State Action Plan

The Washington State Action Plan (SAP) is a companion document to Washington's Sexual Violence Prevention Plan (SVPP). The SAP aligns the goals of the SVPP to the objectives of the Notice of Funding Opportunity (NOFO) number CE19-1902.

The SAP was developed by The Washington State Department of Health, in partnership with the Department of Commerce's Office of Crime Victim's Advocacy (OCVA) and the Washington Coalition of Sexual Assault Programs (WCSAP).

The Plan will incorporate the following eight objectives into the NOFO:

1. Prioritizing primary prevention at the outer layers of the SEM
2. How data will be used to address health disparities and disproportionate burden
3. How coordination with partners will be increased or maintained How coordination with partners will be increased or maintained
4. The ways in which the recipient plans to leverage partnerships and resources to increase primary prevention efforts in the state
5. Tracking and use of data, including, but not limited to, SV indicators
6. Plans for implementation of the strategies selected for each focus area
7. A summary of current primary prevention program or policy strategies being implemented in the state, with an emphasis on increasing community-level strategies
8. A sustainability plan component that describes how RPE work will be sustained at the state and local level

Washington State Department of HEALTH

IVP Injury and Violence Prevention

DOH 971-062 JULY 2024

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1. Prioritize primary prevention at the outer layers of the SEM

Process to identify, select, and implement primary prevention at the outer SEM layers

Washington State uses a competitive procurement process to identify, select, and implement RPE-funded primary prevention program efforts at the local level. In summer 2019, WA DOH convened state-level partners to begin discussing and identifying eligibility criteria for the next competitive procurement. The Department of Commerce, through its Office of Crime Victims Advocacy (OCVA), will lead the procurement process and successful bidder selection in fall 2019. A new cohort of local-level grantees will begin strategy implementation February 1, 2020.

WA DOH will work with state-level stakeholders to ensure selected eligibility criteria in the RPE procurement is focused on the outer SEM layers, not solely in schools, and will be actively engaged in procurement development. Eligibility criteria will require the majority of programs to focus strategies and affect changes at the community level of the SEM. Activities may be implemented at the individual or relationship level of the SEM but are expected to involve community-level outcomes. This funding criteria will help all applicants accurately assess their ability to achieve the requirements of primary prevention at the outer SEM levels.

Once the procurement process has ended, WA DOH, through an Interagency Agreement, will hold the Department of Commerce accountable to ensure local-level implementation meets CDC requirements. The DOH, OCVA and the Washington Coalition of Sexual Assault Programs (WCSAP) will meet regularly to discuss local-level implementation, troubleshoot any challenges, and share in successes throughout implementation.

Ensuring the minimum RPE funding requirement at the community level

In order to ensure that the minimum RPE funding requirement is achieved, WA DOH will work with OCVA to ensure that the community level of the SEM requirement is reflected in the eligibility criteria for the upcoming procurement process. The application will provide a definition of community level as well as additional resources to support potential applicant understanding of community-level strategies. Furthermore, OCVA will frame all implementation approaches (see section 6c) in such a way to elicit community-level strategies from applicants.

Existing experience and capacity to implement community strategies

WA DOH and partners have laid the groundwork for prevention at the community level of the social

ecological model by historically prioritizing community-based prevention and community mobilization strategies. Several local programs over the past five years have expanded their prevention work into the community level by pursuing changes in schoolwide policies and partnering social norms campaigns with curricula implementation. For example, the Harborview Center for Sexual Assault and Traumatic Stress has worked with a leadership group, the Sexual Assault Awareness Club, to expand school-based sexual assault programs into the entire school community as well as the school district. However, DOH recognizes the need for a more comprehensive approach that spans across the SEM. Based on the historical work Washington has achieved, the necessary readiness is in place to expand strategy implementation to the community level.

Current RPE grantees were not required to perform community-level prevention during the 2015 competitive application process. As part of the FY19 renewal application, current grantees were required to incorporate a community-level project in order to receive funding. All current RPE grantees have modified their programs to work toward achieving the community-level requirement.

Below are current RPE grantees that have incorporated community-level goals into their programs:

ARC of Spokane/Healthy Relationships provides educational sessions to young adults with intellectual and developmental disabilities who are in transitional school-based programs. The curriculum discusses consent and healthy relationships in a developmentally appropriate manner.

Community-level goal: Within the community, create a leadership group of young adults with intellectual and developmental disabilities.

Rural Resources offers a school-based curriculum in two separate schools that uses art as a way to talk about sexual assault prevention. A student leadership group conducts peer education and awareness campaigns in school.

Community-level goal: Train staff and impact policy at the school and district level.

YWCA of Clark County offers a school-based curriculum, “Where We Thrive,” which discusses consent and healthy relationships.

Community-level goal: Currently developing and implementing staff training and student leadership components for a community-level project.

Asian Counseling and Referral Services trains high school-aged Asian American and Pacific Islander (AAPI) youth to become peer leaders and to offer presentations on sexual assault prevention to peer groups and adults.

Community-level goal: Social marketing campaign focusing on high school-aged AAPI youth in East Bellevue.

Oasis is a youth center that offers a program, “Project 13,” aimed at 11-to-14-year-olds who identify as LGBTQ. Curriculum content is healthy relationship consent-based material and is community-based.

Community-level goal: Impact policies at a new youth shelter in Tacoma to ensure policies are safe and affirming for youth of all genders and sexual orientations.

Centro Latino offers "Parents for Prevention," working with Spanish-speaking parents of young children and discussing how to foster healthy relationships and consent in young children.

Community-level goal: Implement the Padre Alertas (Parents in the Know) curriculum with parents. Padre Alertas incorporates bystander intervention strategies and engages parents in implementing an awareness and education campaign in the community.

d. Training and technical assistance to build capacity

WA DOH offered training and technical assistance to state-level partners throughout year one to build capacity at the state level. Further capacity-building opportunities took place between June and September 2019, including two in-person meetings facilitated by DOH and two in-person trainings hosted by DOH and facilitated by the Prevention Institute.

