertise into stopping sexual violence before it happens; this is primary prevention. We need to reduce the risk factors that are associated with sexual violence, and strengthen the protective factors that reduce the likelihood of sexual violence.

Our goal is to create a culture where sexual violence is unthinkable.

Thank you to all who have cared enough about this issue to work together to identify effective ways to prevent sexual violence. Minnesota has a rich history of innovation, vision and good people coming together to make change happen. Read this document as a call to action to help stop sexual violence.

Sincerely,

Sanne Magnan

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Commissioner
P.O. Box 64975
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About the Planning and Action Process

This document, *The Promise of Primary Prevention*, presents the "big picture" of preventing sexual violence in Minnesota. It defines issues, sets goals, and establishes the infrastructure needed to achieve the goals.

Throughout the five years, Action Teams will coordinate activities relating to the goals and strategies in the plan. As strategies are selected, they will be evaluated using measures of progress. Later in 2009, the first report on the work of the Action Teams will be released. It will include any needed refinement of goals and strategies. Others will be invited to participate as action continues.

The last stage of the five-year planning/action process is an evaluation of its success, as well as recommendations for ongoing work to prevent sexual violence in Minnesota.

A. Developing a Vision and a Plan

Vision: Our Lives Without Sexual Violence

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Vision: Our Lives Without Sexual Violence

- Freedom
- Confidence
- Safety
- Respect
- Dignity
- Trust
- Caring, respectful relationships
- Equality

Imagine … People will be free of fear and of the effects -- often lifelong -- of sexual violence. Instead of building more prisons for offenders, our resources will be used to build schools, improve health care and community programs, create opportunities, and apply best practices to prevent sexual violence.

This vision can be reality. To prevent sexual violence, everyone must be reached, including persons who are potential victims/survivors as well as those who may become perpetrators. By acting on this plan, an environment will be created that is healthier for men and women, girls and boys. This plan articulates strategies to achieve a healthier, sexual violence-free environment.

We envision a Minnesota where sexual violence is not tolerated. This plan will help us reach this goal. **We can do it, and everyone can help.**

> *The resources of our schools, businesses, religious institutions, civic groups and government must be redirected to change attitudes which foster sexual violence and lend support to families and children who are at risk…it is better to build healthy children than to punish or isolate dangerous adults. An investment in the future of our children may be the best investment we can make to protect the long-term public safety and security."*
> *- Attorney General's Task Force on the Prevention of Violence Against Women*[1]

[1] Hubert H. Humphrey III, Attorney General's Task Force on the Prevention of Violence Against Women Final Report, Saint Paul, MN, February 15, 1989.

How Can We Prevent Sexual Violence?

What is sexual violence?
Sexual violence is the use of sexual actions and words that are unwanted by and/or harmful to another person. For more specific definitions of sexual violence and related terms, see **Appendix 3.**

What is sexual exploitation?
Sexual exploitation is using children/youth/adults in a sexual manner for the individual or commercial gain of those more powerful, with no regard of the harm being caused to the person being used.

The problems of sexual violence and exploitation have been with us for a long time. The sheer volume of sexual content being shared electronically, combined with escalating violence and younger and younger victims, creates a new urgency in addressing the problem.

What is prevention?
When people speak of sexual violence prevention, many respond quizzically, "Oh? Can it be done? Can sexual violence really be stopped?" The answer is "Yes. It can and it must."

Primary Prevention is action that takes place before sexual violence has occurred, to prevent initial perpetration or victimization.

Secondary prevention occurs when there is an increased level of risk, but sexual violence has not yet occurred.

Tertiary Prevention occurs after sexual violence has occurred, providing long-term responses to deal with the lasting consequences of violence.

These prevention definitions were developed for this plan by the MDH Sexual Violence Leadership Team. They are somewhat different from those used by the Centers for Disease Control and Prevention, listed in Appendix 3.

While this plan urges everyone to participate in primary prevention, it is crucial to continue successful secondary and tertiary interventions and to understand the interrelationships between prevention approaches.

> *"In the case of family violence, secondary prevention in one generation becomes primary prevention for the next." – C. F. Swift*[2]

You or your organization may be doing prevention work without even knowing it or taking credit for it. Are you: Providing afterschool programs so children can have a safe place? Talking to adults and children about Internet safety? Acting as a mentor through a community-based program? Speaking out against sexually suggestive ads or clothing that is targeted at children?

If so, you are helping to prevent sexual violence.

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2 C. F. Swift, "Stopping the Violence: Prevention Strategies for Families," in Lynne A. Bond and Barry M. Wagner, Families in Transition: Primary Prevention Programs that Work, Sage, 1988, p. 272.

A major focus of this plan is to counteract the norms, values, or belief systems that contribute to sexual violence.

Some of these norms include:

- limited roles for, and objectification and oppression of, women
- a value placed on claiming and maintaining power
- a tolerance of aggression and attribution of blame to victims
- unhealthy constructs of manhood, including domination and control
- notions of individual and family privacy that foster secrecy and silence[3]
- making it "normal" to commodify or objectify children in sexual ways[4]

To counteract these norms, we must:

- change the culture that encourages exploitation and sexual objectification of people of any age or gender
- decrease the demand for the harmful sexual content of pornography, which is trending toward younger victims and more violence
- encourage local and state policy makers to ensure that the workplace is safe and respectful
- change organizational practices that are harmful to relationships
- break the silence surrounding the problem of sexual violence

What does public health have to do with it?

The Minnesota Department of Health (MDH) is coordinating this strategic planning and action process, with close involvement from a variety of agencies and organizations (see **Appendices 4, 5, and 6**), because sexual violence is more than a public safety or criminal justice concern—it is a public health issue, affecting the whole community.

Public health looks at the broader picture: it looks at the environment, defines the costs and the causes, sets goals and strategies for action, and highlights strategies that are proven effective. This process is applied to sexual violence prevention in the next section. By looking at the issue broadly, we can work to "immunize" the community against sexual violence, just as we immunize against diseases.

Minnesota has a strong record of success in tackling public health issues by changing policies and community norms and beliefs. Ten years ago, smoke-free restaurants did not seem possible; in 2007, this became law. Twenty years ago, seatbelt usage was not common; today, buckling up is the norm and laws continue to be strengthened. As with other public health issues such as obesity and tobacco use, the causes of sexual violence are varied and complex … and so are solutions. Just as air is purified of pollutants, our sexually-toxic environment can be cleaned.

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3 Rachel Davis, Lisa Fujie Parks, and Larry Cohen, Sexual Violence and the Spectrum of Prevention, National Sexual Violence Resource Center, Enola, PA, 2006, p. 4. Available at: www.preventioninstitute.org/pdf/SV%20spectrum%20article.pdf

4 Cordelia Anderson, "From Dr. Seuss to Porn: Countering Normalization of Sexual Harm," preventionworks (newsletter of Prevent Child Abuse Minnesota), Spring, 2008, pp. 1, 4. www.pcamn.org

> *Health care is vital to all of us some of the time, but public health is vital to all of us all of the time. – Former Surgeon General C. Everett Koop*[5]

> *Imagine a childhood disease that affects one in five girls and one in seven boys … imagine what we as a society, would do if such a disease existed. We would spare no expense … Such a public health issue does exist—it's called child sexual abuse. – James Mercy*[6]

This plan takes a public health approach to turn around the escalating problem of sexual violence and exploitation by creating a healthier, happier environment for future generations. It contains many strategies to prevent sexual violence, some immediate and some long-term, some easy to accomplish and some challenging.

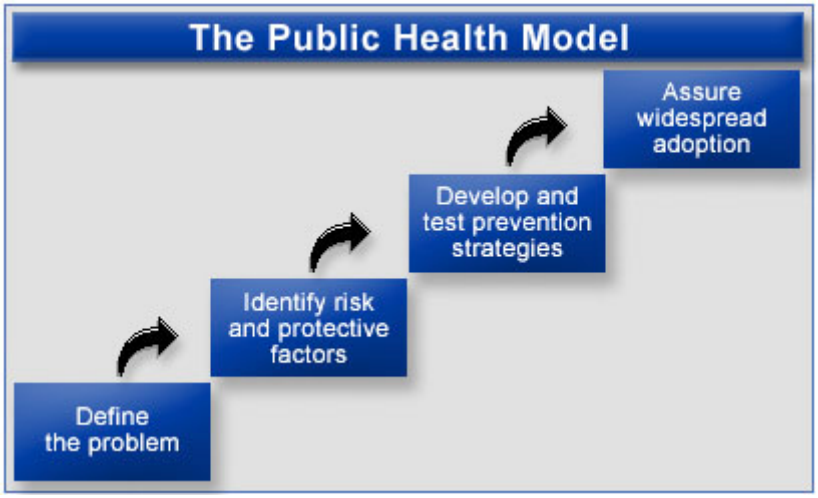
What can we do?

Through action on this plan, we can connect research with public policy, to bring attention to a problem that has been ignored and not addressed for far too long. Minnesota's many diverse communities are sharing their concerns and raising awareness about prevention. We must "make some noise" to end the silence on a topic that can be difficult to discuss.

5 "Public Health 101," Public Health Institute, Oakland, CA, 2008. Available at: www.phi.org/ph101.html

6 James A. Mercy, "Having New Eyes: Viewing Child Sexual Abuse as a Public Health Problem," Sexual Abuse: A Journal of Research and Treatment, Vol. 11, No. 4, 1999, pp. 317-321.

