



Rhode Island State Action Plan for Sexual Violence Prevention, 2019-2024

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Table of Contents

Key Terms	3
Guiding Principles	4
Partnerships	5
The Rhode Island Sexual Violence Prevention Coalition	
Rape Prevention Education Program Structure	
Experience and Capacity to Implement Community and Societal Level Strategies	
Training and Technical Assistance	
Other Sexual Violence Prevention Work in Rhode Island	
Data	10
National and State-Level Incidence/Prevalence	
Disparities	
Community Health Equity Indicators	
Populations Disproportionally Impacted by Sexual Violence	
Evaluation	13
Structures, Functions, and Capacities	
Aligning Potential Indicators and Outcomes	
Barriers and Challenges	
Sources	
Use of Data	
Focus Areas, Objectives, and Strategies for Sexual Violence Prevention	16
Focus Area 1: Promote Social Norms that Protect Against Sexual Violence	
Focus Area 2: Teach Skills to Prevent Violence	
Focus Area 3: Provide Opportunities to Empower and Support Girls and Women	
Focus Area 4: Create Protective Environments	
Conclusion	32
Sustainability Plan	
Resources	
Appendix A: Acronym Key	33
Appendix B: Data Sources and Indicator Alignment	35
Appendix C: Resources and Contact List	41

Key Terms

Sexual Violence: Sexual violence is defined as a sexual act when consent is not obtained or is not freely given. It includes forced or alcohol/drug-facilitated oral/vaginal/anal penetration of a victim; forced or alcohol/drug-facilitated incidents in which the victim was made to penetrate a perpetrator or someone else; non-physically-pressured unwanted penetration (sexual coercion); and unwanted sexual touching or non-contact acts of a sexual nature. Sexual violence can also be when a perpetrator forces or coerces a victim to engage in sexual acts with a third party.^{1, 2}

Contact Sexual Violence: The National Intimate Partner and Sexual Violence Survey includes this single measure that combines forms of sexual violence such as rape, being made to penetrate someone else, sexual coercion, and unwanted sexual contact.²

Rape: The National Intimate Partner and Sexual Violence Survey defines rape as forced or alcohol/drug-facilitated oral/vaginal/anal penetration. When reported, the term includes both attempted and completed rape.² The National Crime Victimization Survey defines rape as forced or coerced oral/vaginal/anal penetration involving any gender and sexual orientation. When reported, the term includes both attempted and completed rape.³

Sexual Assault: The National Crime Victimization Survey defines sexual assault as unwanted sexual contact and unwanted, non-contact sexual experiences including verbal threats.²

Consent: Consent is an agreement between participants to engage in sexual activity.⁴ Consent is always given freely and is expressed in the words or overt actions by a person who is legally and functionally competent to do so.⁵

Victim: A victim is the person on whom sexual violence is inflicted. *Survivor* is often used as a synonym for a *victim* who is not deceased.

See Appendix A for an Acronym Key

Guiding Principles

This State Plan was developed with three guiding principles. First, the plan focuses on primary prevention strategies as opposed to secondary or tertiary prevention strategies. This focus is guided by the priorities of the Center for Disease Control and Prevention's (CDC) Rape Prevention and Education (RPE) Program, and they align with the CDC's publication, *STOP SV: A Technical Package to Prevent Sexual Violence*.⁶ Primary prevention has the potential to benefit the largest number of people, as it is designed to stop violence before it occurs by changing the behaviors and conditions that lead to violence. In contrast, strategies at the secondary and tertiary levels of prevention occur in response to sexual violence; they aim to reduce its impact and to prevent recurrence. Examples include short-term crisis counseling for a victim and long-term, specialized sex offender treatment that prevents recurrence.⁷

Second, the strategies in this Plan focus on the outer layers of the social-ecological model (SEM). Strategies at the societal and community levels focus on changing environments, conditions, policies, and social norms. They seek to make broad, population-level change beyond the individual/relationship levels.

Third, strategies in this Plan were developed to address social determinants of health. These are factors which affect a person's livelihood, including economic stability, education, social and community context, health and healthcare, and the neighborhood and built environment. The presence or absence and various combinations of *protective* and *risk factors* for sexual violence are strongly linked to social determinants of health.

Partnerships

Rhode Island Sexual Violence Prevention Coalition (SVPC)

The engagement of program partners will be developed, maintained, and increased primarily through management of the newly formed SVPC. The SVPC will aim to impact risk or protective factors for sexual violence victimization and/or perpetration across multiple layers of the SEM. Additionally, the SVPC will be guided by a steering committee comprised primarily of the RPE Program's contracted sub-recipients. Quarterly steering committee meetings will provide opportunities to maintain funded partner engagement and to enhance accountability.

The creation of project-specific task forces within the SVPC will ensure that both new and existing partners feel engaged in the Coalition's work. Coalition members will be encouraged to propose projects to the group. They will then be invited to take ownership of a portion of the project that suits their interests, skills, and/or resources. This will help members feel that their efforts and expertise are valued, that the work they are doing is meaningful, and that there is an achievable end goal in sight.

Work groups formed under the SVPC will not be bound by a specific project timeline. On an ongoing basis, they may identify and share new funding opportunities, monitor legislation and other policy, share new research, and coordinate training and education opportunities for the Coalition and its steering committee. The Data Monitoring Work Group will monitor existing data sources and will identify new data sources that help stakeholders measure rates of sexual violence, identify populations of focus, measure risk and protective factors, and evaluate the impact of sexual violence prevention efforts across the state.

Members of the SVPC will identify, plan, and implement new primary prevention strategies informed by evaluation of national, state, and local data as it becomes available; by program data from existing strategies; and by mapping of services to identify gaps in strategies, populations served, and diversity of participation in the Coalition. New partners that are of special interest to the SVPC are those that represent and/or serve populations that are disproportionately affected by risk factors for sexual violence, such as individuals with disabilities, refugees, and incarcerated individuals. By engaging these new partners, the SVPC hopes to identify strategies that would meet the needs of these populations and to collaboratively leverage other funding sources.

The SVPC will serve to maintain engagement and coordination between new and existing partners, and it will offer training and technical assistance opportunities to expand the capacity in the state for primary prevention. Coalition evaluation will also gauge how partners are leveraging their collaborative relationships and shared resources to further the primary prevention work conducted in the State of Rhode Island. New partners will be continuously identified via Coalition evaluation forms and analysis of gaps by the Data Monitoring Work Group.

RPE Program Structure

The process of identifying primary prevention efforts at the outer layers of the SEM began with a review of the evidence base and with consideration of the examples included in the STOP SV technical package. Rhode Island's programs/policies/practices and sub-recipients were selected due to their clear alignment with the STOP SV technical package, the experience and capacity of the organizations that will implement the strategies, and the requirement for Category B recipients to fund and implement 75% or more of their activities at the outer layers of the SEM.

The Rhode Island Department of Health's Rape Prevention and Education (RIDOH RPE) Program benefits from the small size of our state. The selection of the sub-recipients described below did not require requests for proposals. Rather, in-person meetings were held with a limited number of possible sub-recipients to discuss capacity, negotiate funding, and develop contracts and scopes of work.

Experience and Capacity to Implement Community and Societal-level Strategies

RIDOH's RPE has been funded since 1995, when funding was initially issued under the Violence Against Women Act. Before the current funding cycle, the RIDOH RPE program has primarily worked to implement or fund interventions that operate on the individual or relationship levels of the SEM. Through previous funding cycles for the RPE Program, relationships with community organizations have been established where a culture of collaboration has been fostered. With the new emphasis on work at the outer layers of the SEM, the RPE program can capitalize on these collaborative relationships it enjoys with community organizations around the state. The collaborative nature of the RPE program's relationships has made it possible to implement these outer layer efforts through the recruitment of the experienced and committed sub-recipients below.

Day One, the trauma and resource center that leads the SVPC, has extensive experience conducting sexual violence prevention work in schools throughout Rhode Island. Day One offers consultation to school administration on policy or school climate concerns. Students are often engaged in campaigns that aim to shift school culture and raise awareness on important issues related to sexual violence. Day One also co-facilitates the Rhode Island Cross-Campus Learning Collaborative with RIDOH. The Collaborative was founded in 2014 to bring together professionals across college campuses who engage in sexual violence prevention work to share best practices, resources, and collective experience.

Rhode Island Student Assistance Services (RISAS), a school-based substance use prevention program is using a shared risk and protective factor approach to integrate an evidence-based emotional regulation group model into its existing programming. RISAS has been implementing Project SUCCESS (Schools Using Coordinated, Community Efforts to Strengthen Students) in Rhode Island middle schools and high schools for 30 years. Research conducted on the efficacy of the emotional-regulation group model has shown that middle school students who participated in the group were less likely to engage in specific risk behaviors such as sexual activity and fighting.⁸ RISAS is adapting the program with activities aimed at preventing and reducing alcohol, tobacco, marijuana and other drug use and other risk behaviors.