Capacity-building trainings and assistance focused on data and included a review of Washington-specific data, such as rates of sexual violence (SV) victimization and perpetration, risk and protective factor data, state demographics, client service data, and other proxy data gathered by DOH epidemiologists. Other capacity-building topics included the identification of new partners, opportunities for public and private partnerships, use of a health equity lens, and expansion of community-level strategies.

In addition to capacity-building opportunities, the DOH hired a facilitator to engage stakeholders in six decision-making meetings. The purpose of these meetings was to process content of capacity-building opportunities and make strategic decisions for RPE implementation moving forward. Decision points included identifying and prioritizing health disparities,

identifying populations of interest, prioritizing community-level strategies for funding eligibility, and identifying an approach for using data in decision-making. Hiring a facilitator for these meetings allowed the DOH to engage fully in the decision-making process alongside other state-level partners.

Beginning February 1, 2020, the Department of Commerce's Office of Crime Victim's Advocacy (OCVA) will provide technical assistance to all local-level implementing organizations specific to contract compliance. OCVA will assist grantees with data collection, grant compliance needs, and ensuring that program implementation includes the outer layers of the SEM. The Washington Coalition of Sexual Assault Programs (WCSAP) will provide technical assistance and training to locally funded programs on topics related to prevention program implementation. Training topics are identified by all three partners, annually, based on needs and/or gaps each partner is noticing at the local level based on their respective role. During these discussions, WCSAP, which is a membership organization, brings the voice of member programs to the table to keep DOH and OCVA informed of the requests and interests of local programs.

WCSAP and OCVA utilize state funds to offer additional trainings and technical assistance opportunities to local-level programs implementing sexual violence prevention throughout

Washington. WCSAP and OCVA encourage RPE-funded grantees to participate in any state training opportunities throughout the year.

e. Use of data to select and prioritize community-level strategies

In summer 2019, WA DOH provided data presentations to RPE state-level stakeholders to build a shared understanding for state-specific data, as well as a training opportunity for stakeholders to increase understanding of community-level strategies. DOH followed up with several facilitated meetings to discuss how available data could help develop and prioritize high-level community-level strategies.

As part of the planning for this work, DOH also contracted with Evaluation Specialists to develop a white paper that inventories community-level strategies based on best-practice and research. This paper reviewed risk and protective factors for sexual violence as well as prevention models and approaches at the community level, including community mobilization, whole organization approaches, social marketing and mass media campaigns, social norms campaigns, and policy initiatives.

2. The ways in which health disparities and disproportionate burden will be addressed using state- or local-level data

a. Data sources

Below is a list of currently available data sources that WA DOH and stakeholders have used to determine health disparities and populations in need of prioritization.

- Healthy Youth Survey
- Behavioral Risk Factor Surveillance System (BRFSS)
- Labor & Industries Crime Victim Compensation
- Washington-specific National Intimate Partner and Sexual Violence Survey (NISVS)
- Uniform Crime Report
- Rapid Health Information Network
- Crisis Text Line
- Washington State Information Network (InfoNet)
- U.S. Census Bureau

b. Which health disparities or burdens will be addressed?

In August 2019, WA DOH and RPE partners reviewed data to highlight burdens and health disparities in Washington State, and how specific burdens can lead to health disparities among specific populations.

Data (see section 2c) shows that LGBTQ, American Indian/Alaska Native (AIAN), persons with Intellectual and Developmental Disabilities (IADD), communities of color, and rural populations experience higher burdens of sexual violence, stalking, or physical violence. According to Washington State-specific data from the National Intimate Partner and Sexual Violence Survey (NISVS), women and men with a history of these burdens (specifically contact sexual violence, stalking by any perpetrator, or physical violence by an intimate partner) experience higher rates of health disparities such as asthma, high blood pressure, frequent headaches, chronic pain, difficulty sleeping, and activity limitations.

According to the Healthy Youth Survey 2018, students who have experienced the burden of being forced into a sexual situation or seen someone pressure someone else into an unwanted sexual situation are more likely to attempt or contemplate suicide.

c. Which populations of interest will be selected?

WA DOH, OCVA, and WCSAP have identified five prioritized populations of interest for the RPE Program, all of which fall under the categories of marginalized and/or rural communities. These populations were selected based on available data, as well as discussions held at facilitated partner meetings in summer 2019. Due to the limited amount of local data on sexual violence, DOH relied on both local and national data.

LGBTQ

In the following data, it is important to note that transgender is a gender identity and not a sexual preference. There are limited data sources that distinguish transgender from lesbian, gay, and bisexual populations.

The Healthy Youth Survey 2018 indicates that compared to straight youth populations, lesbian, gay, bisexual youth populations experience more frequent incidents of:

- Being physically hurt on purpose by a boyfriend or girlfriend
- Being limited or threatened by a boyfriend or girlfriend
- Being forced into a sexual situation
- Seeing someone pressure someone else into an unwanted sexual situation

The National Transgender Discrimination Survey (page 36) indicates that among respondents who expressed a transgender identity or gender non-conformity in grades K-12, 12% have experienced sexual assault by a peer or teacher/staff member at school.

The Behavioral Risk Factor Surveillance System 2018 (BRFSS) indicates that compared to adult heterosexual and cisgender populations, adult lesbian, gay, bisexual populations experience more frequent incidents of:

- Being exposed to unwanted sexual situations not involving physical touching
- Being touched on sexual parts of body without consent

According to the National School Climate Survey 2017 (page 26), 57.3% of LGBTQ students nationally surveyed had been sexually harassed at school and 14.4% of LGBTQ students experienced "frequent" or "often" occurrences of sexual harassment.

American Indian/Alaska Native (AIAN)

The Missing and Murdered Indigenous Women & Girls 2018 report, (page 10) commissioned by the Seattle Indian Health Board, collected data from 71 cities across 29 states. The report showed that between 1943 and 2018, 45 out of 506 cases of missing or murdered indigenous women and girls were in Seattle — more than any other city included in the report. Washington State also had the second-highest number of cases among all states included in the report.