Applying the Public Health Model to Sexual Violence Prevention



Step 1: Define the Problem

According to the Centers for Disease Control,[7] one in six women and one in 33 men stated in a national survey that they had experienced rape or attempted rape at some time in their lives. About one-fourth of women experience attempted or completed rape while in college. One in 100 Minnesotans reported sexual assault in 2005.[8] These figures are conservative, because sexual violence is known to be the most under-reported of all crimes.

Women, girls, and boys are largely the victims of sexual violence, while men and boys are the majority of perpetrators. Most often, perpetrators are known by the victims. A sustained effort must occur to change the social norms and conditions that support male violence.

While statistics help paint the big picture when studying a disease or problem, they can be impersonal. Whether it is one in six, one in 33, or even one in 100, if that "one" is you, your child, your spouse, or your friend, it is one too many. Each of us is touched by sexual violence; someone you know has experienced it**.**

It is time for each of us to step forward and stop sexual exploitation and sexual violence.

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7 "Understanding Sexual Violence," Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Atlanta, GA, 2007. Available at: http://www.cdc.gov/ncipc/pub-res/images/SV%20Factsheet.pdf

8 Ted R. Miller, Dexter M. Taylor, Monique A. Sheppard, Costs of Sexual Violence in Minnesota, Minnesota Department of Health, July, 2007. Available at: http://www.health.state.mn.us/injury/pub/MN_brochure21FINALtoWeb.pdf

A. Sexual Violence Has Costs For Everyone

Sexual violence is costly and widespread, directly affecting millions of Americans. More than 77,000 sexual assaults occurred in Minnesota in 2005 (some victims had multiple assaults).[9] The impact on friends, family, neighbors, and the community is difficult to measure but can be both financially and emotionally devastating.

Adverse Childhood Experiences (ACE)[10] are strongly linked to a host of health and social problems in adulthood. The findings emerge from a study by CDC and Kaiser Permanente's Health Appraisal Clinic in San Diego. About 17,000 participants provided detailed information about their childhood experience of abuse, neglect, and family dysfunction. The ACE Score, a count of the total number such experiences that respondents reported, was used to measure the total amount of stress during childhood. The study found that as the numbers of ACE increase, the risk for health problems increases, including early initiation of smoking, sexual activity, illicit drug use, adolescent pregnancies, and suicide attempts (**Appendix 3**).

Although it is difficult to measure directly the financial cost of all of the health challenges tied to sexual violence, some of these costs are calculated in the *Costs of Sexual Violence in Minnesota* (**Appendix 2**). This report shows that in 2005[11]:

- Sexual violence in Minnesota cost almost $8 billion.
- This is more than three times the expenditures related to alcohol impaired driving.
- The cost per assault was $184,000 for children and $139,000 for adults.
- Minnesota state government spent about $130 million on treatment and confinement of perpetrators of sexual violence and about $90 million on medical costs and other services for victims.
- Limited federal funds ($823,000) come to Minnesota each year from the Centers for Disease Control and Prevention for programs aimed at preventing sexual violence.
- The $8 billion that we know we spend each year in Minnesota does not include local and county costs, nor does it include costs of sexual harassment, pornography, voyeurism, or other forms of sexual violence. It also does not include indirect costs such as family and relationship problems.

In addition to the data in the report, it is estimated that most sexual abuse, nearly 88 percent, is never reported.[12] Most Minnesota counties are significantly challenged to deal with sexual violence issues, particularly when they cover large geographic areas or have densely-populated urban areas.

> *The cost of doing nothing is enormous.*

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9 Costs of Sexual Violence in Minnesota, op cit.

10 "Adverse Childhood Experiences Study," Centers for Disease Control and Prevention, Atlanta, GA, 2008. Available at www.cdc.gov/nc-cdphp/ACE/findings.htm

11 MNCASA, Response to The Costs of Sexual Violence in Minnesota, July 16, 2007

12 R.F. Hanson, H.S. Resnick, B.E. Saunders, D.G. Kilpatrick, and C. Best, "Factors related to the reporting of childhood sexual assault," Child Abuse and Neglect, Vol 23, 1999, pp. 559-569.

B. Technology Has a Strong Impact

> *When the brain is in the midst of major rewiring, it is extremely susceptible to outside influences. … media are powerful forces in the lives of kids of all ages. … if we believe that Sesame Street is teaching our four-year-olds something, then we better believe that Grand Theft Auto Vice City is teaching our fourteen-year-olds something.* -- National Institute on Media and the Family[13]

Technology has greatly increased children's exposure to sexual material. In its 2002 study of images of child pornography on the Internet,[14] the National Center for Missing and Exploited Children found that:

- In more than 80 percent of the images, the children were sexually abused and exploited by someone they knew and trusted, and
- 48 percent of the offenses were perpetrated by family members.

The center also reported that, even before widespread Internet access, many boys saw their first pornography by age 11,[15] and that this onslaught of negative images comes at a time when children's brains are still developing.[16]

> *Messages and images in pornography and hyper-sexualized mainstream media feed the excuses, and take away barriers, for those willing to sexually exploit a child; they also shape how children see themselves. -- Cordelia Anderson, Countering Normalization of Sexual Harm*[17]

Technology can advance the five forms of exploitation listed by national experts:

- Images of child sexual assault (child pornography),
- Children and youth who are prostituted,
- Sexual enticement of children and youth through technology,
- Recruitment of or forcing children into child sex tourism, in which a child or adult travels to other countries to engage in sexual activity, and
- Sex trafficking of children and youth.[18]

> *Pornography has a corrosive effect on men's relationships with women and a negative impact on male sexual performance and satisfaction. It plays a rising role in intimacy disorders. More than ever, it aids and abets sexually compulsive behavior in ways that can become seriously disruptive and psychologically damaging. - Pamela Paul, Pornified; How Pornography is Transforming Our Lives, Our Relationships, and Our Families.*

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13 "Brain Development," National Institute on Media and the Family, Minneapolis, MN. Available at www.mediafamily.org/hot_topics/brain_development.shtml

14 E. Allen, "In Child Pornography, fight harder: It's more barbaric than you think. We need to keep cracking down." Christian Science Monitor, November 26, 2007.

15 J. Ropelato, "Internet Pornography Statistics," Top Ten Reviews, Inc., 2006. Available at http://internet-filter-review.toptenreviews.com/internet-pornography-statistics.html

16 Nitin Gogtay, et al, "Dynamic mapping of human cortical development during childhood through early adulthood," Proceedings of the National Academy of Sciences of the United States of America, May 17, 2004, Vol. 101, pp. 8174-8179.

17 2007 Conference Presentation, Minnesota Organization on Adolescent Pregnancy, Prevention and Parenting.

18 S.W. Cooper, R.E. Estes, A. Giardino, N. Kellogg, and V. Veith, Medical, Legal & Social Science Aspects of Child Sexual Exploitation: A Comprehensive Review of Pornography, Prostitution and Internet Crimes. GW Medical Publishing, Saint Louis, MO, 2005.

C. Disparities Exist in Sexual Violence

Anyone – male or female, young or old, resident of a city, small town, or rural area – can become a victim of sexual violence. Some people are at increased risk for being sexually assaulted and face extra barriers when trying to report the crime. They include children, females, people of color, people with disabilities, victims of dating abuse, people who are homeless, people with mental illness, adolescents, persons engaged in prostitution, and gay, lesbian, bisexual, and transgender (GLBT) people. Messages to populations who are at particular risk must be clear and appropriate to their needs.

Because some groups are overlooked or oppressed, they are targeted by offenders who believe their victims are unlikely or unable to report or will not be believed if they do. When potential perpetrators have power and control over potential victims, the likelihood of assault increases.

Whether or not people are particularly vulnerable to becoming victims, they are not at fault. Those who perpetrate sexual violence must be held accountable for their actions. The Minnesota Department of Corrections is studying and learning from people convicted of sex offenses, to develop ways to prevent them from re-offending. These programs hold promise to ultimately reduce expenses of treatment and incarceration.

Some groups at special risk include:

Females. Females in general are at a higher risk, and the risk is compounded when they are very young or very old, have disabilities, or are members of non-traditional groups, whether defined by race, income, ethnicity, or sexual orientation. In the United States, 1 in 6 women reported experiencing an attempted or completed rape at some time in their lives.[19] According to the National Violence Against Women Survey, nearly two thirds of women who reported being raped, physically assaulted, or stalked since age 18 were victimized by a current or former husband, cohabiting partner, boyfriend or date.[20]

Children. Nearly 18,000 children were victims of sexual assault in 2005.[21] The highest assault rate was among girls aged 13-17. Nationally, one-third of all sexual abuse of children is committed by someone under the age of 18.[22]

> *Occasionally, adults may need to set limits when children engage in behaviors we consider inappropriate even if the children may be unaware of potential harm…. It is important to recognize that while people from various backgrounds have different expectations about what is acceptable behavior for children, sexual abuse is present across all ethnic groups, cultures and religious beliefs. – Stop It Now![23]*

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19 "Understanding Sexual Violence" (CDC) op. cit., See also Patricia Tjaden and Nancy Thoennes, Extent, Nature, and Consequences of Intimate Partner Violence, U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, Rockville, MD, 2000, publication NCJ 181867. Available at http://www.ncjrs.gov/pdffiles1/nij/181867.pdf

20 Preventing Violence Against Women Program Activities Guide, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Atlanta, GA, undated. Available at: http://www.cdc.gov/ncipc/dvp/vaw.pdf