Thundermist is a 50-year-old, federally-qualified community health center with significant experience implementing community and societal level strategies. They are the backbone agency for, and participants in, the West Warwick and Woonsocket Health Equity Zones (HEZs), which aim to eliminate health disparities by implementing upstream interventions and policy changes. Rhode Island's HEZ initiative is an innovative, place-based approach that brings communities together to build the infrastructure needed to achieve healthy, systemic changes at the local level. HEZs are defined geographic areas with documented health disparities. Through a collaborative, community-led process, each HEZ conducts a needs assessment and implements a data-driven plan of action to address the unique social, economic, and environmental factors that are preventing people from being as healthy as possible. The West Warwick and Woonsocket HEZs use a collective impact model and focus on food access, adolescent health/teen pregnancy, trauma, overdose prevention, and healthy environments.

The Women's Resource Center (WRC) has been engaged in the primary prevention of intimate partner violence as a sub-recipient of a Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) grants awarded to the Rhode Island Coalition Against Domestic Violence (RICADV). The WRC successfully implemented a community-level social cohesion strategy through a DELTA Focus grant and is currently leading a greening urban spaces strategy through a DELTA Impact grant. In addition, the WRC has served as the backbone agency for the Newport HEZ for nearly five years, coordinating community-level strategies to address the social determinants of health in the City of Newport. The WRC's Director of Prevention also serves as the co-facilitator of the DELTA Impact Health Equity Community of Practice, working with Marilyn Metzler of the CDC to facilitate a learning community of DELTA Impact recipients focused on implementing outer-layer strategies.

Young Voices is Rhode Island's only state-wide organization that gives low-income youth the tools to have a voice – to master the skills needed to understand an issue, think strategically, speak out articulately and persuasively, and assume roles of leadership. For 10 years, Young Voices has empowered more than 600 youth to achieve, succeed, and become confident civic leaders in their communities through community/societal change strategies. While developing civically engaged young leaders – not effecting policy change – is Young Voices' mission, the prevention strategy spans all levels of the SEM. For example, Young Voices trains a young person in policy analysis and public speaking skills, and they may then use those skills to testify at the State House on the impact of proposed legislation. This experience of testifying further develops the skills of that youth, who then becomes even more effective at creating social change. This powerful cycle is repeated each year with more than 180 youth.

YWCA of Rhode Island utilizes the four-level social-ecological model to provide programming and strategies to prevent and reduce the rates of rape and other forms of violence. Activities include the provision of age-appropriate workshops and programming for children and women of all ages about healthy relationships, consent, healthy versus unhealthy touch, resiliency, empowerment, and safe bystander engagement. Systems-level change efforts include advocacy for racial justice as well as consultation and community education about the interconnection of race, gender, injustice, and violence that is embedded in the fiber of our country and institutions. YWCA has provided racial justice workshops and consultation to nonprofit organizations, the Providence Public School Department, and religious groups looking to make changes in organizational culture. Programming on the institutional and individual levels includes early childhood development/learning, Girls Circle, Parenting in Progress, permanent supportive housing at the Sarah Francis Grant Homestead, and programming for female veterans and first responders.

Training and Technical Assistance

The RPE Program CE #19-1902 Notice of Funding Opportunity Category B funding requires that at least 75% of strategies be implemented at the outer layers of the SEM. This represents a substantial change in funding requirements compared to previous RPE grants that did not explicitly require the implementation of sexual violence prevention strategies at the outer layers of the SEM. Rhode Island is one of 10 states awarded Category B funding for the 2019 – 2024 grant cycle. The new funding builds on Rhode Island's prior RPE grants, widening the focus to include strategies across all levels of the SEM. With Category B funding, RIDOH has brought in new partners to expand Rhode Island's sexual violence prevention activities into all focus areas of the *STOP SV* technical package. Given the shift in focus, RIDOH will coordinate learning opportunities that will enhance the state's capacity to both implement and evaluate outer layer programs and policies.

Some RPE partners have been successfully implementing strategies on the outer layers of the SEM for years but have expressed a desire for training and technical assistance around evaluation. RIDOH staff will coordinate training and technical assistance during regularly scheduled meetings of the SVPC, the Steering Committee, and meetings with individual funded partners.

RPE staff will share expertise on the CDC's guidance documents and its *STOP SV* technical package with funded partners and members of the steering committee. The RPE Evaluator and RPE Program Coordinator will meet individually with each funded partner throughout the project period to assess evaluation strategies and alignment with SV indicators. Monthly reports submitted by funded partners will help to inform Rhode Island's RPE staff of partners' activities, implementation progress, and need for additional training and technical assistance. Members of the Steering Committee will be encouraged to share their own knowledge with other members of the Committee and Coalition through the provision of technical assistance. For example, RIDOH's partners have expertise in community organizing, power-based interpersonal violence theory, anti-oppression frameworks, and community-based participatory programming. Evaluation forms will be administered at Steering Committee meetings to elicit feedback on the usefulness of any training and technical assistance whenever provided.

Other Sexual Violence Prevention Work in Rhode Island

Preventing sexual violence requires addressing risk and protective factors at all levels of the social ecology. Organizations in Rhode Island often offer combined programming to provide a full scope of services to address multiple risk and protective factors. These initiatives may not be funded by the RPE program but have similar prevention-oriented goals. Colleges and universities participating in the RPE-funded Rhode Island Cross-Campus Learning Collaborative for Sexual Violence Prevention have individual interventions that are implemented at their respective campuses. Two common examples of these are peer education models for sexual violence prevention and adoption of the Green Dot program.

Green Dot is an evidence-based bystander intervention training program that has been implemented by more than half of Rhode Island's colleges and universities, including Bryant University, Rhode Island College, Johnson & Wales University, University of Rhode Island, Salve Regina University, and Roger Williams University. Green Dot is funded through various sources, and depending on the university, is often implemented by the campus's gender equity center or cultural institution, such as a women's center or diversity center. These departments receive funding through the university's budget or through federal funding. Campus-based peer education groups receive funding when they are a recognized organization through a college or university student government program committee. The Green Dot bystander program and peer education programs conducted by college students are two examples of initiatives that interact with RPE goals and strategies.

The other funded partners for RPE host various initiatives to include prevention in their mission. As described previously, the Women's Resource Center of Newport receives CDC DELTA Impact funding for a program that focuses on preventing first-time perpetration of Interpersonal Violence (IPV). Because most victims of sexual violence know their perpetrator, recognizing the intersection of IPV and sexual violence is very important. Young Voices of Rhode Island focuses on education reform as a tool of prevention, empowering urban youth to graduate high school and focus on their futures. YWCA of RI offers alternative education and skills-based learning opportunities for pregnant and parenting teens through their Parenting Through Progress collaboration with Woonsocket School Department. Additionally, Rosie's Girls is a program of the YWCA that teaches middle school girls the importance of science, technology, engineering,

and math (STEM) fields and practical skills, such as welding and carpentry. In 2019, the national YWCA (YWCA USA) received a \$5 million-dollar grant from Google to support and advance their important work to provide greater access to STEM for Black and Latinx students across the country and encouraging and empowering more elementary and middle-school girls in computer science education. It is expected that this funding will enhance the work of the Rhode Island YWCA to expose more students, at an early age, to technical skills.

Through Preventive Health and Health Services (PHHS) funding from CDC, Day One of Rhode Island implements initiatives to educate middle and high school students on topics related to sexual violence prevention. This work will help to further inform the creation and implementation of Rhode Island's proposed development of a much-needed K-12 sexual violence prevention curriculum. Day One, and other agencies in Rhode Island provide services considered secondary and tertiary sexual violence prevention strategies. These strategies fall under the Focus Area 5 Support Victims/Survivors to Lessen Harms of the CDC's *STOP SV: A Technical Package to Prevent Sexual Violence*. Much of this work falls under two categories: 1) Reducing revictimization in survivor interactions with systems responding to reports of sexual violence and 2) Ensuring survivors' access to clinical services to support the healing process. While secondary and tertiary sexual violence prevention strategies are very important, this State Plan focuses on primary prevention and the guidelines for such prevention as outlined in CDC's technical package.

Data

National and State-Level Incidence Prevalence

Sexual violence (SV) is a significant public health problem that affects millions of Americans. National surveys, such as the National Crime Victimization Survey (NCVS) and the National Intimate Partner and SV Survey (NISVS) provide the most accurate representations of sexual violence in the US. The NISVS reports that more than one in three women and about one in six men will experience contact sexual violence* in their lifetime.⁹ Notably, almost one in five women and one in 71 men in the US will experience rape*, a specific type of contact sexual violence, in their lifetime.

The NISVS reports state-level prevalence as well. Lifetime prevalence of sexual violence in Rhode Island (30.6%) is slightly lower than in the US (43.6%).⁹ For example, slightly less than a third of women in Rhode Island will experience contact sexual violence in their lifetime, and roughly the same proportion will have unwanted, non-contact sexual experiences in their lifetime.