The Healthy Youth Survey 2018 indicates that compared to other reported races and ethnicities, AIAN populations experience more frequent incidents of:

- Being forced into a sexual situation
- Seeing someone pressure someone else into an unwanted sexual situation

The National Intimate Partner and Sexual Violence Survey 2011 (NISVS) (page 5) indicates that nationally, 27.5% of AIAN women report being raped during their lifetimes, and 55% of AIAN women have experienced sexual violence other than rape. Both of these rates are higher than any other race and ethnicity in the data, other than "multiracial." The report also shows that 24.5% of AIAN women have been victims of stalking, higher than any other reported race or ethnicity.

Intellectual and Developmental Disabilities (IADD)

The Crime Against Persons with Disabilities report shows that from 2009 to 2015, the national rate of violent victimization against persons with disabilities was at least twice the rate for persons without disabilities. It specifically found that from 2011-2015, the rate of rape and sexual assault against persons with disabilities (2.1 per 1,000 persons) was more than three times higher than the rate for persons without disabilities (.6 per 1,000 persons).

The National Crime Victimization Survey 2017 shows that, nationally, people with disabilities experience higher rates of violence (40.4 per 1,000 persons age 12 or older) than people without disabilities (17.7 per 1,000 persons age 12 or older). People with a cognitive disability experience 76 violent victimizations per 1,000 persons age 12 or older, the highest rate among persons with any disability.

Communities of Color

The National Intimate Partner and Sexual Violence Survey 2011 (NISVS) shows that in the U.S., 32.3% of multiracial women have been raped in their lifetime, compared with 20.5% of white non-Hispanic women. The survey also shows that 64.1% of multiracial women have been victims of other sexual violence, compared with 46.9% of white non-Hispanic women.

The National Violence Against Women Survey (2000) shows that nationally 29.1% of African-American women, 37.5% of American Indian/Alaska Native women and 30.2% of mixed race women reported being raped, physically assaulted or stalked by an intimate partner, compared to 24.8% of white women.

The 2005 Behavioral Risk Factor Surveillance System (BRFSS) survey shows that in the U.S., 29.2% of black non-Hispanic women, 43.1% of multiracial women, 39% of American Indian/Alaska Native women, and 29.6% of other non-Hispanic races have experienced intimate partner violence, compared to 26.8% of white non-Hispanics.

Rural Communities

The 2013 National School Climate Survey shows that nationally LGBT students in rural locales experienced higher frequencies of victimization at school based on their sexual orientation or gender expression. They were also less likely to have access to LGBT-related resources or support.

The National Incidence Study of Child Abuse and Neglect (page 5-54) shows that nationally in 2010, incidence of sexual and emotional abuse was higher in rural areas than in urban or major urban areas.

The Crime in the United States 2017 report shows that reported rapes per 100,000 inhabitants were higher in cities with populations under 10,000 than they were in cities with 25,000-49,999 inhabitants — 42.6 for less populated cities compared to 37.6 for more populated cities.

DOH and partners also selected rural communities as a prioritized population due to the fact that rural populations comprise a significant portion of Washington State demographics, with 30 out of 39 counties classified as rural by the Office of Financial Management.

3. Increasing and/or maintaining coordination with partners

a. Engagement of current partnership

WA DOH has developed and sustained successful collaborative partnerships with the Department of Commerce's Office of Crime Victim's Advocacy (OCVA), Washington Coalition of Sexual Assault Programs (WCSAP), and Evaluation Specialists for many years. All partners meet regularly and are dedicated to building the capacity of funded and unfunded organizations to increase and implement sexual violence primary prevention efforts. DOH, OCVA, and WCSAP have a long-standing history of engaging in contractual relationships with each other.

At a facilitated meeting in June 2019, partners met to discuss strategies, resources, and proposals to improve partner collaboration going forward. All partners share a common vision of community focus – wanting the best for communities and recognizing that members are experts of their own

communities. The partners are united in the goal of reducing sexual violence and adhering to common philosophies of equity, social justice, and a feminist perspective.

b. New partnership

In summer 2019, WA DOH met with RPE stakeholders twice to identify potential new partners and determine goals for developing new partnerships. At the first meeting, the DOH, OCVA, and WCSAP brainstormed a list of allied organizations to potentially engage in sexual violence prevention efforts, contingent upon goals that would later be identified by convening partners.

At the second meeting, DOH, WCSAP, OCVA, and Evaluation Specialists agreed that engaging new partners will allow access to expertise in different related fields, particularly as strategies are determined among individual grantees. The group narrowed the initial brainstormed list to the following potential new state-level partners. As a next step, the group is interested in exploring opportunities to engage local-level partners, as well.

- Erin Casey (researcher in RPE history at University of Washington – Tacoma)
- Washington State Coalition Against Domestic Violence (WSCADV)
- Department of Social and Health Services (DSHS)
- National Sexual Violence Resource Center (NSVRC)
- Office of Superintendent of Public Instruction (OSPI)
- Department of Children, Youth, and Families (DCYF)
- Women's Spirit (a coalition against domestic violence and sexual assault in WA tribal communities)
- Children's Advocacy Center of WA (CACWA)
- Disability Rights Washington
- WA Non-Profit Association

In addition to these two facilitated meetings, DOH hosted a training facilitated by the Prevention Institute. The training brought several state-level partners together with the goal of identifying a health equity, multisector approach to gender-based violence prevention. The state-level partners discussed challenges in improving coordination across partners and identified opportunities to expand partnerships for greater impact. Representatives from the following organizations participated:

- **Department of Commerce - Office of Crime Victims Advocacy (OCVA)** Administers state and federal funds for crime victim direct service programs in Washington State. OCVA funds SV Coalition and also passes through RPE funds on behalf of WA DOH.
- **Washington Coalition of Sexual Assault Programs (WCSAP)**
- **Washington State Coalition Against Domestic Violence (WSCADV)**
- **Washington State Department of Social and Health Services - Economic Services Division** Administers state and federal funds that support domestic violence shelters, advocacy and SV prevention work in Washington State.
- **Evaluation Specialists** Evaluators for Washington State's RPE Program
- **National Sexual Violence Resource Center (NSVRC)**
CDC-funded national TA provider of SA Coalitions and State Health Departments

- **Office of Superintendent of Public Instruction (OSPI)** State agency that works with K-12 schools across Washington State
- **Washington State Department of Health** Administers Washington State's RPE program and is the state agency responsible for implementing public health approaches

Moving forward, DOH plans to engage new partners in facilitated meetings with the goal of sharing expertise and information that supports primary prevention in Washington State. An added goal of this meeting would be to educate partners on the RPE program and arrive at a shared understanding of primary prevention.

c. Gap analysis and use of data

In June 2019, WA DOH met with OCVA, WCSAP, and Evaluation Specialists to identify gaps in partnership. All partners share a common vision of reducing sexual violence, however a gap was identified between primary prevention efforts at the state and local levels. While primary prevention efforts at the state level are driven largely by the public health model, evidence-informed research, and data, efforts at the community level are less data-dependent. Partners identified a need to acknowledge the expertise and wisdom that is intrinsic to communities while also relying on data to inform program strategies. The DOH meets regularly with OCVA, WCSAP, and Evaluation Specialists, and will continue to identify gaps in partnerships and include partnership improvement on meeting agendas.

4. The ways in which the recipient plans to leverage partnerships and resources to increase primary prevention efforts in the state

a. Process of working with partners and use of resources

Since 1997, WA DOH, Department of Commerce's Office of Crime Victim's Advocacy (OCVA), and Washington Coalition of Sexual Assault Programs (WCSAP) have worked collaboratively to support the implementation of the RPE program and the state Sexual Violence Prevention Plan in Washington. OCVA receives state funds to support sexual assault services, including sexual assault prevention, and distributes those funds to local programs that self-select to offer prevention activities.

State resources primarily support individual and relationship-level strategy implementation as well as capacity-building to enable prevention work. RPE funds are spread across fewer sub-recipients at higher levels of funding. This allows for opportunities at the local level to dedicate more time and effort towards primary prevention and to strengthen efforts across the SEM.

Please see section 7a for additional information regarding how resources are dedicated to building the capacity of organizations to increase sexual violence prevention strategies across the state.

b. Capacity building and technical assistance

OCVA uses state and RPE funding to support the Prevention Resource Center (PRC) housed within WCSAP. PRC staff provides training and technical assistance to state and RPE-funded prevention programs across the state and attends DOH-facilitated RPE meetings. PRC staff offers multiple trainings each year, develops resources, hosts a listserv for preventionists, conducts site visits to local programs across the state, provides mentorship opportunities for preventionists, and is available for technical assistance throughout the year. RPE funds support a small portion of PRC efforts because the Washington State legislature recognizes the need for state funds to support sexual assault services, including prevention.

c. Use of data

See section 3c.

5. Tracking and use of data, including, but not limited to, SV indicators

a. Structures, functions, and capacity

To help facilitate program evaluation, WA DOH, in collaboration with state-level stakeholders and evaluation partners, has prioritized four state-level outcomes:

1) Reduced rigid gender roles
2) Increased empathy
3) Reduced tolerance of violence in the community
4) Increased social support and connectedness

These outcomes are based on theory and research findings about sexual assault. For example, the selected outcomes rely on data about factors that have been empirically associated with risk for sexual violence.

Table 1 provides a list of the state-level outcomes as well as descriptions of indicators that grantees can use to monitor outcomes. Each grantee is required to select and monitor two or more of these outcomes. The table provides guidance on selecting outcomes and associated risk and protective factors for each outcome. By having grantees use common indicators for a particular outcome, the state can aggregate local evaluation findings and assess RPE's effectiveness across disparate programs. Diagram 1 lists risk and protective factors, each of which has associated indicators:

1) Knowledge about sexual assault and consent

2) Skills for being a proactive bystander
3) Skills for healthy/respectful communication
4) Mentoring for youth/student leaders
5) Perceived peer support for sexual aggression

Further guidance for evaluating progress toward achieving these outcomes are provided in DOH's Evaluation Toolkit (see below).

Plans to improve capacity include designated Epi time at .10 FTE at the Health Department to support the RPE program in data analysis. The epidemiologist will gather findings from publicly available datasets that have been theoretically linked to the identified outcomes. The data analysis plan includes acquiring relevant data (on an annual basis for intermediate outcomes, and every five years for long-term outcomes), analyzing the data, and creating tables, figures, and text to describing findings. The goal of this analysis is to describe and quantify prevalence and changes in prevalence of the risk/protective factors and outcomes at the state level, local level, and specific subgroup level (including but not limited to race/ethnicity, sexual orientation, gender identity, and sex).