21 Ted R. Miller, Dexter M. Taylor, Monique A. Sheppard, Costs of Sexual Violence in Minnesota, Minnesota Department of Health, July, 2007. Available at: http://www.health.state.mn.us/injury/pub/MN_brochure21FINALtoWeb.pdf

22 Do children sexually abuse other children? STOP IT NOW! Northhampton, MA, 2007. Available at: http://www.stopitnow.org/downloads/Do_Children_Abuse.pdf

23 Ibid.

Youth. Among Minnesota youth, four percent of ninth grade boys and five percent of 12th grade boys have reported that someone they were dating forced them to have sex or do something sexual. This doubled for females: eight percent of ninth grade girls and 12 percent of 12th grade girls made the same statement.[24] An estimated 20 to 25 percent of college women in the United States experience attempted or completed rape during their college career.[25]

Older people. The National Elder Abuse Incidence Study estimates that more than 85 percent of the reported cases of abuse of older persons were perpetrated by a spouse, partner, other family member or trusted loved one.[26] In addition to sexual abuse, elders experience physical, psychological and emotional abuse, neglect, abandonment, financial exploitation, and homicide. From 1998 through 2002, more than 20 percent of Minnesota femicide victims were over age 50 and senior service providers estimate that only 1 of 24 incidents of abuse in later life is reported.[27]

People with limited income. According to the Bureau of Justice Statistics,[28] persons with a household income under $7,500 are twice as likely as the general population to be sexual assault victims.

People with disabilities. Persons with developmental disabilities are four to ten times more likely than others to become victims of violence, abuse, or neglect.[29] A recent MDH report noted that:[30]

- Children with disabilities are more than twice as likely as other children to be physically or sexually abused.[31]
- In a study of 200 women with physical and intellectual disabilities, 53 percent had experienced sexual abuse during their lifetime.[32]
- In another study of women with intellectual disabilities, 83 percent had been sexually assaulted, and 50 percent of those had been assaulted 10 or more times.[33]

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24 Minnesota Student Survey, Minnesota Center for Health Statistics, 2007. Available at: http://www.health.state.mn.us/divs/chs/mss/

25 Bonnie S. Fisher, Francis T. Cullen, Michael G. Turner, The Sexual Victimization of College Women, U.S. Department of Justice, Office of Justice Programs, National Institute of Justice Washington, DC, 2000, publication NCJ 182369. Available at http://www.ncjrs.gov/pdffiles1/nij/182369.pdf

26 National Elder Abuse Incidence Study, U.S. Department of Health and Human Services, Administration on Aging, 1998. Available at: http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/ABuseReport_Full.pdf

27 Femicide Reports (1989-2007), Minnesota Coalition for Battered Women, Saint Paul, MN. Available at: http://www.mcbw.org/femicides

28 Bureau of Justice Statistics, 1996, U.S. Department of Justice, Office of Justice Programs, cited in Donna Greco and Sarah Dawgert, Poverty and Sexual Violence: Building Prevention and Intervention Responses, Pennsylvania Coalition Against Rape, Enola, PA, 2007, p. 8. Available at: http://www.pcar.org/resources/poverty.pdf

29 Joan Petersilia, Joseph Foote, and Nancy A. Crowell, eds., Crime Victims with Developmental Disabilities, National Academy Press, Washington, DC, 2001. Criminal Justice and Behavior, 2001.

30 Promoting Better Health for People With Disabilities: Ending Exclusion, Minnesota Department of Health, 2007. Available at: http://www.health.state.mn.us/injury/pub/index.cfm?gcCategory=disability

31 D. Sobsey and S. Mansell, "The Prevention of Sexual Abuse and Assault: Sexual Exploitation of People with Disabilities" (Special Issue), Sexuality and Disability, Vol. 9, 1990, pp. 243-259.

32 Laurie E. Powers, et al, "Barriers and Strategies in Addressing Abuse: A Survey of Disabled Women's Experiences," Journal of Rehabilitation, Vol. 68, Issue 1, Jan-Mar 2002, pp. 4-13.

33 Liz Stimpson and Margaret C. Best, Courage Above All: Sexual Assault Against Women with Disabilities, Toronto: DisAbled Women's Network, 1991.

Populations of color and immigrants/refugees. Sensitive cultural issues with populations of color, immigrants and refugees, all of whom are at higher risk of experiencing sexual violence, must be addressed. Poor women are most vulnerable to entrapment in the sex industry. For many reasons, people of color and immigrants and refugees are less likely to report abuse, so data are incomplete. It is known that:

- Native Americans are victims of rape or sexual assault at more than double the rate of other racial groups.[34] One in three Native American women will be raped during her lifetime.[35]
- According to the U.S. Department of Justice, in at least 86 percent of reported cases of rape or sexual assault against American Indian and Alaska Native women, survivors report that the perpetrators are non-Native men. For non-Indigenous victims, sexual violence is usually committed within an individual's own race.[36]
- There is a "culture of silence" regarding rape in African American communities, and victims are significantly less likely to receive counseling or other services.[37]

Other information relating to victimization is more anecdotal but still needs to be heard and respected. As reported by the Minnesota Coalition Against Sexual Assault *Smart Source* newsletter,[38]

- Native American girls and women in Minnesota are being lured from reservations and forced into prostitution rings in urban areas. Reservations are hard hit by poverty and drug and alcohol addiction, which can lead to increased vulnerability. Jurisdictional conflicts between tribal and state/federal authority complicate the issue.
- Immigrant women and children are being forced into prostitution rings and brothels. Many Russian women work in Minneapolis strip clubs.
- Mexican women are reported to have been prostituted in migrant worker camps.
- Hmong girls are being held captive by gang members and raped repeatedly, sometimes moved from location to location during their captivity.

Not every racial, ethnic, immigrant or refugee group is represented in the information above. The Data and Research Action Team will gather more research and information on the prevalence of sexual violence in vulnerable groups. Clearly, sexual violence has an impact across the lifespan and throughout all of society, with particularly strong risks for some groups.

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34 Steven W. Perry, American Indians and Crime: A BJS Statistical Profile, 1992-2002, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2004, publication NCJ 203097. Available at: http://www.ojp.usdoj.gov/bjs/abstract/aic02.htm

35 The Maze of Injustice: the Failure to Protect Indigenous Women from Sexual Violence in the USA, Amnesty International, New York, NY, 2007. Available at: http://www.amnestyusa.org/Womens_Human_Rights/Maze_of_Injustice/page.do?id=1021163&n1=3&n2=39&n3=1410

36 Ibid.

37 Carolyn M. West with Jacqueline Johnson, Sexual Violence in the Lives of African American Women: Risk, Response, and Resilience, VAWnet, Harrisburg, PA, 2006. Available at: http://new.vawnet.org/category/Main_Doc.php?docid=578. See also author Web site: http://www.drcarolynwest.com/

38 Dresden Quinn Jones, "Sex Trafficking in Minnesota," SMART SOURCE (Minnesota Coalition Against Sexual Assault, Sexual Violence Justice Institute), June/July 2007

Step 2: Identify Risk and Protective Factors

The second step of the public health model, after "Define the Problem," is to Identify Risk and Protective Factors. Just as there is no single cause of sexual violence, there is no simple way to prevent it. The Centers for Disease Control and Prevention has identified "risk and protective factors" as those that either increase or decrease the likelihood of a person becoming a victim or perpetrator of violence.[39] This list of risk and protective factors is adapted from a variety of sources, including individuals who work in sexual violence prevention.

Risk Factors

- Child maltreatment or poor attachment with parents or caregivers
- Childhood history of sexual abuse or witnessing violence
- Unresolved physical and mental health concerns
- Having a disability or special need
- Oppression and discrimination
- Belief in male superiority and the right to dominate
- Being in an abusive relationship
- Being homeless
- Overuse or misuse of alcohol
- Isolating, impersonal, or unsafe schools, communities, and workplaces
- Violence condoned by society, such as:
    1. Attitudes and beliefs that support sexual violence
    2. People's willingness to pay for the depiction of child sexual abuse (pornography)
    3. Consistent exposure to sexually-violent content on the Internet and in advertising, TV programming, and music

Protective Factors

- Secure attachment to parent(s) or another caring adult
- Access to food, services, housing and health care
- Life and coping skills, such as managing feelings and appreciating healthy expressions of sexuality
- Safe, inclusive, welcoming, and supportive schools, communities and workplaces
- Community mentoring programs in place
- Messaging that supports gender equality, respect, and healthy sexual relationships

A healthy society that practices respect, promotes safety, and does not tolerate sexual violence and exploitation

Risk and protective factors do not predict that a person will – or will not – become a victim or a perpetrator. They simply alert one to possibilities, so that preventive action can be taken, much as a person whose family history puts him or her at risk for heart disease or breast cancer may change health habits.

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[39] The Public Health Approach to Violence Prevention, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, Atlanta, GA, 2008. Available at: http://www.cdc.gov/ncipc/dvp/PublicHealthApproachToViolencePrevention.htm

> *Although it is a worthy endeavor to help women to protect themselves, researchers must also strive to prevent victimization at its source by designing programs that decrease the risk of men committing sexual assault.* - Linda Koenig et. al. [40]

Most perpetrators are known to the victim and often are part of the family or circle of friends. Some perpetrators do not admit or recognize the significance of their behavior. Lisak and Miller found in a 2002 survey that 6.5 percent of men acknowledged committing rape and attempted rape when asked questions about sexually violent behavior, but did not name such behavior as "rape" or "assault." [41]

In Minnesota, men's organizations and many individual men are involved in sexual violence prevention. Men are in a unique position to help change the environment in which sexual violence occurs. They are often in policy-making positions. They may have influence to either support or make changes in norms or social behaviors.