Disparities

Risk and protective factors include, but are not limited to, personal characteristics, behaviors, values, and systemic norms, which may be either positively or negatively associated with prevalence of sexual violence. Certain risk and protective factors – especially those at the outer layers of the SEM – can connect societal issues such as pay equity, anti-oppression, and healthy communities to sexual violence prevention work.

Rhode Island's commitment to address sexual violence risk and protective factors connects the RPE program to individuals and organizations doing complementary work. Many sexual violence risk and protective factors are shared with other public health issues, such as suicide, bullying, and teen dating violence. There are also connections with programs working on increasing healthy families and communities, creating pay equity and economic justice, and ending racism and other forms of oppression. Rhode Island's Sexual Violence Prevention State Plan provides an opportunity to work with diverse partners around shared risk and protective factors. Doing so will stretch limited funding, create and strengthen partnerships, increase reach, and increase sustainability. The evaluation work described in this Plan will help to build out the evidence base, which will help to shape our work, leading to improved communication on, and understanding of, these types of violence.

Community Health Equity Indicators

The Rhode Island Statewide Health Equity Indicators identified by the Community Health Assessment Group (CHAG) measure disparities in integrated healthcare, community resiliency, physical environment, socioeconomics, and community trauma.¹⁰ CHAG has identified indicators for each domain and their corresponding determinants using existing data sources. The Health Equity Indicators identified and measured by the CHAG are helpful for measuring the social determinants of health associated with sexual violence perpetration and victimization at the individual and neighborhood levels.

Specific Health Equity Indicators have been selected for inclusion in this Plan based, in part, on alignment with the National Sexual Violence Resource Center's *Risk and Protective Factors*

* See Key Terms Section

infographic, which maps out risk and protective factors of sexual violence and corresponding social determinants of health.¹¹

Populations Disproportionately Impacted by Sexual Violence

Sexual violence prevention activities should prioritize those with the highest risk of victimization. Those groups include individuals with a history of incarceration; those with a childhood history of sexual violence; bisexual women and men; lesbian women; individuals who are transgender, non-binary, or genderqueer; individuals with an impairment or disability; young adults age 18-25; and individuals with American Indian or Alaska Native, Black, and multi-racial backgrounds.^{2, 12, 13, 14, 15, 16}

Individuals with an Impairment or Disability: A 2015 study based on the NSIVS found that 1.8% of women with a disability reported recent rape victimization (past 12 months) compared with 0.9% of women without a disability. After adjusting for various demographic factors such as age and ethnicity, women with a disability were 3.3 times more likely than women without a disability to have been raped in the previous 12 months, and men with a disability were 4.2 times more likely than men without a disability to have been made to penetrate a perpetrator in the previous 12 months.¹²

Individuals with Childhood History of Rape: The NISVS found that women with a childhood history of rape were more than two times as likely (35%) to be subsequently raped as adults than women without an early rape history (14%).² Therefore, preventing childhood sexual assault is an important primary prevention strategy for adult sexual assault.

Incarcerated Individuals: The Survey of Sexual Victimization is an annual survey mandated by the Prison Rape Elimination Act of 2003 (PREA). The survey is conducted by the Bureau of Justice Statistics (BJS) to measure the incidence of prison rape based on the official administrative records of a comprehensive array of correctional systems and jails.¹⁷ In 2012, the *National Standards to Prevent, Detect, and Respond to Prison Rape* were implemented. These standards require correctional facilities to educate staff and inmates on sexual victimization, refer all allegations for investigation, track the information collected in the survey, and provide the information upon request. As a result, the number of allegations nearly tripled from 8,768 in 2011, to 24,661 in 2015¹⁸. However, underreporting is still believed to cause lower estimates of the true rates of sexual violence in prisons.

In a survey of 1,788 male inmates in midwestern prisons by *Prison Journal*, about 21% claimed they had been coerced or pressured into sexual activity during their incarceration, and 7% claimed that they had been raped in their current facility¹⁹. A 2018 review article found that the best estimates for lifetime prevalence of sexual assault among incarcerated women were between 56% and 82%, which is between 2.5 and 3.7 times higher than the general population.¹⁴

Individuals with American Indian or Alaska Native, Black, and Multi-Racial Backgrounds: Women of color, especially multi-racial women, have the highest risk of sexual violence victimization when compared to women and men of other races/ethnicities. Nationally, multi-racial women (33.5%), followed by American Indian women (26.9%) had a higher prevalence of rape in their lifetime when compared to Black women (22%), White women (18.8%) or Hispanic women (14.6%). Rates of contact sexual violence followed a similar trend, with 58% of multi-racial women, 49% of American Indian or Alaska Native women, 47.6% of White women, 36.1% of Hispanic women, and 29.5% of Asian or Pacific Islander women reporting contact sexual violence in their lifetime.²

For men, multi-racial (31.6%), Hispanic (26.2%), and Black (22.6%) backgrounds were associated with higher prevalence of sexual violence other than rape compared to men of White (21.5%), American Indian or Alaska Native (20.1%), and Asian or Pacific Islander (15.7%) backgrounds. Racial or ethnic disparities in Rhode Island could not be determined due to small sample sizes.²

Individuals who are Transgender, Non-binary, or Genderqueer: Nationally representative data on sexual violence against transgender, non-binary, and/or genderqueer individuals is scarce. The 2015 US Transgender Survey (USTS) is “the largest survey ever devoted to the lives and experiences of transgender people, with 27,715 respondents across the United States.” Using definitions congruent with the NISVS, the USTS reports that nearly half (47%) of respondents were sexually assaulted during their lifetime compared to 43.6% of US women and 24.8% of US men. In particular, non-binary individuals (58% of those assigned female at birth and 41% of those assigned male at birth) were victimized at the highest rates, followed by trans individuals (51% of those assigned female at birth and 37% of those assigned male at birth) and cisgender individuals (44% of those assigned female at birth and 25% of those assigned male at birth). Overall, individuals assigned female at birth had higher lifetime prevalence of sexual assault than individuals assigned male at birth.¹⁵

Bisexual Women and Gay and Bisexual Men: Bisexual women have the highest lifetime prevalence of rape among all sexual orientation minority groups. Nearly half of bisexual women, compared to one in eight lesbian women and one in six heterosexual women, have been raped in their lifetime. This translates to an estimated 214,000 lesbian women, 1.5 million bisexual women, and 19 million heterosexual women. Gay and bisexual men experience rape other than sexual violence in their lifetime at a rate that is, respectively, two and five times higher than that experienced by heterosexual men. This translates into nearly 1.1 million gay men, 903,000 bisexual men, and 21.6 million heterosexual men.¹⁶

Young People: Primary prevention of sexual violence must prioritize young people. Not only are rates of sexual violence high among young people; victimization is also an individual risk factor for future victimization.² Among female victims of completed rape, an estimated 78.7% were first raped before age 25, with 40.4% experiencing rape before age 18.² In addition, women age 18-24 experienced higher rates of rape and sexual assault compared to women of all other age groups between 1995 and 2013. Females of the same age who are not enrolled in college were 1.2 times more likely to experience these crimes.³ Among male victims who were made to penetrate a perpetrator, an estimated 71% were victimized before age 25, and an estimated 21.3% were victimized before age 18.²

Evaluation

Structures, Functions, and Capacity

The RPE Program includes a Program Manager, a half-time Program Coordinator, a full-time Public Health Associate from CDC's Public Health Associate Program, and an Evaluator. All have been active in the development of the State Action Plan, Logic Model, and Evaluation Plan.

Sub-recipients funded under Rhode Island's RPE grant are represented on the Coalition's Steering Committee and have made significant contributions to the development of this State Action Plan. RIDOH RPE program staff have met with each sub-recipient to review program data that will be collected for evaluation purposes and have created monthly reporting forms to ensure consistent collection of this data. Further, the Steering Committee members attend quarterly meetings which serve as opportunities to share updates with other members on their progress towards program goals. These meetings also allow opportunities to share knowledge and resources across organizations, including newly published reports or data briefs, and evaluation tools that may be valuable for measuring program or coalition successes.

Aligning Potential Indicators and Outcomes

The selection and alignment of potential indicators and outcomes was a four-step process.

- First, anticipated short, intermediate, and long-term outcomes for each of the activities that will be implemented under the current RPE funding were reviewed.
- Selected indicators were cross-walked with CDC's Outcome Indicator Selection Guidance. The *Outcome Indicator Selection Readiness Assessment* tool ensured that there was alignment between outcomes in the Logic Model and Evaluation Plan.
- Using the CDC's Indicator Library and through a review of measures included in the data sources already identified, a list of indicators was generated that would be accessible and useful in measuring progress towards anticipated program outcomes.
- Finally, indicators were reviewed for accuracy using the selection criteria worksheets included in the guidance, and those that were assessed to be accurate and accessible were included and aligned with program activities, their expected outcomes, and their impact on associated risk and protective factors.