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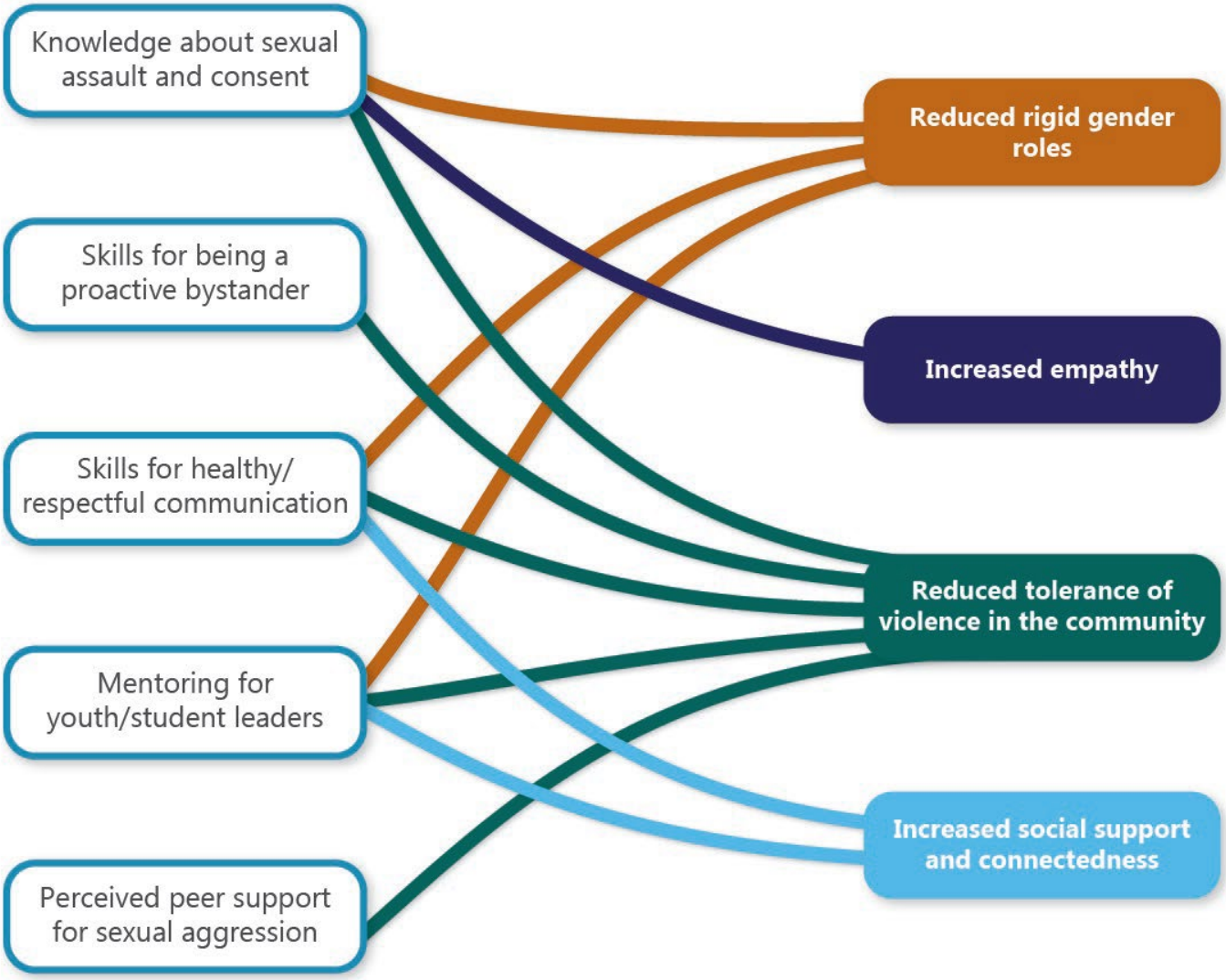
DOH has also contracted with an evaluation firm to provide evaluation support and consultation to DOH and local-level sub-recipients. The firm has developed a data analysis plan for RPE. Once data collection begins, DOH will share information with partners on an ongoing basis.

To help grantees evaluate their progress in achieving state-level outcomes, DOH and partners have developed the RPE Evaluation Toolkit. The toolkit provides a clear methodology for conducting program evaluations, including step-by-step guidance on program evaluation methods, templates to fill out when planning and conducting evaluation activities, and guidance on the use of these templates. Program evaluators will guide grantees through the toolkit and monitor their progress. Grantees will use the toolkit to generate findings that aid in the improvement of their programs and offer data for compilation across the disparate RPE programs. This will help ensure consistent program evaluation across all grantees and future RPE cohorts.

Diagram 1: Sexual violence risk & protective factors → Perpetration-related outcomes



b. Process to align potential indicators to selected outcomes

As an RPE Supplement state, WA DOH has worked with stakeholders to identify indicators that will align with selected outcomes described in the logic model. While the identified indicators have been examined for availability, feasibility, and accuracy, this is an ongoing effort. For example, accessing state-specific GSS data is no longer an option due to low response rates and NORC data agreement requirements. WA DOH will remove GSS-aligned indicators from the plan and continue to look for other options.

Please see table 1 for current alignment between indicators and outcomes.

c. Process to understand what data exists and how to access current or new data sources to monitor and track selected outcomes

WA DOH spent two years working to identify what data currently exist and what data sources the health department has access to. Given the overall lack of available state-level sexual violence indicator data, DOH has been successful in applying to include questions in the 2017 BRFSS survey, the 2019 BRFSS survey, and Washington's Healthy Youth Survey. In addition, DOH staff have worked with CDC to develop a query formula for Rhino, further boosting access to state-specific ED data. In order to better understand data at the state level, DOH and partners will perform annual DOH-facilitated reviews of the data at an advisory group meeting.

While assessing what data exists and how to access it is an ongoing effort, DOH has compiled a data source inventory as a baseline for state- and local-level use. All data sources, many of which are surveys, are publicly available or available upon request. They all contain data relevant to sexual violence or sexual violence prevention work and also contain data elements that are collected, analyzed, and reported with regularity.

The inventory is comprised of the following data sources:

- American Community Survey
- Behavioral Risk Factor Surveillance System (BRFSS)
- Community Outcome and Risk Evaluation Information System (CORE)
- Crime Victim Compensation Program
- Crisis Text Line
- General Social Survey (GSS)
- Healthy Youth Survey (HYS)
- Homeless Management Information System (HMIS)
- Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)
- National Child Abuse & Neglect Data System (NCANDS)
- National Intimate Partner & Sexual Violence Survey
- National School Climate Survey
- National Survey of Children's Health
- National Syndromic Surveillance Program (NSSP)
- Office of Postsecondary Education Campus Safety & Security Analysis Tool
- Pregnancy Risk Management Surveillance System
- Title IX College Sexual Violence Survey
- U.S. Census Bureau
- U.S. Equal Employment Opportunity Commission
- Washington State Information Network (InfoNet) Washington State Uniform Crime Reporting Program

The data source inventory includes the following information about each source:

- Type of data (national, state or local)
- Data collection agency or organization
- Indicators
- Reporting timeframe
- Most recent year indicator data was published
- Type of data
- Unit of analysis
- Population sample
- Data collection method and limitations
- Connected RPE program outcomes

To illustrate current alignment between indicators, outcomes, and data sources, see table 1.