Step 3: Develop and Test Primary Prevention Strategies

Research can help determine whether a particular prevention program is effective. We need to review programs and their evaluations, propose and fund pilot interventions, and share best practices. Many agencies are developing a broad-brush approach to prevention, emphasizing sexual responsibility rather than focusing solely on violence. Evaluating prevention programs or strategies is the charge of the Data and Research Action Team described later in this plan.

Prevention strategies need to span all levels of our society, from individual and community strategies to organizational practices and policies. While education and awareness-building can make a difference, they have been found to be most effective when combined with policy change and community approaches, such as:

- mobilizing men to be part of the solution,
- building coalitions of partners to promote primary prevention, and
- seeking legislative and policy changes to make communities safer.

If sexual violence is compared to other health epidemics, it is understood that it cannot be prevented by simply treating one individual. It is important to act at all levels, as described in the Spectrum of Prevention.

> *No mass disorder afflicting mankind is ever brought under control or eliminated by attempts at treating the individual.* -- Dr. George Albee[42]

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40 Linda J. Koenig, Lynda S. Doll, Ann O'Leary, and Willo Pequegnat, eds. From Child Sexual Abuse to Adult Sexual Risk: Trauma, Revictimization, and Intervention, American Psychological Association, Washington, DC 2003. Available at: http://books.apa.org/books.cfm?id=4317016

41 David Lisak and Paul M. Miller, "Repeat Rape and Multiple Offending Among Undetected Rapists." Violence and Victims, Vol. 17, No. 1, 2002, 73-84. Available at: http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=39686

42 George Albee, "The Argument for Primary Prevention," Journal of Primary Prevention, Vol.5, No. 4, June, 1985.

Step 4: Ensure Widespread Adoption

Through funding from the Centers for Disease Control and Prevention (CDC), MDH has developed a variety of prevention programs, activities, and events, described on the Sexual Violence Prevention Program website, http://www.health.state.mn.us/injury/topic/svp/index.cfm. Information on best practices will be added to this Web site.

The MDH will coordinate efforts to implement best practices and proven prevention strategies. Specific actions will be taken by many groups, organizations, and agencies throughout the state, working at various levels. This is a plan for everyone!

> *We need to emphasize to the public:*
> *- prevention is not pork*
> *- we all have to take care of our children*
> *- communities have a responsibility*
> Grace Harkness[43]

[43] Grace Harkness, former Executive Director, Minnesota Women's Consortium, quoted in Violence Prevention Plan: Unlearning Violence, Minnesota Department of Education, 1995.

B. Goals and Strategies To Prevent Sexual Violence

The Spectrum of Prevention

How Minnesota Goals Were Developed

Goals and Strategies for Minnesota

1. Strengthen social norms that encourage healthy and respectful relationships.
2. Identify and train leaders across the state to educate people about primary prevention.
3. Ensure that all voices are heard in order to prevent sexual violence.
4. Increase the ability of individuals, groups, and communities to prevent sexual violence.
5. Seek action by local and state public and private policy entities.
6. Implement and evaluate data and best practices for preventing sexual violence.

The development of this plan was greatly influenced by the **Spectrum of Prevention** created by The Prevention Institute[44] to illustrate that prevention must occur at every level of society. The Spectrum is used nationally by a variety of organizations to help describe and understand prevention. It encourages people to move beyond the perception that prevention is only about teaching healthy behaviors. When used together, the six levels produce a synergy that is more effective than implementing any single activity. As activities are identified in each level, they will lead to interrelated actions at other levels.

The Spectrum of Prevention

From: Prevention Institute

[44] Prevention Institute, http://www.preventioninstitute.org/home.html. The Prevention Institute is a non-profit national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development.

Level of Spectrum	Description
Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes
Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
Fostering Coalitions and Networks	Convening groups and individuals for broader goals and greater impact
Educating Providers	Informing providers who will transmit skills and knowledge to others
Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
Strengthening Individual Knowledge and Skills	Enhancing an individual's capability to prevent injury or illness and promote safety

Imagine... our lives without sexual violence or exploitation.

How Minnesota Goals Were Developed

This statewide plan is the result of contributions over a number of years from many individuals and organizations concerned about and working to end sexual violence.

In 2004, the MDH convened a Sexual Violence Prevention Advisory Group **(Appendix 4)** to review prevention program activities, research, and surveillance data and to conduct an environmental assessment. This group developed recommendations for future primary prevention work, including establishing the MDH Sexual Violence Prevention Action Council (SVPAC) **(Appendix 5).**

In 2006, the SVPAC began to design a process to develop a statewide plan to prevent sexual violence in Minnesota. To further develop the goals of the plan, MDH organized a strategic planning retreat in 2007 **(Appendix 6)** attended by stakeholders from across the state. Participants stated that future prevention activities should incorporate existing research, build on current activities and resources, engage active and potential stakeholders, and reach out to other individuals and communities not previously involved in this effort.

MDH is grateful for the active participation of the many individuals and partner organizations who have contributed to this plan.

The goals of the plan, discussed in more detail in this section, are:

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.
Goal 3: Ensure that all voices are heard in order to prevent sexual violence.
Goal 4: Increase the ability of individuals, groups, and communities 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.

The goals are interdependent and many of the strategies overlap.

The strategies were selected based on conversations with a diverse group of stakeholders, and are not intended to be an exhaustive list of possibilities. The goals and strategies will help us create supportive policies and environments, increase awareness, and change behavior to achieve the long-term vision of "a world without sexual violence or exploitation."

This work will be coordinated by MDH through the Leadership Team and the Action Teams on Framing and Messaging, Data and Research, and Policy and Legislation. As Action Teams decide which strategies to implement, measures of progress will be selected so that achievement can be evaluated.

Imagine... our lives without sexual violence or exploitation.

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

Together, MDH and the Action Teams will develop the framing of consistent messages and organizational practices to counteract the commonly-accepted norm that pairs violence and sex.

Changing social norms is at the heart of this plan. It must occur throughout every level of the spectrum of prevention, from influencing policy and legislation to strengthening individual knowledge and skills. Ending the demand for sexual violence lies behind many of the strategies. It means holding accountable the culture that accepts, encourages, and "normalizes" violent and sexually exploitative behaviors.

> *Normalization is the process by which an idea or concept or behavior becomes an accepted part of societal culture. Once this occurs, something that was once clearly understood as abhorrent or harmful becomes considered "just the way it is." With more barriers removed and further normalizations it becomes viewed as beneficial or even preferential – the thing to have, the way to be, the expected behavior.* – National Plan to Prevent the Sexual Exploitation of Children[45]

The practices or policies must be challenged that support or profit from men and boys being sexually exploitative or abusive. To counter negative messaging, a healthy sexual relationship must be defined. A critical mass of people, organizations, and local leaders must carry this message from the grass roots to the highest level of leadership in Minnesota.

We will send a clear message that sexual violence, exploitation, and degradation are not acceptable.

Strategies

- Create a multi-disciplinary, multi-cultural Framing and Messaging Action Team that will develop the framing of sexual violence prevention messages to counter the commonly-accepted norm that pairs violence and sex.
- Review organizational policies and procedures and the role that business and corporations play in contributing to sexually damaging norms.
- Develop local and statewide leaders and community groups to engage men in primary prevention.
- Teach and support the value of sexual respect and healthy relationships.
- Identify and train spokespersons to deliver key messages for selected audiences. Ensure that the messages are culturally appropriate and reflect unique populations such as faith communities, men, GLBT communities, ethnic communities.
- Create and deliver presentations to help people understand primary prevention. Create networking opportunities for communities, organizations, and individuals to expand the primary prevention message.

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45 National Plan to Prevent the Sexual Exploitation of Children, 2008. Available at: http://www.missingkids.com/en_US/documents/NCPCSE_NationalPlan.pdf

- Communicate prevention messages and norms through existing organizations and new networks, and utilize the arts to communicate the messages.
- Evaluate existing social marketing campaigns, and develop new campaigns where appropriate, to support healthy relationships and counter the normalization of sexual harm.
- Develop clear, consistent, shared messages that educate and raise awareness about the continuum of sexual violence, including internet crime, human trafficking, and pornography.
- Develop messages to reflect the public and private institutional responsibility to prevent sexual violence.
- Review effectiveness of themes and messages. Evaluate and redesign strategies as appropriate.
- Seek funding to implement effective social marketing campaigns statewide.

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

Together, MDH and the Action Teams must find leaders to work with communities across Minnesota to educate about prevention. The work is needed across age, gender, and communities, and a specific focus needs to be on young people, because offending behavior often begins in youth.

Strategies

- Provide tools, education, and training to enable leaders to implement strategies across the spectrum of prevention.
- Expand the number of male trainers.
- Provide training on the role of respectful relationships, gender roles, and character development in preventing sexual violence.
- Educate community leaders and elected officials; support an understanding that sexual violence is wrong, harmful, and preventable.
- Educate community members about sexual violence. Turn bystanders into allies and witnesses to aid victims and ensure that perpetrators get help and are held accountable.
- Identify and promote positive model prevention programs from various cultures.
- Develop, deliver, and evaluate training curriculum relevant to diverse communities and present to forums/meetings throughout the state.
- Involve parents/guardians by increasing their confidence in taking action when children are at risk. Develop gender-specific prevention strategies relevant to mothers, fathers, and care givers.
- Encourage parents to mentor, befriend, or support other parents to reduce isolation.
- Support sexual assault programs to expand their prevention activities and to include men in their collaborations.