See Appendix B for Data Sources and Indicator Alignment Table

Barriers and Challenges

Implementing interventions to affect change at the outer layers of the SEM brings new challenges. The effect of interventions on rates of sexual violence by increasing protective factors and reducing risk factors at the population level is likely to take many years and measurement of these factors is a new endeavor. Some risk and protective factors, such as "general tolerance of sexual violence within the community" are not regularly measured in population surveys at the local or state level, so evaluation of efforts that intend to affect them can be challenging. In addition, with new innovations in community and societal level approaches to sexual violence prevention, determining best practices for evaluation these approaches will remain a natural challenge as the prevention work continues to evolve.

There are also many challenges to conducting sexual violence prevention work that are long-standing, including gaps in data due to under-reporting to law enforcement and other authorities, and the lack of reliable data from colleges regarding instances of sexual violence that take place on their campuses, as student victimization is under-reported for many reasons. Finally, reports of having experienced or perpetrated sexual violence on population surveys like the Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior System (YRBS), are self-reported and likely undercount the true prevalence of sexual violence in our state.

Sources

The process to identify accessible data sources for the evaluation of funded activities began with individual searches followed by a series of meetings among the RPE program staff, to review accessible and relevant data sources. A review of state and community-level surveys helped to build the foundation for a set of data sources that highlight changes in risk and protective factors that may be attributable to program activities in the state. These include population surveys implemented by RIDOH and state-specific datasets available from national surveys like the Census Bureau's American Community Survey. Other national-level surveys, such as the Gay, Lesbian and Straight Education Network's (GLSEN) National School Climate Survey include measures more closely related to outcomes on the outer layers of the SEM. The second step in identifying data sources valuable for evaluating program activities was to meet with sub-recipients to discuss strategy-specific data that may be collected by implementers throughout the project period. These data include qualitative data such as participant feedback, Coalition meeting minutes, types of policy changes affected, records of provision of technical assistance, and records of advocacy and policy change efforts, among others. Quantitative data collected by sub-recipients include, but are not limited to Coalition membership records, number of policy changes affected, participant recruitment, retention and completion records, and number of trainers trained.

Use of Data

RIDOH will create a statewide Sexual Violence Prevention Surveillance System to inform the evaluation of funded prevention efforts. RIDOH's surveillance system will publish data briefs during project years one, three, and five. While this surveillance system will not function to publish data alerts or conduct population surveys, its existence will help the RPE Program and its partners maintain an understanding of the state of sexual violence in Rhode Island by continually assessing existing and newly published data for changes to measures of relevant indicators.

The SVPC's Data Monitoring Work Group will meet throughout the five-year grant to monitor existing data sources for newly published data, conduct annual gap analyses, and identify areas where data availability or quality are lacking. These tasks will require identifying new sources of data that align with indicators selected in our evaluation or that reflect the overall prevalence of sexual violence at the state, county, municipal, school district, or university level. Plans to access additional data sources include: ongoing reviews of the literature, seeking funds to add sexual violence indicator questions to existing surveys, and collaborating with stakeholders to integrate sexual violence indicators into their community health assessments. Maintaining these efforts throughout the five-year grant period will help to address the challenges that the new focus of this work presents.

In addition to the SVPC's analysis of gaps in data, analyses will also be conducted of prevention strategies, with a focus on identifying gaps in state-wide prevention efforts that address risk and protective factors targeted towards vulnerable populations, physical spaces, focus areas, and

layers of the SEM. Identifying these gaps will increase saturation of sexual violence prevention efforts across the state, and inform SVPC members of identified priority areas as external partners seek funding to support additional sexual violence prevention strategies.

Through these efforts, the RIDOH RPE Program and the SVPC will develop a thorough understanding of the prevention efforts being implemented across the state, and data sources available to measure their impact on associated risk and protective factors, and the overall prevalence and impact of sexual violence in the state.

Focus Areas, Objectives, and Strategies for Sexual Violence Prevention

Focus Area 1 - Promote Social Norms that Protect Against Sexual Violence			
Objective 1.1-Increased dissemination of sexual violence prevention messaging in the public sphere			
Strategy 1.1.1	Layer(s) of SEM	Partner(s)	Population
Expansion of the <i>Ten Men Campaign</i> and integration into other sexual violence prevention initiatives	Community	RICADV	State population, primarily male identifying youth and adults
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<ul style="list-style-type: none"> Association with sexually aggressive, hyper-masculine, and delinquent peers General aggressiveness and acceptance of violence Adherence to traditional gender norms Hyper-masculinity and lack of empathy General tolerance of sexual violence within the community Weak community sanctions against sexual violence perpetrators Societal norms that support sexual violence, male superiority, and sexual entitlement and maintain women's inferiority and sexual submissiveness 	<ul style="list-style-type: none"> Affiliation with prosocial peers Empathy and concern for how one's actions affect others Community support/connectedness 	<p>Intimate Partner Violence and Sexual Violence share a number of risk and protective factors, so messaging developed as part of this initiative is likely to have positive impact on sexual violence prevention initiatives as well.</p>	<p>The RPE Program will provide substantive input on the RICADV Advisory Board's current and planned activities to implement social norms SV prevention activities. This includes, but is not limited to, the <i>Ten Men Campaign</i></p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> Program data <ul style="list-style-type: none"> * Number and location of campaigns implemented and intervention reach Rhode Island Uniform Crime Report National Crime Victimization Survey National Crime Victimization Survey School Crime Supplement Providence Youth Experience Survey National Survey of Children's Health RIDE Survey Works Student Surveys GLSEN School Climate Survey

Objective 1.2 - Foster social norms on college campuses that increase protective factors and decrease risk factors towards preventing sexual violence

Strategy 1.2.1	Layer(s) of SEM	Partner(s)	Population
Fund all (two per grant year) Rhode Island colleges/universities to participate in the Culture of Respect Collective Program	Community	Colleges/Universities National Association of Student Personnel Administrators (NASPA)	College administration, faculty, and students
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<ul style="list-style-type: none"> ◦ General aggressiveness and acceptance of violence ◦ General tolerance of sexual violence within the community ◦ Weak community sanctions against sexual violence perpetrators ◦ Weak health, economic, gender, educational, and social policies 	<ul style="list-style-type: none"> ◦ Connection/Commitment to school ◦ Affiliation with prosocial peers ◦ Emotional health and connectedness ◦ Community support/connectedness ◦ Coordination of resources and services among community agencies 	<p>Culture of Respect boasts a curated list of theory-driven and evidence-based sexual violence prevention programs available to higher education institutions.</p>	<p>The RPE Program will fund two Rhode Island colleges that are members of the Cross-Campus Learning Collaborative to participate in the two-year Culture of Respect Collective program administered by NASPA</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> ◦ Program data <ul style="list-style-type: none"> * Number of peer-led learning sessions to educate the college campus on SV * Number of programs and/or policy changes implemented ◦ Results of Campus Climate Surveys ◦ Clery Act Reports ◦ Rhode Island Uniform Crime Report ◦ National Crime Victimization Survey ◦ National Crime Victimization Survey School Crime Supplement ◦ Providence Youth Experience Survey ◦ National Survey of Children's Health ◦ RIDE Survey Works student surveys ◦ GLSEN School Climate Survey

Strategy 1.2.2	Layer(s) of SEM	Partner(s)	Population
Sustain Rhode Island Cross-Campus Collaborative on Sexual Violence	Community	Colleges/Universities Day One	College administrators
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<ul style="list-style-type: none"> ○ General tolerance of sexual violence within the community ○ Weak community sanctions against sexual violence perpetrators ○ Weak health, economic, gender, educational, and social policies 	<ul style="list-style-type: none"> ○ Affiliation with prosocial peers ○ Emotional health and connectedness ○ Community support/connectedness ○ Coordination of resources and services among community agencies 	<p>The Rhode Island Cross Campus Collaborative provides opportunities for higher education professionals engaged in sexual violence prevention to share experiences in implementing sexual violence prevention programming at their campuses. Their reported successes, challenges, and barriers can inform and improve the efficacy of programming among institutions of higher education.</p>	<p>The RPE Program will support staffing the Rhode Island Cross-Campus Collaborative for SV Prevention. The Collaborative is a voluntary group of front-line staff with lead responsibility for SV programming and student services on their respective college campuses. The Collaborative meets monthly at rotating locations on the various campuses.</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> ○ Program data <ul style="list-style-type: none"> * Number of meetings held * Meeting agendas * Participant feedback forms ○ Results of Campus Climate Surveys ○ Clery Act Reports ○ Rhode Island Uniform Crime Report ○ National Crime Victimization Survey ○ Providence Youth Experience Survey ○ National Survey of Children’s Health ○ RIDE Survey Works student surveys ○ GLSEN School Climate Survey