Table 1: current alignment between indicators, outcomes, and data sources		
Outcome Aligned Implementation Principles	Indicators	Data Source
Long-term/ultimate outcomes		
Reduced perpetration of sexual violence Consent Culture	1. Percent LGBT students reporting prejudice verbal harassment	National School Climate Survey
	2. Percent of women who have ever experienced sexual violence (other than rape).	National Intimate Partner & Sexual Violence Survey

	3. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like flashing you, peeping, sexual harassment, texting and direct messaging on social media outlets like Instagram, twitter or snapchat or making you look at photos or movies. 4. In the past 12 months, has anyone touched sexual parts of your body without your consent? 5. At the time of the most recent incident, what was your relationship to the person who [exposed you to unwanted sexual situations/touched sexual parts of your body] without your consent. 6. In the past 12 months, have any of your romantic or sexual partners ever: made decisions for you that you wanted to make, such as the clothes you wear, things you eat or the friends you have; tried to keep you from seeing or talking to your family or friends; or, kept track of you by demanding to know where you were and what you were doing?	BRFSS
	7. During the past 12 months, did someone you were dating or going out with ever limit your activities, threaten you, or make you feel unsafe in any other way? 8. Have you ever been in a situation where someone made you engage in kissing, sexual touch, or intercourse when you did not want to? 9. During the past 30 days, have you received sexually suggestive or revealing messages, images,	Healthy Youth Survey

	photos or videos via text, app, or social media? Yes/No	
	10. Crime rates – rape 11. # of incidents of rape reported by colleges and universities 12. # of incidents of non-forcible sexual offenses reported by colleges and universities	Uniform Crime Report Office of Postsecondary Education –Campus Safety and Security
Selected risk and protective factors/intermediate outcomes		
Reduced rigid gender roles **Consent Culture** Intersectional Feminism	13. Male to female median annual earnings ratio (harmful gender norms) 14. Percent of population bachelor's degree or higher by sex 15. Female wage gap 16. GINI Inequality index	American Community Survey
	17. Teen Pregnancy rates (10-17 year olds)	Community Outcome and Risk Evaluation Information System (CORE) (also available from birth certificates)
	18. % of women owned businesses	Survey of Business Owners
	19. % of women in state legislature	Women's Legislative Network
	20. # of employer discrimination charges filed based on violation of the Equal Pay Act of 1963 21. # of employer discrimination charges filed based on sex	U.S. Equal Employment Opportunity Commission

Increased social support and connectedness Holistic Engagement Meaningful Relationships Modeling	22. During the past 12 months, did this child participate in any organized activities or lessons, after school or on weekend, age 6-17 years 23. During the past week, on how many days did all the family members who live in the same household eat a meal together?	National Survey of Children's Health
	24. When you feel sad or hopeless, are there adults that you can turn to for help 25. There are adults in my neighborhood or community I could talk to about something important.	Healthy Youth Survey
	26. During the past 12 months, did this child participate in any type of community service or volunteer work at school, church, or in the community, age 6-17 years	National Survey on Child Health
Increased empathy Monitoring Meaningful Relationships	27. How often do you get the social and emotional support you need?	BRFSS
	28. Empathic concern a. "If you had to choose, which thing on this list would you pick as the most important for a child to learn to prepare him or her for life?" % selecting response XXXXXXX 29. Prosocial behaviors a. If you had to choose, which thing on this list would you pick as the most important for a child to learn to prepare him or her for life? % selecting response "To help others when they need help"	General Social Survey
	30. Grantee Measure	

Reduced tolerance of violence in the community Prevention is Possible	31. During the past 12 months, how many times were you in a physical fight? 32. I feel safe at my school 33. In the past 30 days, how often were you bullied, harassed, or intimidated at school or on your way to or from school: Because someone thought you were gay, lesbian, or bisexual (whether you are or not)?	Healthy Youth Survey
	34. Have you ever received anything in exchange for sex and # of times? If yes, ever made/persuaded to have sex in exchange for something else?	Homeless Management Information System (HMIS)
	35. Grantee measure	
Selected short-term outcomes		
Knowledge about sexual assault and consent Consent Culture	36. Have you ever seen a peer or someone your age kiss, touch or pressure someone to have sex when they did not want to? Yes/No	Healthy Youth Survey
	37. Grantee Measure	
Skills for healthy/respectful communication Consent Culture, Modeling	38. I know how to disagree without starting a fight or argument	Healthy Youth Survey
	39. Grantee Measure	
Skills for being a proactive bystander Prevention is Possible Modeling	40. I feel safe at my school 41. When a student is being bullied at school, how often do the teachers or other adults try to put a stop to it?	Healthy Youth Survey
	42. Grantee Measure	

Mentoring for youth/student leaders Shared Power Modeling Meaningful Relationships	43. I know how to disagree without starting a fight or argument	Healthy Youth Survey
	44. Grantee Measure	
Reduced perceived peer support for sexual aggression Consent Culture Meaningful Relationships Modeling Prevention is Possible	45. Attitudes about legality of pornography Which of these statements comes closest to your feelings about pornography laws?	General Social Survey
	46. Grantee measure	
Selected risk factors to monitor		
Child maltreatment	47. Percent of child abuse or neglect cases reporting child sexual abuse 48. Percent of child protective service victims/non-victims exposed to caregiver risk factor	National Child Abuse and Neglect Data System
	49. Has this child experienced one or more adverse childhood experiences from the list of 9 ACEs	National Survey of Children's Health
Adverse Childhood Experiences	50. Percent of child abuse or neglect cases reporting child sexual abuse 51. Percent of child protective service victims exposed to caregiver risk factor	National Child Abuse and Neglect Data System
	52. To the best of your knowledge, has this child ever experienced the following: was a victim of violence or witnessed violence in his or her neighborhood 53. Has this child experienced one or more adverse childhood experiences from the list of 9 ACEs	National Survey of Children's Health

d. Barriers and challenges

Over the course of assessing data resources, WA DOH has identified several obstacles to accessing state-level data. These include:

- Lack of data collection at the state or county levels
- Nationally collected data that is often non-specific to states
- Lack of funding
- Difficulty accessing specific populations such as school-aged youth
- Sensitivity of the topic itself
- Lack of proper instruments to collect accurate information
- Prioritization of lifetime questions and wording of questions in ways that make it difficult to compare data over time

Efforts to address these challenges include wording questions in ways that allow for assessing change over time. DOH will also work with data decision-makers to increase their understanding of the dynamics and root causes of sexual violence. This effort will help data decision-makers better comprehend the necessity for collecting the data. CDC can support these efforts by providing appropriate wording for survey questions that have been tested, encouraging the inclusion of state-specific data collection within national surveys, and offering support to increase state-specific response rates.

6. Plans for implementation of the strategies selected for each focus area

a. RPE program structure

Since 1997, WA DOH, the Department of Commerce's Office of Crime Victim's Advocacy (OCVA), and the Washington Coalition of Sexual Assault Programs (WCSAP) have worked collaboratively to support the implementation of the RPE program and the state Sexual Violence Prevention Plan in Washington.

DOH performs a substantial role in implementing the RPE Program and carrying out all program outcomes as outlined in the cooperative agreement. DOH responsibilities include:

- Overall leadership for the program
- Technical assistance to state-level partners, including OCVA, WCSAP and Evaluation Specialists, to ensure all aspects of program implementation are in compliance with CDC expectations
- Convening partners and facilitating quarterly meetings
- Leading state-level initiatives
- Building relationships with local implementing organizations in tandem with OCVA
- DOH maintains an interagency agreement with OCVA to pass funds through to local-level

agencies to provide sexual violence prevention programming in communities. OCVA ensures local agencies meet the state prevention service standard and comply with the public health approach. OCVA also subcontracts with WCSAP to provide training and technical assistance to local programs.

DOH, OCVA, and WCSAP meet regularly to ensure that:

- Local programs have the resources and expertise needed to support effective prevention programming
- The prevention service standard is being met
- CDC grant requirements are fulfilled
- State systems are optimized to support implementation of the RPE program
- The three agencies worked collaboratively to develop the 2009 state prevention plan, the 2017 revision of the state plan, revision of the prevention standards, and the development of competitive funding applications for local agencies.

DOH subcontracts with Evaluation Specialists to provide evaluation support to the DOH and to RPE-funded local programs. Evaluation Specialists has been working with DOH to support evaluation of the RPE Program since 2015. DOH and Evaluation Specialists have collaborated on all aspects of evaluation design, including methodology and approach, to ensure CDC expectations are met while also supporting Washington's specific programmatic approaches. Evaluation Specialists has put systems in place for effective evaluation of local-level strategy implementation and state-level outcomes.

b. Funding process and sub-recipient selection

WA DOH, through an Interagency Agreement (IAG), contracts funds to OCVA for local-level strategy implementation. OCVA develops the competitive procurement and solicits applications from eligible applicants. Historically, OCVA has worked closely with DOH in developing the solicitation and scoring tool to ensure CDC and DOH expectations are included. Once successful bidders are identified, OCVA develops contracts with those selected. Contract language is inclusive of required criteria such as priority populations, use of data, evaluation, and implementation at the community-level of the SEM. OCVA actively monitors recipients for grant compliance.

Required criteria will be developed in partnership with OCVA, WCSAP and Evaluation Specialists prior to the development of the competitive solicitation.

c. High-level description of prevention strategies selected and implemented

In August 2019, WA DOH met with stakeholders to identify key prevention approaches and strategies for the RPE program. Using a framework provided by the Violence Prevention Technical Assistance Center (VPTAC), DOH and stakeholders mapped each approach to selected Focus Areas and will emphasize strategy implementation at the outer layers of the SEM during the competitive application process for new grantees. Each approach will address SV risk and/or protective factors with at least one population of focus.

Focus Area: Promoting social norms that protect against violence

Approach #1: Increase gender equity / decrease toxic masculinity

Strategy examples

Applicants will propose strategies during a competitive funding procurement process. The following strategies will be presented to applicants as examples to adapt as their own or to help develop their own strategies.

- Dress codes
- Gender equity through athletics
- Comprehensive sex education
- Campaigns including social norms, social media, and mass media
- Multi-level prevention programming that engages men and boys (e.g. Shifting Boundaries; Manhood 2.0; MOST clubs)

SEM level

DOH will update the State Action Plan and link strategies to specific SEM levels after grantees, and their funded strategies, have been selected in the upcoming procurement process. The eligibility criteria in the procurement process will require strategy implementation at the community level.

Risk and protective factors

Reduced rigid gender roles
Increased empathy
Reduced tolerance of violence in the community

Rationale for this approach

Having a livable wage, benefits, and workplace balance decreases risk factors for sexual violence and empowers people to make decisions. It addresses a higher-risk population, since women and transgender/non-binary individuals are at higher risk for sexual violence and victimization

How is approach being implemented?

Implementation strategies will be determined by grantees after the procurement process is final.

Approach #2: Develop and implement anti-oppression and anti-racism policies and practices that address the root causes of gender-based violence

Strategy examples

Applicants will propose strategies during a competitive funding procurement process. The following strategies will be presented to applicants as examples to adapt as their own or to help develop their own strategies.