Goal 3:
Ensure that all voices are heard in order to prevent sexual violence.

Together, MDH and the Action Teams will find and share proven ways to educate about sexual violence prevention, recognizing the uniqueness of various communities. Sponsored forums will encourage and allow participation of under-represented persons who have been impacted by sexual violence. Individuals and community organizations (such as businesses, tribal leadership, nonprofits, and faith communities) will be invited to become advocates for prevention and to stand up against sexually violent messages.

Strategies

- Ensure that people from under-represented communities (including people with disabilities, GLBT persons, racial and ethnic minorities) have opportunities to share their unique issues and solutions.
- Work with leaders of diverse cultural groups, to develop approaches and materials that are culturally appropriate and gender specific.
- Ensure that the social marketing campaign encompasses the information provided by non-traditional communities and is appropriate to them.
- Develop, deliver, and evaluate training curriculum relevant to diverse communities and present to forums/meetings throughout the state.
- Arrange forums for speakers from non-traditional groups who can communicate effectively and motivate others to become involved in sexual violence prevention.
- Share information about local resources and encourage community members to make use of them.
- Working through local public health, deliver messages about healthy, respectful relationships and sexuality, particularly in early childhood and adolescence.
- Enhance the MDH web site with information about events and activities relating to prevention of sexual violence and promotion of respectful sexuality and healthy relationships.
- Improve hospital data on ethnic and racial variables, to help describe and eliminate disparities.

> *It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.*
>
> - Institute of Medicine[46]

[46] Institute of Medicine, Promoting Health: Intervention Strategies from Social and Behavioral Research, National Academies Press, 2000, p. 4. Available at: http://www.nap.edu/catalog.php?record_id=9939#toc

Goal 4:
Increase the ability of individuals, groups, and communities to prevent sexual violence.

Together, MDH and the Action Teams will develop local and regional networks that will identify spokespeople, find funding partners, and conduct community campaigns to help people understand the long-term health effects of sexual violence and their collective ability to create a violence-free environment.

Strategies

- Identify partners and build regional coalitions with:
    - Public health, to coordinate local planning efforts and to deliver prevention messages.
    - Corporations and local governments, to assess and change policies that support sexual violence and to support sexual violence prevention financially.
    - Providers of sexuality education and those who conduct sexual violence prevention and intervention programs, to increase understanding of these fields and to promote agreed-upon messages.
    - Criminal justice and offender treatment programs, to promote public understanding that not all offenders are the same and that some can change behavior through treatment and through reduction of risk factors.
    - Corrections, to determine how best to prevent offenders from re-offending.
    - Substance abuse treatment and prevention programs, to underscore the relationship between alcohol and sexual violence.
    - Men and male leaders, to engage them in activities that span the prevention spectrum.
    - Law enforcement, to work with hospitals and sexual assault programs to establish protocols on appropriate, sensitive handling of incidents and data collection.
    - Health care, to incorporate prevention in patient communication.
    - Civic and community groups, to create opportunities for community education, fund-raising, and policy initiatives.
    - Faith communities, to raise awareness about sexual violence prevention and ways they can take effective, meaningful action.
    - Schools and colleges, particularly sports programs, to educate youth about healthy sexuality, relationships, gender, and changing norms regarding sexual violence.
    - Youth-serving organizations -- daycare associations, foster parents, Scouts, Boys and Girls Clubs, etc. – to learn about developmental assets, respectful sexuality, and risk and protective factors. (Consider adopting policies from *Preventing Child Sexual Abuse within Youth Serving Organizations*,[47] developed by the Centers for Disease Control and Prevention.)

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47 Preventing Child Sexual Abuse within Youth Serving Organizations, Centers for Disease Control and Prevention, Atlanta, GA. Available at: http://www.cdc.gov/ncipc/dvp/preventingchildabuse.htm

- Achieve statewide networking to spread messages:
    - Utilize state-level coalitions such as state agencies, victim service organizations, sex offender treatment organizations, and child abuse prevention organizations for messages and networking. Seek funding to strengthen coalitions at the local level.
    - Develop and support a network of men who will work as allies and participate with existing coalitions.
    - Utilize the public health infrastructure -- local, regional, and state -- to support or develop local and regional coalitions to prevent sexual violence. Currently, seven regional health promotion networks function in Minnesota, providing a forum for health educators in local public health to share programs, resources, and ideas. MDH can provide skill building and technical assistance to encourage the regional health promotion networks to work with their existing local sexual violence prevention networks, or to help create a coalition if none exists.
- Provide "talking points" on healthy sexuality and primary prevention for health and public health professionals, teachers, child care providers, youth workers, businesses, and others, and sponsor educational opportunities on overcoming the "normalization" of sexual harm.
- Conduct a statewide conference on sexual violence prevention focused on how individuals, groups, and communities can take action.
- Provide ongoing technical assistance and training on engaging men and boys in primary prevention.
- Develop tool kits and materials on sexual violence, primary prevention, and action steps to take, that can be adapted locally.
- Share or help create model prevention policies for both public and private enterprises.
- Meet with funders to encourage their support for primary prevention.

> *Policies provide a road map for the organization and its members. The value and importance of good policies for an organization cannot be overemphasized.* - Hilary Findlay and Rachel Corbett[48]

Goal 5: Seek action by local and state public and private policy entities.

Together, MDH and the Action Teams will seek changes in laws and policies at the community and state level to prevent sexual violence and to eliminate tolerance of sexual harassment and sexual harm.

Strategies

- Create a multi-disciplinary, multi-cultural Policy and Legislation Action Team that will recommend state and local policy, as well as public and private organizational policies and practices, to create peaceful and respectful communities by changing environments that contribute to sexually toxic attitudes and behavior.
- Network with state agencies to plan policy, analyze and disseminate information gathered.
- Educate county commissioners and local leaders and seek expanded county support for local public health prevention programs.
- Seek ongoing state support for sexual violence prevention, with appropriate measures of effectiveness.
- Analyze and share model policies from public and private institutions and organizations.
- Identify and change harmful practices within organizations or businesses and create policies that lead to healthy development.
- Work with chambers of commerce, businesses and other public and private employers to assess their potential role in promoting sexual harm, such as harmful advertising messages, and to make changes where appropriate.
- Work with and encourage employers to adopt policies and practices that discourage sexual harm. This may include developing criteria for investments and contracts with businesses to ensure that state funds are not allocated to pornography or sexually exploitive advertising.
- Create a policy assessment tool for businesses and organizations to use to promote primary prevention.
- Work with the Minnesota State Colleges and Universities, as well as private colleges, to disseminate effective policies and programs to prevent sexual violence on campus and to counter harmful messaging to men and women.
- Work with youth-serving organizations to implement policies from the Centers for Disease Control and Prevention (CDC) for preventing child sexual abuse within youth-serving organizations.
- Work to educate policy makers on the causes and effects of sexual violence and strategies to reduce its incidence.
- Seek appropriate policies to control human trafficking, prostitution and child pornography.
- Strive to create an environment that is intolerant of prostitution by partnering with law enforcement and others in Minnesota communities and cities to change attitudes and norms.
- Seek support from other public and private sources.
- Strive to make Minnesota cities/communities intolerant of prostitution by working with law enforcement to change attitudes and laws so that prostitution is decriminalized and increased penalties are implemented for traffickers, pimps and johns.

> *Violence … is not random. It is predictable. If it can be predicted, it can be prevented.* - Anders Nordström, Acting-Director-General, World Health Organization

[48] Quoted in Sport Manitoba, PSO Power Tools, Conflict Management, 2003.

Goal 6:
Implement and evaluate data and best practices for preventing sexual violence.

- Create a multi-disciplinary, multi-cultural Data and Research Action Team that will identify data sources, compile and organize relevant research, evaluate prevention programs, and share data and research broadly.
- Identify the best practices in sexual violence prevention, with a focus on preventing sexual violence before it starts.
- Develop a pilot study of the risk factors for and system responses toward perpetration.
- Improve data collection to better count sexual violence, its costs, and its prevalence and incidence, particularly in high-risk communities.
- Partner with universities to acquire research funding, for example, to study the impact of pornography on children, teens, and adult males.
- Convene state, local, and national agencies to support ongoing research.

C. Turning Plans Into Action

Aim 1: Strengthen the Leadership Structure

Aim 2: Implement a Five-Year Timeline

Aim 3: Organize Action

Aim 1: Strengthen the Leadership Structure

Leaders need to communicate the magnitude of sexual violence, the contributing social norms that allow it to occur, and what must be done to stop it. A Leadership Team has been formed, representing the major organizations and interests involved in the planning process, working in cooperation with MDH sexual violence prevention staff.

The responsibilities of the **Leadership Team** are to:

- Serve as "guardian of the plan," ensuring that it remains the focus of prevention work.
- Develop an overall frame for communicating about sexual violence prevention.
- Measure implementation of the plan.
- Assess the progress of Action Teams: ensure communication among teams and recommend redirection as appropriate.
- Act on issues and needs identified by each Action Team.
- Discuss current developments/issues in the sexual violence prevention field and recommend action as needed.
- Review, share, and act on Legislative proposals relating to sexual violence prevention.
- Assess funding needs and seek support.
- Identify leadership, particularly in at-risk communities, and promote training opportunities.
- Engage other groups to launch prevention activities.