Focus Area 2 - Teach Skills to Prevent Violence

Objective 2.1 - Support the implementation of training programs that will increase protective behaviors and decrease risk behaviors related to sexual violence

Strategy 2.1.1	Layer(s) of SEM	Partner(s)	Population
Expand the implementation of Emotional Regulation Workshops in middle schools	Individual	Rhode Island Student Assistance Services Rhode Island Hospital Rhode Island Department of Education (RIDE)	Middle school students
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<ul style="list-style-type: none"> General aggressiveness and acceptance of violence Hyper-masculinity and lack of empathy General tolerance of sexual violence within the community Weak sanctions against sexual violence perpetrators Societal norms that support sexual violence, male superiority, and sexual entitlement and maintain women's inferiority and sexual submissiveness 	<ul style="list-style-type: none"> Affiliation with prosocial peers Emotional health and connectedness Empathy and concern for how one's actions affect others Community support/connectedness Access to mental health and substance abuse services Coordination of resources and services among community agencies 	<p>The Emotional Regulation workshop developed by Dr. Chris Houck, a staff psychologist at Rhode Island Hospital and Faculty at Brown University, is a promising strategy for enhancing adolescents' ability to resist highly emotional reactions to upsetting stimuli, to calm oneself down when upset, to adjust to a change in expectations, and to handle frustrations without an outburst.</p>	<p>The RPE is funding Dr. Houck to implement a 12-week emotional regulation workshop program in four Rhode Island middle schools in collaboration with Rhode Island's CDC-funded Core Violence and Injury for State's Program's (VIPP). VIPP currently funds workshops in four other middle schools with planned expansion to more middle schools.</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> Program data <ul style="list-style-type: none"> * Number of students participating * Completion rates * Fidelity checklists * Pre/Post surveys National Crime Victimization Survey National Crime Victimization Survey School Crime Supplement Providence Youth Experience Survey National Survey of Children's Health

			<ul style="list-style-type: none"> o RIDE Survey Works Student Surveys o GLSEN School Climate Survey o BRFSS o YRBS
Focus Area 3 - Provide Opportunities to Empower and Support Girls and Women			
Objective 3.1 - Increase widespread adoption of program designed to support and empower women of all ages			
Strategy 3.1.1	Layer(s) of SEM	Partner(s)	Population
Expand the implementation of Young Voice of Rhode Island Youth Leadership Project	Community Societal	Young Voice of Rhode Island	Young women of color
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<ul style="list-style-type: none"> o General aggressiveness and acceptance of violence o General tolerance of sexual violence within the community o Weak sanctions against sexual violence perpetrators o Societal norms that support sexual violence, male superiority, and sexual entitlement and maintain women's inferiority and sexual submissiveness o Poverty o Lack of institutional support from police and judicial system o Lack of employment opportunities 	<ul style="list-style-type: none"> o Affiliation with prosocial peers o Emotional health and connectedness o Empathy and concern for how one's actions affect others o Community support/connectedness 	<p>An outcome evaluation of the Young Voices of Rhode Island leadership training showed that girls who complete the program expressed greater self-efficacy to speak up for themselves and to take a stand on issues that affected them personally. It has been demonstrated by other organizations that invest in girls' empowerment programming that foster cultural and community engagement may improve girls' educational and occupational opportunities, contribute to the status and influence</p>	<p>The RPE will fund Young Voices of Rhode Island to provide leadership training for 25 adolescent girls in two high-poverty urban cities each year. Young Voices of Rhode Island will also provide participants with a minimum of one public speaking opportunity per month to be heard on issues related to SV perpetration and victimization. If scheduling difficulties are encountered, participants will do a minimum of four public speaking events per year.</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> o Young Voices Rhode Island Evaluation Plan data o American Community Survey o Clery Act Reports o Rhode Island Uniform Crime Report o National Crime Victimization Survey o National Crime Victimization Survey School Crime Supplement

		of women in society, and potentially reduce the risk for SV given the associations between gender inequality, low, socio-economic status and educational/ occupational status of women.	National Crime Victimization Survey Victim Supplement Providence Youth Experience Survey National Survey of Children's Health RIDE Survey Works Student Surveys GLSEN School Climate Survey YRBS
Strategy 3.1.2	Layer(s) of SEM	Partner(s)	Population
Expand the implementation of YWCA's Girls Circle empowerment	Community Societal	YWCA of RI	Middle/High school, female-identifying students
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<ul style="list-style-type: none"> ○ Poverty ○ Lack of employment opportunities ○ Lack of institutional support from police and judicial system ○ General tolerance of sexual violence within the community ○ Weak health, economic, gender, educational, and social policies 	<ul style="list-style-type: none"> ○ Affiliation with prosocial peers ○ Emotional health and connectedness ○ Community support/connectedness ○ Coordination of resources and services among community agencies 	<p>The Girls Circle is listed on the Program Office of Justice Programs National Criminal Justice Reference Service and on the previously available SAMHSA National Registry of evidence-based programs.</p> <p>A rigorously designed study has demonstrated effectiveness of Girls Circle in reducing delinquency for girls.</p> <p>Girls Circle has showed significantly greater reductions in recidivism, and increase in condom use, educational aspirations, and educational expectations.</p>	<p>RPE will expand the reach of the Girls Circle Program offered by the YWCA of Rhode Island. The Girls Circle Program is an after-school program serving girls age 9-17. Girls Circles are most often held weekly for 1.5-2 hours. The groups are led by trained facilitators. The RPE Program staff will expand the Girls Circle Program by training community leaders to offer the program in three of Rhode Island's high poverty core cities (Pawtucket, Providence, and Central Falls).</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> ○ Program data ○ * Girls Circle Evaluation Tool ○ American Community Survey ○ National Crime Victimization Survey ○ National Crime Victimization Survey Victim Supplement ○ Providence Youth Experience Survey

			<ul style="list-style-type: none"> o National Survey of Children’s Health o RIDE Survey Works Student Surveys o GLSEN School Climate Survey o BRFSS
Strategy 3.1.3	Layer(s) of SEM	Partner(s)	Population
Establish Civic Leadership Coalition and expand Community Health Worker (CHW) training program for women of color in Newport	Community	Newport HEZ Women’s Resource Center	Women of color living in Newport
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<ul style="list-style-type: none"> o Poverty o Lack of employment opportunities o Lack of institutional support from police and judicial system o Weak health, economic, gender, educational, and social policies o High levels of crime and other forms of violence 	<ul style="list-style-type: none"> o Community support and connectedness o Emotional health and connectedness o Coordination of resources and services among community agencies o Access to mental health and substance abuse services 	All three initiatives in Newport support Rhode Island’s investment to create protective communities to increase economic empowerment and economic security in communities of color and reduce SV committed against women of color.	<p>The RPE Evaluator and Program Coordinator will work with the Newport HEZ to implement and evaluate a place-based saturation approach that will build a community resilience model in an economically stressed racial/ethnic minority community in the north end of Newport. The three RPE funded initiatives are 1) Women of Color Community Collective; 2) Women of Color Health Project; 3) Support for one additional Community Health Worker (CHW) to participate in the existing CHW Fellowship Program which provides an opportunity to become a credentialed health worker.</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> o American Community Survey o Rhode Island Uniform Crime Report o National Intimate Partner and Sexual Violence Survey o National Crime Victimization

			Survey National Crime Victimization Survey Victim Supplement Providence Youth Experience Survey National Survey of Children's Health RIDE Survey Works student surveys GLSEN School Climate Survey BRFSS Racial Discrimination Module
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Focus Area 4 - Create Protective Environments

Objective 4.1 - Increased opportunity for inclusion and integration of transgender individuals into mainstream society through implementation of equitable policies and provision of empowerment and social cohesion activities.