- Prevent gender-based violence in schools by shifting environmental policies and practices (e.g. the Shifting Boundaries program)
- Crime Prevention Through Environmental Design (CPTED)
- Community mobilization that addresses gender-based violence. Efforts can address gender- and

violence-related norms and policies, community violence and connectedness, and racism and other forms of oppression

SEM level
DOH will update the State Action Plan and link strategies to specific SEM levels after grantees, and their funded strategies, have been selected in the upcoming procurement process. The eligibility criteria in the procurement process will require strategy implementation at the community level.

Risk and protective factors
Social support and connectedness
Increased Empathy
Reduced tolerance of violence in the community

Rationale for this approach
Oppression and racism are root causes of many forms of violence, including sexual violence. The current social and political climate highlights a need to address oppression and racism more directly. Understanding these as root causes of sexual violence will build empathy and lead to a decrease in the tolerance of sexual violence.

How is approach being implemented?
Implementation strategies will be determined by grantees after the procurement process is final.

7. Summary of current primary prevention program or policy strategies being implemented in the state

a. Other funding for SV primary prevention

State funds

The Department of Commerce's Office of Crime Victim's Advocacy (OCVA) receives state funds through the legislature for local-level implementation of sexual assault direct services and prevention activities. The distribution of state funds is based on a formula and the amount of state funding dedicated to primary prevention fluctuates annually as it is determined by local-level requests. Sub-recipients may elect to include prevention in their application work plan, and those amounts are negotiated with OCVA based on funding available Community Sexual Assault Programs (CSAPS), Marginalized Communities providers, and Native American Community Providers that meet OCVA requirements are all eligible to receive funding.

The total amount of state funds awarded to local communities for prevention in state fiscal year (SFY) 2020 is $730,982 split across 27 different community level providers. The median

prevention budget for a program for SFY20 is $18,559, and the range is $5,672 to $200,728. The majority of prevention programming takes place in school settings with youth and focuses on curricula implementation. In addition, OCVA uses state funds to support the Prevention Resource Center (PRC) housed within the Washington Coalition of Sexual Assault Programs (WCSAP). PRC staff provide training and technical assistance to state-funded prevention programs across the state, attend DOH-facilitated RPE meetings, and support RPE-funded local programs.

Most state-funded local-level programs are building capacity at the individual and relationship level of the SEM while some programs are expanding their efforts toward community-level strategies. All state-funded programs have access to RPE-funded resources and technical assistance, and opportunities for peer learning from RPE-funded programs. They are also eligible to apply for RPE-funded primary prevention implementation during competitive procurement cycles.

Preventive Health and Health Services Block Grant (PHHSBG)

DOH has leveraged opportunities at the state level through the use of funds from the Preventive Health and Human Services Block Grant (PHHSBG). Through the PHHSBG, DOH convened an advisory group to inform the development of a social marketing campaign. The campaign intends to achieve the following knowledge gains with middle school-aged youth:
"I do not have a right to other people's bodies," and, "I am not entitled access to someone else's body." Once completed, campaign materials will be available to schools, youth-serving organizations, and local-level organizations implementing prevention strategies to strengthen efforts geared toward promoting social norms that protect against violence. RPE-funded

programs interested in strengthening their prevention strategies will have access to these social marketing campaign materials.

Core State Violence and Injury Prevention Program (CORE-SVIPP), Washington Violent Death Reporting System (WA-VDRS)

Washington's CORE-SVIPP, WA-VDRS, and RPE program are all housed in the DOH Injury and Violence Prevention Program (IVPP), in the Office of Healthy and Safe Communities. As such, WA DOH maintains daily contact and communication with these programs. DOH is currently working in partnership to redesign and update the statewide injury and violence prevention plan, a required deliverable for the CORE-SVIPP program.

Washington's CORE-SVIPP priority areas include motor vehicle safety, traumatic brain injury, child abuse and neglect, and intimate partner violence prevention. While CORE's current priority areas do not include sexual violence, there is overlap in shared risk and protective factors across multiple forms of violence, some of which include sexual violence. Due to this overlap, RPE collaborates with CORE-SVIPP on an ongoing basis and the RPE Program Director provides programmatic support in the implementation of the CORE-SVIPP child abuse and neglect and intimate partner violence focus areas.

Essentials for Childhood

Washington State is a recipient of the Essentials for Childhood grant through CDC. However, Washington's implementation is not specific to SV prevention. The Essentials program focuses on two key protective factors to address the prevention of child abuse and neglect. One protective factor includes activities to strengthen connections between parents/caregivers and community-specific services and supports. The second protective factor includes increased knowledge on child development to support positive parenting.

One representative from the Washington State Coalition Against Domestic Violence (WSCADV) and one representative from WCSAP participate in the Essentials for Childhood Community of Practice. WSCADV and WCSAP both bring voices of survivors, and the member experiences of their statewide community-based advocacy programs, to the larger group. Both organizations are well suited to share the unique aspects associated with child sexual abuse as well as strengths-based approaches to supporting parent survivors who have experienced intimate partner violence and the children of such survivors.

b. Connection with RPE

See section 7a.

c. Connection with other forms of violence

Washington DOH is not currently receiving designated funds for the primary prevention of intimate partner violence, teen dating violence, youth violence, or bullying prevention.

A sustainability plan that describes how RPE work will be sustained at the state and local level

Washington State has a solid system in place that has sustained RPE work at the state and local level since the inception of RPE in Washington. DOH and partners have outlined a sustainability plan that will carry through year one and expand in year three. The plan proposes the following solutions to aid in the long-term sustainability of the RPE program in Washington State:

- Provide grantees with a consultant group
- Invest in evaluation at the local level
- Promote local investments in programs by educating policy-makers
- Design work in such a way that communities can eventually take ownership of the work
- Develop partnerships
- Encourage connectedness in the cohort through decreased turnover
- Examine how additional resources can be leveraged further to support prevention
- Provide technical assistance to programs

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