1. **Framing and Messaging Action Team** will develop the framing of sexual violence prevention messages and healthy sexuality messages for selected audiences throughout the state.
2. **Policy and Legislation Action Team** will recommend public and organizational policies and practices to effect change.
3. **Research and Data Team** will identify data sources, compile and organize relevant research, evaluate prevention programs, and share data and research broadly.

Each Action Team is led by facilitators, one of whom serves on the Leadership Team. Each team works under guidelines and sets specific tasks to accomplish.

The Leadership Team is committed to hearing from communities that are disproportionally affected by sexual violence, including communities of color, immigrants and refugees, women who have been trafficked or prostituted, young people, GLBT communities, men's groups, and people with disabilities. As indicated in Goal 3, the Leadership Team wants to know:

- The extent of sexual violence in each community and how it might best be prevented,
- How the team and its resources can help the community do the work of primary prevention of sexual violence,
- Who in each community can make a difference and become active agents for preventing sexual violence,
- How the community already is engaged at different levels of prevention of sexual violence (e.g., employment, housing, family safety, education), and
- How to most effectively share these stories with others.

Aim 2: Implement the Five-Year Timeline

2008 – Engage the State
Hold a Launch to introduce the plan and to establish Action Teams.
Conduct forums to obtain input from communities whose voices are seldom heard.
Present the plan to elected officials.
Discuss and agree on common prevention messages.
Create summary messages for the cost report and share information.
Ask each participant at the Planning Retreat (**Appendix 6**) to share the prevention message with ten others (family, friends, and co-workers).
Review sexual and domestic violence prevention policies to develop models to share statewide.
Begin collecting research on most effective prevention programs.
Post the plan, resources and updates on the MDH Sexual Violence Prevention Web site.
Document and evaluate all activities.

2009 – Build Coalitions
Strengthen coalitions at regional/local levels, with all potential partners.
Design media campaign based on common prevention messages and messages that are unique to diverse groups.
Conduct regional train-the-trainers meetings.
Conduct regional town meetings on primary prevention.
Disseminate model sexual violence prevention policies.
Explore avenues of support of local sexual violence prevention programs.
Continue collecting research on best prevention programs.
Document and evaluate all Action Team activities, and write and disseminate a report.
Continue to update the Sexual Violence Prevention Plan and Web site.

2010 – Educate Elected Officials
Coordinate educational presentations to legislators and local elected officials.
Continue presenting messages and action plans at regional and local meetings.
Conduct a statewide conference on the primary prevention of sexual violence.
Review and share research on the most effective prevention programs.
Document and evaluate all Action Team activities.
Continue to update the Sexual Violence Prevention Plan and Web site.

2011 – Share Best Practices
Present model policies and programs at regional and local meetings.
Continue training leaders and spokespersons.
Continue dissemination of media campaign.
Update and develop new materials for *A Place To Start: A Resource Kit for Preventing Sexual Violence.*
Work with coalitions and partners to seek ongoing state support for sexual violence prevention, with appropriate measures of effectiveness.
Document and evaluate all Action Team activities.
Continue to update the Sexual Violence Prevention Plan and Web site.

2012 – Evaluate and Continue the Work
Determine the best organizational structure to continue the work.
Disseminate updated materials from *A Place To Start.*
Review purpose and membership of Leadership and Action Teams; redefine as needed.
Continue implementation of plan.
Document and evaluate all Action Team activities.
Continue to update the Sexual Violence Prevention Plan and Web site.

2013 and beyond – Spread the Word
Continue dissemination of the plan and related resources.
Update information in the *Costs of Sexual Violence in Minnesota.*
Add Minnesota's experiences to the emerging national body of information.
Develop infrastructure to continue implementation efforts.
Evaluate successes and barriers to success; redesign efforts as appropriate.
Expand media campaign as new information surfaces (e.g., costs data).
Evaluate effects of messaging.
Continue to update the Sexual Violence Prevention Plan and Web site.

Aim 3: Organize Action

> *You keep plugging away – that's the way social change takes place. That's the way every social change in history has taken place: by a lot of people, who nobody ever heard of, doing work.*
> - Noam Chomsky[49]

To be successful, we must work through many venues, including the arts, political organizations, media, faith communities, and tribal communities.

- We need to listen to the stories of victims and frame the problem in ways that are usable by people in every walk of life.
- We need to put a face on prevention and talk as a society about respectful relationships.
- We need to inform people that sexual violence is preventable.
- We need leadership in every arena to understand how policies (or lack of policies and understanding) support negative sexual messages.
- We need to identify and work with appropriate, passionate spokespeople.
- We need to change the harmful messages that are being passed along to future generations.
- We need to bring our individual and collective knowledge to schools and college campuses, the business world, and corporations.

To do all of this, we will need support. The costs of sexual violence are high. We need to make sure lawmakers, policy makers, and all stakeholders understand the cost benefits of prevention work.

Working at all levels, from individual knowledge through policy change, we can ensure an environment that does not tolerate sexual violence.

What the Minnesota Department of Health (MDH) will do:

1. Promote sexual violence prevention within MDH.
2. Act as a catalyst to bring together the various community organizations, victims, and individuals that are concerned with preventing sexual violence.
3. Host statewide in-service training regarding sexual violence prevention.
4. Create a statewide Leadership Team and three Action Teams to coordinate implementation of the plan.
5. Provide technical assistance to communities that are at the highest risk of sexual violence.
6. Support efforts to engage men in primary prevention activities, and work to eradicate factors that contribute to high numbers of male perpetrators.
7. Provide a roadmap to empower communities to address the problem of sexual violence at the community level by partnering with county commissioners.
8. Provide high quality data to Community Health Boards to be used for comprehensive assessment and monitoring of the incidence and prevalence of sexual violence in their communities and the effect of violence on health status.
9. Develop a tool to help communities assess their needs and progress in achieving goals.

[49] Noam Chomsky and David Barsamian. Chronicles of Dissent, Common Courage Press, Monroe, ME, 1992.

What we invite colleges, universities, and research/policy organizations to do:

1. Encourage the science/training of the next generation of leaders.
2. Identify sexual violence faculty/experts within their institution.
3. Create cross-/multi- disciplinary consortiums and centers addressing sexual violence prevention.
4. Establish coursework in sexual violence prevention.
5. Enable and encourage students to do internships in sexual violence prevention.
6. Encourage students to write their senior project, masters' theses, and doctoral dissertations on facets of sexual violence prevention.
7. Establish an ongoing, statewide conference on sexual violence research and disseminate information on state research activity.
8. Subscribe to sexual violence prevention journals and purchase appropriate books for their library.

What we invite counties and local public health agencies to do:

1. Complete an assessment of resources in the county that can help to stop sexual violence.
2. Collect county-wide data regarding incidence and costs of sexual violence.
3. Form a sexual violence prevention collaborative with businesses, health care, service providers, schools, law enforcement, elected officials, faith communities, and others.
4. Develop a board resolution stating the county's commitment to stopping sexual violence.
5. Develop a plan to reduce sexual violence, both in the family and the community, throughout the lifespan.
6. Solicit suggestions from county staff and support local initiatives already in place.
7. Provide support for public health family home visiting, which is effective in reaching high-risk populations.
8. Enact appropriate policies regarding inappropriate sexual conduct and sexual harassment at sporting events.
9. Host county wide in-service training regarding sexual violence prevention.

What we invite communities to do:

1. Complete an assessment of community resources.
2. Host a community forum to educate and empower residents.
3. Build protective factors in the community, such as mentorship programs.
4. Initiate or support a school curriculum on respectful relationships.
5. Create a welcoming environment that is respectful of individual differences; for example, provide parent support groups at faith communities, and organize nonprofit mentoring programs.
6. Ensure that people with disabilities, particularly those with communication challenges, are screened for sexual violence in health care and program settings.
7. Engage businesses in sexual violence prevention initiatives; for example, review sexual violence policies and educate employees on prevention.

What we invite everyone to do:

1. Talk about sexual violence prevention in our social and working circles.
2. Speak up or take action when we see behaviors that are not positive or that concern us.
3. Talk to our children about healthy relationships and about the damage that sexual violence can cause.
4. Write a letter to the editor or contact the sponsors of sexually violent messaging and marketing.
5. Arrange a presentation on sexual violence prevention for a faith community or organization to which we belong.
6. Suggest prevention support and policies to your own school board member, county commissioner, or state representative.
7. Start a network of individuals or organizations to work toward ending sexual violence.
8. Become a mentor.
9. Be involved in asset building in your community, using examples from the Search Institute.[50]

There is a role for everyone, and we will prevent sexual violence!

[50] 40 Developmental Assets, Search Institute, Minneapolis, MN. Available at: http://www.search-institute.org/

D. Appendices

1. Sexual Violence Data
2. Costs of Sexual Violence in Minnesota: Highlights from the report
3. Definitions Relating to Sexual Violence
4. Sexual Violence Prevention Advisory Group
5. Sexual Violence Prevention Action Council
6. Sexual Violence Prevention Planning Retreat
7. Personal or Organizational Action Plan

Appendix 1:
Sexual Violence Data

Minnesota Statistics on Sexual Violence

In general, self-reported sexual violence is undercounted. Even when anonymity is assured, some individuals and groups may be fearful or discouraged from disclosing incidents because of social messages that discount their victimization or because of their prior experience with government systems. The following data represent what we know about sexual violence in Minnesota.