Strategy 4.1.1	Layer(s) of SEM	Partner(s)	Population
Establish Rhode Island Transgender Policy Coalition	Community Societal	Woonsocket and West Warwick Health Equity Zones Thundermist Transgender Policy Coalition	Rhode Island transgender community
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<ul style="list-style-type: none"> ⊗ Lack of institutional support from police and judicial systems ⊗ General tolerance of sexual violence within the community ⊗ Weak community sanctions against sexual violence perpetrators ⊗ Weak health, economic, gender, educational, and social policies 	<ul style="list-style-type: none"> ⊗ Community support/ connectedness ⊗ Coordination of resources and services among community agencies 	<p>The policies or gaps in policies that negatively impact economic, workforce, housing, and educational environments identified by the Coalition and their recommended and implemented remedies will aim to reduce the impact of weak health, economic, gender, educational, and social policies that</p>	<p>The Rhode Island Transgender Policy Coalition will be an advocacy group led by people who identify as transgender and include representatives from agencies with significant history of serving transgender individuals. The Coalition will identify existing policies or policy gaps that negatively impact the economic, workforce, housing and educational environments of transgender individuals, develop policy proposals to improve identified</p>

		are a risk factor for sexual violence.	environmental areas, advocate for policy implementation and/or change, and evaluate the impact of policy changes. <u>Data Sources</u> <ul style="list-style-type: none"> o Program data <ul style="list-style-type: none"> * Policies created * Policies improved * Number of individuals impacted o National Intimate Partner and Sexual Violence Survey o National Crime Victimization Survey o National Crime Victimization Survey Victim Supplement o Providence Youth Experience Survey o National Survey of Children's Health o RIDE Survey Works student surveys o GLSEN School Climate Survey o BRFSS Gender and Sexual Identity Module o US Transgender Survey
Strategy 4.1.2	Layer(s) of SEM	Partner(s)	Population
Provide technical assistance on serving transgender individuals to employers, workforce development programs, and housing providers	Community Societal	Thundermist Transgender Policy Coalition	Rhode Island transgender community
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<ul style="list-style-type: none"> o General aggressiveness and acceptance of violence o Adherence to traditional gender role norms o Poverty 	<ul style="list-style-type: none"> o Community support/connectedness o Coordination of resources and services among 	Discrimination against transgender individuals is a common barrier in searches for employment and housing. The provision of technical assistance from	These efforts will be led by the Transgender Policy Analyst who will coordinate the Transgender Policy Coalition. They will work with the Coalition to identify entities and individuals who may benefit from technical assistance.

<p>Lack of employment opportunities</p> <p>Lack of institutional support from police and judicial system</p> <p>General tolerance of sexual violence within the community</p> <p>Weak community sanctions against sexual violence perpetrators</p> <p>Weak health, economic, gender, educational, and social policies</p>	<p>community agencies</p>	<p>subject matter experts with lived experience to individuals and entities who oversee hiring processes, workforce development opportunities and housing eligibility and applications will improve the safety of housing and workplaces for transgender individuals in Rhode Island.</p>	<p><u>Data Sources</u></p> <p>Program data</p> <ul style="list-style-type: none"> * Number of entities/ individuals reached * Records of types of TA provided * Meeting notes/agendas * Monthly invoices <p>American Community Survey National Intimate Partner and Sexual Violence Survey National Crime Victimization Survey National Crime Victimization Survey Victim Supplement National Crime Victimization Survey School Crime Supplement Providence Youth Experience Survey National Survey of Children's Health RIDE Survey Works student surveys GLSEN School Climate Survey BRFSS Gender and Sexual Identity Module YRBS US Transgender Survey</p>
Strategy 4.1.3	Layer(s) of SEM	Partner(s)	Population
<p>Support transgender youth via school-based initiatives in targeted Rhode Island school districts</p>	<p>Community</p>	<p>Woonsocket and West Warwick Health Equity Zones</p> <p>Thundermist</p> <p>Transgender Policy Coalition</p>	<p>LGBTQ youth</p>
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<p>General aggressiveness and acceptance of</p>	<p>Affiliation with</p>	<p>The West Warwick HEZ has identified</p>	<p>The RPE Evaluator and Program Coordinator will work</p>

<p>violence</p> <p>Adherence to traditional gender role norms</p> <p>General tolerance of sexual violence within the community</p> <p>Weak community sanctions against sexual violence perpetrators</p> <p>Weak health, economic, gender, educational, and social policies</p>	<p>prosocial peers</p> <p>Emotional health and connectedness</p> <p>Community support/connectedness</p>	<p>that reducing the effects of traumatic stress for students is a top priority. Its goal is to create a trauma-informed school community by 2021. The Woonsocket HEZ has identified that increased sexual health education in high school is a top priority for their community.</p>	<p>with the Thundermist Health Center Policy Analyst and the HEZs in the cities of Woonsocket and West Warwick to identify school-based initiatives toward meeting the goals/needs identified by the HEZs.</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> Program data <ul style="list-style-type: none"> * Number of meetings held * Number of participants * Meeting notes/agendas * Plans/Timelines * Monthly invoices National Intimate Partner and Sexual Violence Survey National Crime Victimization Survey National Crime Victimization Survey School Crime Supplement Providence Youth Experience Survey National Survey of Children’s Health RIDE Survey Works student surveys GLSEN School Climate Survey BRFSS YRBS US Transgender Survey
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Objective 4.2 -Universally adopted approach to Title IX issues and prevention and response to sexual violence in Rhode Island public schools

Strategy 4.2.1	Layer(s) of SEM	Partner(s)	Population
Provide Title IX training to all Rhode Island school districts	Community	RIDE The NCHERM Group (TNG)	School administrators/faculty
Risk Factors	Protective Factors	Rationale/Evidence	Implementation

<p>General tolerance of sexual violence within the community</p> <p>Weak community sanctions against sexual violence perpetrators</p> <p>Weak health, economic, gender, educational, and social policies</p>	<p>Coordination of resources and services among community agencies</p> <p>Access to mental health and substance abuse services</p>	<p>Schools are one of the primary environments where instance of sexual/dating violence among youth take place yet may go unreported. Rhode Island public schools should take a universal approach to implementing and enforcing policies for their students around domestic violence to guarantee that all Rhode Island public students receive equitable treatment regardless of district. The related requirements enacted through the US Department of Education's Office of Civil Rights under Title IX applies to all K-12 schools that receive federal funding, with additional state requirements under the <i>Rhode Island Safe School Act</i> related to school violence including harassment, bullying, and teen dating violence. A brief online review of 100 Rhode Island K-12 school handbooks/policies in 10 districts showed only marginal compliance in two districts.</p>	<p>The RPE Program staff will work with the TNG to provide Title IX Administrator Coordinator training to administrators and faculty in RI's 36 public school districts. The goal is to have a trained Title IX Coordinator in 75% of public schools by the end of the funding period.</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> Program data <ul style="list-style-type: none"> * Training documentation/content * Number of participating school districts * Training exit surveys * Follow-up reviews of school handbooks National Intimate Partner and Sexual Violence Survey National Crime Victimization Survey National Crime Victimization Survey School Crime Supplement Providence Youth Experience Survey National Survey of Children's Health RIDE Survey Works student surveys GLSEN School Climate Survey BRFSS Gender and Sexual Identity Module YRBS
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Strategy 4.2.2	Layer(s) of SEM	Partner(s)	Population
Design and implement K-12 sexual violence curriculum	Community	Day One SVPC RIDE	School-aged youth
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<ul style="list-style-type: none"> General aggressiveness and acceptance of violence General tolerance of violence within the community Societal norms that support sexual violence, male superiority, and sexual entitlement and maintain women's inferiority and sexual submissiveness Weak health, economic, gender, educational, and social policies 	<ul style="list-style-type: none"> Connection/commitment to school Affiliation with prosocial peers Emotional health and connectedness Empathy and concern for how one's actions affect others Community support/connectedness 	<p>There is currently no developed curriculum for Rhode Island schools to guide them in delivering sexual violence prevention education to students. The developed curriculum will assist and enhance Rhode Island school district's staff implementation of SV prevention programs and integration into existing family life/sexuality/HIV-AIDS education required by RIDE.</p>	<p>RPE Program is developing a comprehensive, K-12, age-appropriate education curriculum with external stakeholders. Primary sources of information on curriculum development and implementation will include: available curriculums from other states, curriculum guide design expertise from educators, and subject matter expertise from Day One staff</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> Program data <ul style="list-style-type: none"> * Information sources * Monthly invoices National Intimate Partner and Sexual Violence Survey National Crime Victimization Survey National Crime Victimization Survey School Crime Supplement Providence Youth Experience Survey National Survey of Children's Health RIDE Survey Works student surveys GLSEN School Climate Survey YRBS
<p>Objective 4.3 - Create an approach to statewide sexual violence prevention that addresses unmet primary prevention needs of the most vulnerable populations that are disproportionately affected by sexual violence.</p>			
Strategy 4.3.1	Layer(s) of SEM	Partner(s)	Population

<p>Create the Rhode Island Sexual Violence Prevention Coalition (SVPC) to identify, engage, and address the needs of the populations in Rhode Island who are at highest risk for sexual violence.</p>	<p>Community Societal</p>	<p>SVPC Steering Committee Members SVPC Members Community Members</p>	<p>Individuals with disabilities Homeless youth Recently incarcerated individuals Refugees/New Immigrants Undocumented immigrants Indigenous population</p>
<p>Risk Factors</p>	<p>Protective Factors</p>	<p>Rationale/Evidence</p>	<p>Implementation</p>
<ul style="list-style-type: none"> ◦ General tolerance of sexual violence within the community ◦ Weak community sanctions against sexual violence perpetrators ◦ Societal norms that support sexual violence, male superiority, and sexual entitlement and maintain a women’s inferiority and sexual submissiveness ◦ Weak health, economic, gender, educational, and social policies ◦ High levels of crime and other forms of violence 	<ul style="list-style-type: none"> ◦ Community support and connectedness ◦ Coordination of resources and services among community agencies 	<p>The most effective and meaningful change happens when it is informed by the experiences and knowledge of the population it aims to affect. Building a diverse and representative coalition of survivors, advocates, healthcare, and public health professionals, and representatives of vulnerable populations, the SVPC can ensure its activities are well aligned with the needs of those at highest risk for sexual violence.</p>	<p>The SVPC will work to invite representatives of vulnerable populations to participate as members of the SVPC.</p> <p>Focus group(s) will be held with members of vulnerable and disproportionately affected populations to gauge their lived experiences and perceived needs as it relates to sexual violence prevention.</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> ◦ Focus group and stakeholder interview results ◦ Meeting minutes ◦ Coalition membership records ◦ Rhode Island Uniform Crime Report ◦ American Community Survey ◦ National Intimate Partner and Sexual Violence Survey ◦ National Crime Victimization Survey ◦ National Crime Victimization Survey -School Supplement ◦ National Crime Victimization Survey Victim Supplement

			<ul style="list-style-type: none"> Providence Youth Experience Survey National Survey of Children's Health RIDE Survey Works student surveys GLSEN School Climate Survey BRFSS YRBS US Transgender Survey
Strategy 4.3.2	Layer(s) of SEM	Partner(s)	Population
Create and update the <i>Rhode Island State Action Plan for Sexual Violence Prevention</i>	Societal	SVPC	State of Rhode Island
Risk Factors	Protective Factors	Rationale/Evidence	Implementation
<ul style="list-style-type: none"> ○ General aggressiveness and acceptance of violence ○ Lack of institutional support from police and judicial system ○ General tolerance of sexual violence within the community ○ Weak community sanctions against sexual violence perpetrators ○ Societal norms that support sexual violence, male superiority, and sexual entitlement and maintain a women's inferiority and sexual submissiveness ○ Weak health, economic, gender, educational, and social policies ○ High levels of crime and 	<ul style="list-style-type: none"> Community support and connectedness Coordination of resources and services among community agencies 	<p>Creating a publicly available and consumable State Action Plan will educate the public on primary prevention as it applies to the outer layers of the SEM <i>and</i> existing sexual violence prevention work being conducted, and inform them of strategies needing funding and implementation that have the potential to make meaningful change in reducing the prevalence of sexual violence.</p>	<p>The SVPC will develop additions to this State Action Plan that incorporate findings from the needs assessment of vulnerable and disproportionately affected populations.</p> <p><u>Data Sources</u></p> <ul style="list-style-type: none"> ○ Records of: <ul style="list-style-type: none"> * Strategies developed * Strategies funded * Strategies implemented <ul style="list-style-type: none"> Rhode Island Uniform Crime Report American Community Survey National Intimate Partner and Sexual Violence Survey National Crime Victimization Survey National Crime Victimization Survey -School Supplement National Crime Victimization Survey Victim Supplement Providence Youth Experience Survey

other forms of violence			National Survey of Children's Health RIDE Survey Works student surveys GLSEN School Climate Survey BRFSS YRBS US Transgender Survey
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Conclusion

Sustainability Plan

The SVPC will work to sustain existing efforts for the primary prevention of sexual violence throughout the state. The Coalition will function, in part, to inform partners about potential funding and collaborative opportunities for sexual violence prevention as they arise and/or are needed. The SVPC will take special interest in seeking out opportunities to engage, identify funding for, and implement strategies that target the vulnerable populations identified in this plan. This function of the Coalition is vital to sustaining the efforts outlined in this Plan, but also ensure that the scope of sexual violence primary prevention work is not limited to what is funded by RIDOH's RPE Program.

There are also elements of the strategies included in this Action Plan that leverage other funding sources, such as the expansion of the Ten Men Campaign, which is implemented by RICADV and supported by DELTA Impact funding. Whenever possible, partners will seek diverse funding sources in order to sustain existing efforts and build capacity for the implementation of additional and future efforts. Finally, the SVPC will seek opportunities to pool resources and create braided funding streams to support the ongoing implementation of primary prevention efforts at the outer layers of the SEM.

Resources

Resource options for both survivors and advocates are available on the local, state and national level. The Rape, Abuse and Incest National Network hosts an extensive list of national resources on their website, including the 24-hour National Sexual Assault Hotline, which connects survivors to resources in their area and provides them with crisis support if needed. Additionally, the National Sexual Violence Resource Center (NSVRC) provides helpful information and can assist in connecting a survivor or advocate with local resources. Locally, Day One, the sexual assault and trauma resource center, is dedicated exclusively to survivors of sexual violence. Day One provides advocacy, clinical services, training, support groups, and referrals to additional services. The Victims of Crime Helpline, in partnership with Blackstone Valley Advocacy Center and RICADV, provides assistance 24 hours a day to victims of sexual assault, domestic violence, human trafficking, and other forms of crime. Friends, family, and advocates concerned about a victim's health or safety are welcome to call the Helpline for resources or information. Sojourner House in Providence also offers survivor support and counseling services residential programs, and HIV/STD testing.

Appendix A: Acronym Key

BHDDH	Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals
BVAC	Blackstone Valley Advocacy Center
CAC	Children’s Advocacy Center
CDC	Centers for Disease Control and Prevention
CHW	Community Health Worker
CMHC	Community Mental Health Centers
COC	Continuum of Care
DCYF	Department of Children, Youth, and Families
DEA	Department of Elderly Affairs
DELTA	Domestic Violence Prevention Enhancements and Leadership Through Alliance
DHS	Department of Human Services
EOHHS	Executive Office of Health and Human Services
HEZ	Health Equity Zones
HUD	Department of Housing and Urban Development
NASPA	National Association of Student Personnel Administrators
NCHERM (TNG)	The National Center for Higher Education Risk Management (The NCHERM Group)
NCIPN	The Northeast and Caribbean Injury Prevention Network
NEARI	National Education Association Rhode Island
NECAT	New England Coalition Against Trafficking
NMHC	National Multifamily Housing Council
NSVRC	National Sexual Violence Resource Center
RAINN	Rape, Abuse, and Incest National Network

RIAG	Rhode Island Office of the Attorney General
RIASP	Rhode Island Association of School Principals
RICADV	Rhode Island Coalition Against Domestic Violence
RIDE	Rhode Island Department of Education
RIDOH	Rhode Island Department of Health
RISP	Rhode Island State Police
RPE	Rape Prevention and Education
VOCA	Victims of Crime Act

Appendix B: Data Sources and Indicator Alignment

	Data Source	Alignment with Indicators	Publishing Frequency/Availability
National	US Census American Community Survey	<p><u>Indicators:</u> <u>Social Characteristics</u> Education, Marital Status, School Enrollment, Education <u>Economic Characteristics</u> Income, Employment, Occupation, Health Insurance, Percent of population living at or below poverty <u>Housing Characteristics</u> Occupancy and Structure, Housing Value, and Costs <u>Demographic Characteristics</u> Sex and Age, Race, Hispanic Origin, Voting Age Population (age 18 and older by gender)</p>	The American Community Survey collects data on an ongoing basis. Depending on the indicator and level of geography (city/town, ZIP code, census tract) data may be available for a single year or as three-year or five-year aggregated data.
	National Crime Victimization Survey (Including supplemental questionnaires)	<p><u>Indicators:</u> Criminal victimization by rape or sexual assault reported to police, perceptions of law enforcement response and support, violence in schools, crime in neighborhoods, employment status</p> <p>Demographic variables enable analysis by sub-populations.</p>	<p>Annual data collection conducted by the US Census Bureau for the Bureau of Justice Statistics (BJS). Data collection ongoing. Level of geography: national and state Raw data obtained through data use agreement from the Inter-University Consortium for Political and Social Research (ICPSR) https://www.icpsr.umich.edu/icpsrweb/NACJD/NCVS/</p>
	National Intimate Partner and Sexual Violence Survey	<p><u>Indicators:</u> Intimate partner violence, sexual violence, and stalking victimization</p> <p>Demographic variables enable analysis by sub-populations.</p>	<p>Data collection ongoing. Level of geography: national and state Full report (2010) and data brief (2015) available Raw data obtained through data use agreement from the ICPSR</p>