MDH report on *Costs of Sexual Violence in Minnesota*[51]
Sexual assault in Minnesota cost approximately $8 billion in 2005.
An estimated 61,000 Minnesota children and adults were sexually assaulted in 2005, some of them more than once, for a total of 77,000 assaults.
Of the 61,000, 80 percent were female and 29 percent were under age 18.
One in 70 Minnesota children was sexually assaulted, with the highest rate among girls aged 13-17.
Additional highlights from this report are in **Appendix 2.**

MDH data brief on *Sexual Violence*[52]
In 2001, at least 1,051 Minnesotans received hospital care for sexual violence (SV), which is an age-adjusted rate of 22.4 per 100,000 population. Hospital data appear to represent only a small percentage of all of SV incidents in Minnesota. An update, with data from 2002-2007, will be posted at http://www.health.state.mn.us/injury.

Minnesota Department of Public Safety *Minnesota Crime Survey* [53]
Only ten (10) percent of self-reported SV female victims, ages 18-44, received medical treatment in 2001. Twenty-three (23) percent of SV victims described the perpetrator as an intimate partner.

Minnesota Department of Education *Minnesota Student Survey*[54]
Six (6) percent of males and **seventeen (17)** percent of females in grades 9 and 12 reported in **2007** having had experienced date rape and/or sexual abuse at least once during their life.

MDH *Pregnancy Risk Assessment Monitoring System*[55]
In 2002, one (1) percent of women who had recently given birth reported being sexually assaulted by an intimate partner.

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51 Ted R. Miller, Dexter M. Taylor, Monique A. Sheppard, Costs of Sexual Violence in Minnesota, Minnesota Department of Health, July, 2007. Available at: http://www.health.state.mn.us/injury/pub/MN_brochure21FINALtoWeb.pdf

52 Debra Hagel, Sara Seifert, Jon Roesler, Maureen Holmes, Amy Okaya: Sexual Violence: 1999 to 2001, Minnesota Department of Health, St. Paul, Minnesota, 2003. Available at: http://www.health.state.mn.us/injury/pub/sv.pdf

53 Safe at Home: 2002 Minnesota Crime Survey, Minnesota Department of Public Safety, Office of Justice Programs, St. Paul, MN, 2003. Available at http://www.leg.state.mn.us/lrl/issues/crime.asp

54 Minnesota Student Survey 2007, Minnesota Department of Education, Roseville, MN, 2007. Available at: http://www.education.state.mn.us/mde/Learning_Support/Safe_and_Healthy_Learners/Minnesota_Student_Survey/index.html

55 Minnesota PRAMS (Pregnancy Risk Assessment Monitoring System), Minnesota Department of Health, Minnesota Center for Health Statistics, St. Paul, MN, Available at: http://www.health.state.mn.us/divs/chs/prams/index.html

According to the Centers for Disease Control and Prevention:

- An estimated 20 to 25 percent of college women in the U.S. experience attempted or completed rape during their college career.
- In the U.S., 1 in 6 women and 1 in 33 men reported experiencing an attempted or completed rape at some time in their lives.[56]

Other sources define the relationship between victim and perpetrator:

- Two-thirds of victims (66 percent) knew the offender as an acquaintance, friend, relative, or intimate.[57]
- Ninety-three (93) percent of child sexual abuse victims knew the perpetrator. Thirty-four (34) percent of the perpetrators were family members, and 59 percent were acquaintances.[58]
- Of people who report sexual violence, 64 percent of women and 16 percent of men were raped, physically assaulted, or stalked by an intimate partner. This includes a current or former spouse, cohabitating partner, boyfriend/girlfriend, or date.[59]

Abuse of boys:

- Most boy victims of sexual assault were victimized by males (53-94 percent) and significantly more boys (54-89 percent) are abused by non-family members than are girls,[60] yet
- Less than half of the abusers (21-40 percent) were unknown to the boy.[61]
- About half of the female sexual abusers who victimized boys were teenage babysitters.[62]
- Most studies find that less than a third of abused boys have disclosed (during childhood or adulthood) abuse to medical care providers or other treatment professionals.[63]

Also see:

Tjaden P and Thoennes N (2000). Full report of the prevalence, incidence, and consequences of violence against women: findings from the national violence against women survey. Washington, D.C.: National Institute of Justice. Report NCJ 183781.

Kilpatrick, DG (2004). What is Violence Against Women: Defining and Measuring the Problem. Journal of Interpersonal Violence, 11, Vol. 19, 1209-1234.

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56 "Understanding Sexual Violence" (CDC), op. cit.

57 Callie M. Rennison, Criminal Victimization 2001, Changes 2000 – 01 with Trends 1993 – 2001, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2002, publication NCJ 194610, p. 8. Available at: http://www.ojp.gov/bjs/abstract/cv01.htm

58 Howard N. Snyder, Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2000, publication NCJ 182990, page 10, Table 6. Available at: http://www.ojp.gov/bjs/abstract/saycrle.htm.

59 Ibid.

60 S.N. Gold, J. Elhai, B. Lucenko, J.M. Swingle, and D.M. Hughes (1998). "Abuse Characteristics Among Childhood Sexual Abuse Survivors in Therapy: A Gender Comparison,"Child Abuse & Neglect, Vol. 22, 1998, pp. 1005-1012. See also Elisa Romano and Raylene V. De Luca, "Male Sexual Abuse: A Review of Effects, Abuse Characteristics, and Links with Later Psychological Functioning," Aggression and Violent Behavior, Vol. 6, Issue 1, January-February 2001, p. 68.

61 William C. Holmes and Gail B. Slap, "Sexual Abuse of Boys: Definition, Prevalence, Correlates, Sequelae, and Management," Journal of the American Medical Association, Vol. 280, No. 21, December 2, 1998, p. 1857. Available at: http://jama.ama-assn.org/cgi/reprint/280/21/1855.

62 Ibid.

63 Ibid., p. 1859.

Appendix 2:
Costs of Sexual Violence in Minnesota[64]
Highlights from the report

What is the report? *Costs of Sexual Violence in Minnesota* is the state's first-ever report on the estimated economic impact of rape and other forms of sexual assault. It was prepared by the Pacific Institute for Research and Evaluation and the Minnesota Department of Health (MDH) Sexual Violence Prevention Program, and is available online at http://www.health.state.mn.us/svp.

What was the total cost of sexual violence? Sexual assault in Minnesota cost nearly $8 billion in 2005. This is about three times more than costs related to drunk driving. Cost per sexual assault was estimated at $184,000 for children and $139,000 for adults.

Who was assaulted? More than 61,000 Minnesota children and adults were sexually assaulted in 2005, some of them more than once, for a total of 77,000 assaults. Of the 61,000 people, 80 percent were female and 29 percent were under age 18. One in 70 Minnesota children was sexually assaulted, with the highest rate among girls aged 13-17. The report includes additional information on who was assaulted.

What costs were counted? The report counted costs of medical and mental health care for victims, lost work and other quality-of-life issues, victim services, and criminal justice costs. In 2005, Minnesota state government spent about $130 million on treatment and confinement of perpetrators of sexual violence and about $90 million on medical costs and other services for victims. The report also included costs of issues that may arise after an assault, such as sexually-transmitted diseases, unplanned pregnancies, suicide, and substance abuse.

What costs were not counted? Because data were not available, the report did not include costs of sexual harassment, pornography, voyeurism, or other forms of sexual violence. Also excluded were some indirect costs such as family and relationship problems that arise when someone is a victim or perpetrator, re-victimization during the criminal justice process, and cost of personal and community security. While state government costs were included, county costs were not included.

What is being done to prevent sexual violence? Prevention efforts are supported by about $800,000 per year that comes to Minnesota from the Centers for Disease Control and Prevention. MDH, working with diverse partners, is developing a unified state plan to prevent sexual violence, with these goals:

- Change social norms that encourage and normalize sexual violence.
- Find and train leaders across the state to educate people about prevention and the "normalization" of sexual violence.
- Learn from non-traditional communities (e.g., immigrants, people with disabilities, communities of color, GLBT persons, and prostituted women) how sexual violence affects them and how to address their needs.
- Increase the capacity of individuals, groups, and communities to prevent sexual violence.
- Seek action by local and state public and private policy bodies.
- Research, share, implement and evaluate best practices for preventing sexual violence.

For more information, contact Patty Wetterling, Director, Sexual Assault Prevention Program, Minnesota Department of Health, patty.wetterling@state.mn.us.

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64 Ted R. Miller, Dexter M. Taylor, Monique A. Sheppard, Costs of Sexual Violence in Minnesota, Minnesota Department of Health, July, 2007. Available at: http://www.health.state.mn.us/injury/pub/MN_brochure21FINALtoWeb.pdf.

Appendix 3:
Definitions Relating To Sexual Violence

ACE Study

The ACE Study[65] is an ongoing major research study that relates current adult health status to adverse childhood experiences (ACE) decades earlier. The study is a collaborative approach between CDC and Kaiser Permanente's Health Appraisal Clinic in San Diego. About 17,000 participants provided detailed information about their childhood experience of abuse, neglect, and family dysfunction. Childhood abuse, neglect, and exposure to other traumatic stressors -- adverse childhood experiences, or ACE -- are common. Almost two-thirds of the ACE study participants reported at least one ACE, and more than one in five reported three or more ACE. The short- and long-term outcomes of these childhood exposures include a multitude of health and social problems. The ACE Score, a count of the total number of ACE respondents reported, is used to assess the total amount of stress during childhood. As the number of ACE increase, the risk for the following health problems also increases:

alcoholism and alcohol abuse
chronic obstructive pulmonary disease (COPD)
depression
fetal death
decline in health-related quality of life
illicit drug use
ischemic heart disease (IHD)
liver disease
intimate partner violence
multiple sexual partners
sexually transmitted diseases (STDs)
smoking
suicide attempts
unintended pregnancies

The study also demonstrated a direct relationship of ACE score to health-related behaviors and outcomes during childhood and adolescence, including early initiation of smoking, sexual activity, illicit drug use, adolescent pregnancies, and suicide attempts. As the number of ACE increases, the number of co-occurring or "co-morbid" conditions increases.

Commercial Sexual Exploitation of Minors

Commercial Sexual Exploitation of Minors is the exploitation of children entirely, or primarily, for financial or other economic reasons. Exchanges may be either monetary or non-monetary. In every case, it involves maximum benefits to the exploiter and an abrogation of the basic human rights of the children involved.[66]

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65 "Adverse Childhood Experiences Study," Centers for Disease Control and Prevention, Atlanta, GA, 2008. Available at www.cdc.gov/nc-cdphp/ACE/findings.htm.

66 Howard Davidson, Director ABA Center on Children and Law, presentation: Making Principles in the UN's Optional Protocol a US Reality, 6/20/02. Cited in Alameda County Sexually Exploited Minors Provider Network, n.d. Available at : http://www.acgov.org/icpc/documents/SEMpacket.pdf.

Domestic Trafficking
The recruitment, transportation or receipt of children by deception or coercion for the purpose of prostitution, other sexual exploitation or forced labor only within their country. [67]

Normalization
The process by which an idea or concept or behavior becomes an accepted part of societal culture. Once this occurs, something that was once clearly understood as abhorrent or harmful becomes considered "just the way it is." With more barriers removed and further normalizations it becomes viewed as beneficial or even preferential – the thing to have, the way to be, the expected behavior.[68]

Perpetrators / Victims / Bystanders
Audiences can be categorized by their likely role in an act of sexual violence:

- as potential victims of the violence,
- as potential perpetrators of the violence, or
- as potential bystanders who have an opportunity to prevent or intervene in the act.

Because of the power of language and labeling, it is important to use non-labeling, descriptive language in all communication.

- Victims are also survivors; the term "victim/survivor" is often used to convey the healing process. Also appropriate is "person who was sexually assaulted."
- Sex offender/perpetrator can also be termed "person who commits a sex offense."

Pornography
Sexually explicit material that objectifies and exploits its subjects (predominantly women and children) while eroticizing domination, degradation, and/or violence.[69]

Prevention: Primary / Secondary / Tertiary
According to the Prevention Institute, violence prevention is "a systematic process that promotes healthy environments and behaviors and reduces the likelihood or frequency of violence against women."

The CDC recognizes that there are several ways to classify sexual violence prevention and intervention activities. The most common and useful way, from a public health perspective, is to adapt the Commission on Chronic Illness' (1957) disease prevention classification scheme in a way that identifies activities according to when they occur in relation to the violence:

- Primary Prevention: [Activities] that take place before sexual violence has occurred to prevent initial perpetration or victimization.
- Secondary Prevention: An immediate response after the sexual violence has occurred to deal with the short-term consequences of violence.
- Tertiary Prevention: Long-term responses after sexual violence has occurred to deal with the lasting consequences of sexual violence for the victim/survivor, as well as sex offender treatment interventions.

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67 Safe Harbors Youth Intervention Project (SHYIP), Partners for Violence Prevention, Saint Paul, MN; et. al., November 2007, p. 69. Available at: http://partnersforviolenceprevention.org/documents/CNA11_1_final.pdf

68 National Plan to Eradicate the Sexual Exploitation of Children, in development, 2008. This plan is in preparation by the National Coalition to Prevent Child Sexual Exploitation, supported in part by the National Center for Missing and Exploited Children. See Cordelia Anderson, Sensibilities, Inc.: http://www.cordeliaanderson.com/cordeliaanderson.com_files/Page1256.htm

69 Chuck Derry, Gender Violence Institute. See: http://www.letswrap.com/GVI/#sa

This plan emphasizes primary prevention, highlighting the need to "go upstream" to prevent violence from occurring.

Public Health is concerned with the health of the community as a whole. Public health is community health. The mission of public health is to "fulfill society's interest in assuring conditions in which people can be healthy." The three core public health functions are:

- The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities;
- The formulation of public policies designed to solve identified local and national health problems and priorities; and
- Assurance that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.[70]

Sex Trafficking

Activities related to receiving, recruiting, enticing, harboring, providing, or obtaining by any means an individual to engage in prostitution are collectively referred to sex trafficking.

Sexual Exploitation

A practice by which a person achieves sexual gratification, financial gain or advancement through the abuse or exploitation of a person's sexuality by abrogating that person's human right to dignity, equality, autonomy, and physical and mental well being; e.g., trafficking, prostitution, sex tourism, mail-order-bride trade, pornography, stripping, battering, incest, rape and sexual harassment.[71]

Sexual Violence

Minnesota Department of Health, General Definition

The use of sexual actions or words that are unwanted by and/or harmful to another person. It can include assault, rape, harassment, voyeurism, and other noncontact abuse.[72]

CDC Uniform Definitions for Sexual Violence

Nonconsensual completed or attempted contact between the penis and the vulva or the penis and the anus involving penetration, however slight; nonconsensual contact between the mouth and the penis, vulva, or anus; nonconsensual penetration of the anal or genital opening of another person by a hand, finger, or other object; nonconsensual intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks; or nonconsensual non-contact acts of a sexual nature such as voyeurism and verbal or behavioral sexual harassment. All the above acts also qualify as sexual violence if they are committed against someone who is unable to consent or refuse.[73]

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70 "Definition of Public Health," MedicineNet.com. Available at: http://www.medterms.com/script/main/art.asp?articlekey=5120

71 Donna M. Hughes, Pimps and Predators on the Internet: Globalizing Sexual Exploitation of Women and Children, The Coalition Against Trafficking in Women, 1999. Available at: http://www.uri.edu/artsci/wms/hughes/ppdef.htm

72 A Place To Start: A Resource Kit for Prevention Sexual Violence, Minnesota Department of Health, 1999. Available at: http://www.health.state.mn.us/injury/pub/kit/index.cfm

73 Uniform Definitions of Sexual Violence, CDC Injury Center, 2006. Available at: http://www.cdc.gov/ncipc/pub-res/sv_surveillance/04_uniform_definitions.htm

The CDC urges use of consistent definitions to monitor the incidence and prevalence of sexual violence and to examine trends over time. Consistent definitions also help researchers uniformly measure risk and protective factors for victimization or perpetration, which ultimately assists prevention and intervention efforts.

Relevant Minnesota statutes:[74]

260c143 Procedure: Habitual Truants, Runaways, Offenders
609.321 Prostitution
609.341 Definitions for Criminal Sexual Conduct
609.342 Criminal Sexual Conduct
609.352 Solicitation Of Children To Engage In Sexual Conduct
626.556 Reporting Of Maltreatment Of Minors
256K.45 Minnesota Runaway And Homeless Youth Act

[74] Minnesota Statutes available at www.revisor.leg.state.mn.us.

Appendix 4:
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Appendix 6:
Sexual Violence Prevention Planning Retreat, 2007

Fifty-two people attended the Sexual Violence Prevention Planning Retreat August 1-2, 2007. The retreat was a culmination of many past efforts in developing a comprehensive plan to prevent sexual violence in Minnesota. Participants represented diverse organizations and agencies and provided a variety of perspectives and expertise on sexual violence, to focus on the full range of violence prevention concerns.

Participants studied and defined primary prevention, created a "history wall" of milestones and events in sexual violence prevention, and discussed the impact these events have had on their work. They created a vision of what should be in place in five years, reviewed assumptions that need to shift and identified windows of opportunity for impact. They looked at strategies and indicators of success, as well as groups or communities that need to be involved. Their work was a basis for this plan.

** Starred names also served on the steering committee that developed the framework for the retreat and the planning process.*

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***Patty Wetterling**
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Retreat Facilitators

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*** Michele Simon**
Waterline Consulting LLP

Appendix 7:
Personal or Organizational Action Plan

Goal/Strategy:

Create a statement of what you want to accomplish and how you will know when you are successful. Write a statement that is specific, measurable, actionable, and can be achieved by the end of the year. Why is this goal important to sexual violence prevention efforts in MN?

Implementation Step	Whom To Involve	Date
1. 2. 3. 4. 5. 6.		

Team Leader: Team Members:	Resources Needed:

2009 and Beyond Action Plan

2009 Actions	Whom to Involve	Resources
1. 2. 3. 4. 5. 6.		

2010 Actions	Whom to Involve	Resources
1. 2. 3. 4. 5. 6.		

2011 Actions	Whom to Involve	Resources
1. 2. 3. 4. 5. 6.		

2012 Actions	Whom to Involve	Resources
1. 2. 3. 4. 5. 6.		

2013 Actions	Whom to Involve	Resources
1. 2. 3. 4. 5. 6.		