	National Survey of Children's Exposure to Violence	<p><u>Indicators:</u> Past-year and lifetime exposure to violence for children age 17 and younger (e.g. child maltreatment, victimization by peers and siblings; sexual victimization, witnessing and indirect victimization, including exposure to community, family school violence.</p> <p>Demographic variables enable analysis by sub-populations.</p>	<p>Conducted by the Office of Juvenile Justice and Delinquency Prevention and CDC. Data collection: 2008; 2011; 2014. Possibly future iterations of survey. Data are available at the National Archive of Criminal Justice Data</p>
	National Survey of Children's Health	<p><u>Indicators:</u> Adverse Childhood Experiences (ACEs) among children age 17 and younger (e.g., Saw or heard violence in the home; victim/witness of neighborhood violence) Demographic variables enable analysis by sub-populations.</p>	<p>Data collection: 2003; 2007; 2011/2012; 2016/2017 Level of geography: national and state Possibly future iterations of survey. Data are accessed through the US Census Bureau or the Child and Adolescent Health Measurement Initiative</p>
	US Transgender Survey	<p><u>Indicators:</u> Verbally harassed, physically attacked and/or sexually assaulted because of gender identity or expression Analyses can be conducted by content area: employment, education, housing, healthcare, interactions with police.</p>	<p>Conducted by the National Center for Transgender Equality. This is the largest survey ever devoted to the lives and experiences of transgender people, with 27,715 respondents across the United States.</p> <p>Data collection: 2011, 2015 To be collected again in 2020 Level of geography: national, state Data are requested through data use agreement from the National Center for Transgender Equality http://www.ustranssurvey.org/data-requests-2</p>

	Gay Lesbian and Straight Education Network (GLSEN) school climate surveys	<p><u>Indicators:</u> School safety exposure to biased language, experiences of harassment and assault at school, experiences of discrimination at school, hostile school climate, educational outcomes, and psychological well-being Availability of school-based resources and supports school climate</p> <p>Demographic variables enable analysis by sub-populations.</p>	<p>Conducted by Gay Lesbian and Straight Education Network (GLSEN)</p> <p>Data collection; Biennial (odd years only; began in 1999)</p> <p>Level of geography: National</p> <p>Raw data not available. Data summarized in publicly available reports. See example: Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). The 2017 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools. New York: GLSEN</p>
Rhode Island/Local	Rhode Island Youth Risk Behavior Survey	<p><u>Indicators:</u> Risk and protective factors associated with behaviors that contribute to unintentional injury and violence, sexual behaviors, and alcohol and drug use.</p> <p>Demographic variables enable analysis by sub-populations.</p>	<p>Conducted by RIDOH in coordination with CDC</p> <p>Data collection: Biennial (odd years only)</p> <p>Level of geography: Statewide Data are requested through RIDOH's Center for Health Data and Analysis</p>
	Annie E. Casey Foundation Youth Experience Survey (Providence school surveys)	<p><u>Indicators:</u> Community level <i>protective factors</i>, opportunities for pro-social involvement in community, rewards for pro-social involvement in community Collective efficacy: informal social control</p> <p><i>Risk factors</i> Low neighborhood attachment, community disorganization, transitions and mobility, perceived racism and/or discrimination</p>	<p>Conducted by: Providence Public School Department's Office of Research, Planning, and Accountability</p> <p>Data collection: Every other year (even years only)</p> <p>Level of geography: City of Providence (public middle and high schools)</p> <p>Data are requested through Dr. Marco Andrade, Director, Office</p>

		Demographic variables enable analysis by sub-populations.	of Research, Planning and Accountability
Rhode Island Dept. of Education (RIDE) SurveyWorks (Grades 6-12)	<p><u>Indicators:</u> <i>Protective factors</i> Attachment to school, emotional well-being</p> <p><i>Risk factors</i> Bullying at school, cyber-bullying, recent depression, teen dating violence</p>	<p>Conducted by Rhode Island Department of Education</p> <p>Data collection: Annual</p> <p>Level of geography: Statewide (all public schools elementary through high school)</p> <p>Data are requested through Margaret Votta, Rhode Island Department of Education</p>	
RIDOH Hospital Discharge Data and Emergency Department (ED) visit data	<p><u>Indicators:</u> Primary (or secondary) diagnosis of adult and child sexual assault, encounter for examination and observation following alleged adult rape (ICD-9-CM and ICD-10-CM billable codes)</p> <p>Demographic characteristics enable analysis by sub-populations.</p>	<p>Data collection: Annual release of data from Rhode Island's 11 acute-care hospitals, two psychiatric hospitals, and one rehabilitation hospital. Data release in a current calendar year are for the prior calendar year (e.g., 2018 data release are for 2017).</p> <p>Level of geography: statewide, zip code, and census tract ZIP</p>	
Rhode Island All-Payer ED database	<p><u>Indicators:</u> See above for ED visit data</p>	<p>Data collection: Ongoing from Rhode Island's 11 acute-care hospitals</p> <p>Level of geography: statewide</p>	

	<p>RIDOH Syndromic Surveillance Emergency Department visit data</p>	<p><u>Indicators:</u> Sexual violence and intimate partner violence Demographic variables enable analysis by sub-populations.</p>	<p>The National Syndromic Surveillance System (NSSP) and CDC's Division of Violence Prevention developed a syndromic definition (data query) for sexual violence and intimate partner violence. The Rhode Island Syndromic Surveillance System provides near real-time data on most ED visits as reported by hospitals Data collection ongoing. Level of geography: statewide and ZIP code</p> <p>https://www.surveillancerepository.org/intimate-partner-violence-v1-cdc</p>
	<p>Rhode Island Violent Death Reporting System (RIVDRS)</p>	<p><u>Indicators:</u> Mechanisms of injury, location of death, toxicology information (blood alcohol or drug content), circumstances preceding the deaths (e.g., physical and mental health problems, job loss, family stressors, interpersonal relationships) Demographic variables enable analysis by sub-populations.</p>	<p>As of 2014, CDC funds 32 state health departments to implement the National Violent Death Reporting System (NVDRS), including Rhode Island. http://www.rimed.org/rimedicaljournal/2015/08/2015-08-36-health-jiang.pdf Data collection: Ongoing Level of geography: statewide, ZIP code, and census tract</p>
	<p>RIDOH Office of State Medical Examiner's Child Death Data</p>	<p><u>Indicators:</u> Sudden, unexpected or violent death of children age 17 and younger, including child homicide victims</p>	<p>Data are requested from the Rhode Island Medical Examiner's office. Collection: Ongoing Level of geography: statewide (due to small numbers at lower levels of geography)</p>

	<p>The Rhode Island Department of Children, Youth, and Family Services (DCYF) Rhode Island Children's Information System (RICHIST)</p>	<p><u>Indicators:</u> Child abuse and neglect, other child welfare outcomes, Information on personal and familial characteristics of cases enable analysis by subpopulations if sample size is enough</p>	<p>RICHIST is an automated information system to record services provided to clients and the state Collection: Ongoing Level of geography: statewide</p>
	<p>Rhode Island Behavioral Risk Factor Surveillance System (BRFSS)</p>	<p><u>Indicators:</u> Sexual orientation and gender identity (State added optional module in 2015 and ongoing); Racial discrimination (State added optional module in 2019) <u>Core indicator:</u> Health-related quality of life (asked in all years) Demographic variables enable analysis by sub-populations.</p>	<p>Annual statewide survey Collection: Ongoing Level of geography: statewide</p>
	<p>Rhode Island Pregnancy Risks-Assessment Monitoring System (PRAMS)</p>	<p><u>Indicators:</u> Prenatal care stress, domestic violence, and maternal depression before, during and after pregnancy, infant mortality and morbidity, and maternal morbidity Demographic variables enable analysis by sub-populations.</p>	<p>Annual statewide survey; ongoing Currently available: 2012 to 2015 (released in 2018) Phase 8: 2016-2019 (pending) Level of geography: statewide and city/town</p>
	<p>The Campus Safety and Security Data (College Clery Act Reports)</p>	<p><u>Indicators:</u> Sexual and interpersonal violence, including rape, attempted rape, coercion Demographic variables on sexual orientation and gender enable analysis by sub-populations</p>	<p>Annual data from public and private two-year and four-year colleges and universities downloaded from public domain website Level of geography: college/university https://ope.ed.gov/campussafety/#/</p>

Appendix C: Resources and Contact List

National		
RAINN	https://www.rainn.org/	800-646-HOPE (24 hour)
NSVRC	https://www.nsvrc.org/	n/a
Local		
Day One	https://www.dayoneri.org/	401-421-4100
Sojourner House	http://www.sojournerri.org/	401-765-3232
Victims of Crime Helpline	https://www.helplineri.com/	800-454-8100 (24 hour)

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⁴ What Consent Looks Like. (2019). Retrieved October 2, 2019, from RAINN website: <https://www.rainn.org/articles/what-is-consent>

⁵ Deborah Tuerkheimer. (2015). Affirmative Consent. *Ohio State Journal of Criminal Law*, 13(2), 441–468.

⁶ Basile, K.C., DeGue, S., Jones, K., Freire, K., Dills, J., Smith, S.G., Raiford, J.L. (2016). *STOP SV: A Technical Package to Prevent Sexual Violence*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

⁷ Association for the Treatment of Sexual Abusers. (n.d.). Sexual Violence Prevention Fact Sheet. Retrieved from <http://www.atsa.com/sexual-violence-prevention-fact-sheet>.

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¹¹ Risk and Protective Factors. (National Sexual Violence Resource Center). Retrieved from <https://www.nsvrc.org/risk-and-protective-factors>

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