

The North Carolina Coalition Against Sexual Assault (NCCASA) is an inclusive statewide alliance working to end sexual violence through education, advocacy, and legislation. NCCASA as a statewide coalition uses a social justice framework. Therefore, our work is done from a strong intersectional, social justice perspective. By centering our work around marginalized communities, everyone is served.

NCCASA's prevention team includes our Prevention Education Program Manager, Program Evaluator, Resource Sharing Project Technical Assistance Provider, Associate Director, and Executive Director, all of whom work closely with each other and close partnership with the Rape Prevention and Education (RPE) Program Director at the State Health Department. NCCASA's approach to sexual violence work is integrated throughout our agency, and our prevention team works collaboratively with other staff to ensure that the training and technical assistance provided to our member agencies is coordinated and consistent.

NCCASA'S INCLUSIVE APPROACH

Our approach to sexual violence prevention is grounded in our belief in bodily autonomy and self-determination, and:

Inclusive of all sexual violence.

Our strategies and frameworks are designed for the prevention of sexual assault and rape, child sexual abuse, human trafficking, commercial sexual exploitation of children, sexual violence in detention, and sexual violence on campuses.

Inclusive of survivors with a diversity of identities.

Our strategies and frameworks aim to be inclusive of people from all backgrounds, to include all genders, Black, Brown, and Native people, LGBTQ+ people, people of all ages regardless of immigration status.

Uses a public health framework & social justice lens.

Our strategies and frameworks account for social, cultural, community, and systemic influences on access, safety, power, control, sexuality, and behavior. We emphasize work at the outer layers of the social ecological model to address these root causes.

We believe that good prevention work not only reduces the incidence of sexual violence; it lays the foundation for a community into which survivors will be believed, supported, and trusted with their decisions. Similarly, we believe that good direct services not only support survivors in their healing; it lays the foundation for a community in which cultural messages can begin to shift, allowing for more powerful prevention. In this way, we believe that prevention and direct services complement and strengthen each other. Thus, we encourage strong integration of prevention and direct services work within rape crisis organizations as well as in local multidisciplinary collaborations with related community-based organizations.

We are funded by the NC State Health Department to partner with them as the training and technical assistance provider for the administration of the RPE State Action Plan.

INTRODUCTION

From the NC RPE State Action Plan: "The NC Rape Prevention and Education (RPE) Program is the primary body tasked with the primary prevention of sexual violence in North Carolina."

NC RPE is tasked with promoting the following focus areas:

- Promoting social norms that reduce sexual violence;
- Teaching skills to prevent sexual violence;
- Providing opportunities to empower and support girls and women;
- Creating protective environments to reduce sexual violence.

NORTH CAROLINA'S THREE-PRONGED APPROACH

The NC Sexual Violence Prevention Advisory Council (SVPAC)

The SVPAC is a state-level advisory body of violence prevention subject matter experts from a variety of fields. The SVPAC focuses on primary prevention work around three domains that are commonly understood to include populations who bear health disparities and disproportionate impacts of sexual violence.

Each of these domains has its own workgroup within the SVPAC that meets regularly. The workgroups are:

- College campuses, with a particular focus on community colleges.
- K-12 school environments, with a particular focus on students with disabilities.
- Community-based entities, with particular focus on service establishment workplaces.

Local Subrecipient Programs

At this time, 10 local nonprofits are funded to do prevention work in their communities -- nine rape crisis centers and one community nonprofit. Local programs are required to employ one full-time employee dedicated to primary prevention efforts in the community, and are funded for the following strategy areas:

- Individual/relationship level, evidence-based or evidence-informed multi-session primary prevention curricula in K-12 environments.
- Community level K-12 environment interventions.
- Community/society level collaborative stakeholder groups called Community Task Forces, to advance "outer-layer" primary prevention.

Statewide Collaborative Community and Society Level Prevention Strategies

The NC RPE Program aligns our community and societal level prevention strategies with other state-level violence prevention bodies across the state, including:

- DELTA (intimate partner violence prevention)
- The State Health Department Injury and Violence Prevention Branch
- NC Core State Violence and Injury Prevention Program
- NC Essentials for Childhood
- UNC Chapel Hill Injury Prevention Research Center.

All of these prevention bodies include strategies that consider the role of equitable workplace policies as protective factors against the perpetration of violence.

TRAINING AND TECHNICAL ASSISTANCE

The State Health Department contracts with the North Carolina Coalition Against Sexual Assault (NCCASA) as the training and technical assistance (TTA) provider for the RPE program and its subrecipients. Under this contract, NCCASA is also the evaluation provider for RPE, collaborates on statewide cross-discipline violence prevention efforts, and provides training and TA for all of the rape crisis centers statewide. The relationship between the State Health Department and NCCASA is valuable to the success of the three-pronged approach implementing prevention strategies along the focus areas.

TERMINOLOGY

What do we mean by “community level K-12 environment interventions”?

This means sexual violence prevention interventions targeted at shifting the social or built environment of the school instead of focusing on changing the behavior of individual students. Examples might include a student play, social media campaign, poster campaign, or “hot spot mapping” -- an intervention in which students identify areas of the school that feel less safe to present to the school administration for increased safety.



What do we mean by “outer-layer” primary prevention?

Risk and protective factors exist at every level of the “social ecological model.” The levels of the social ecological model are individual, relationship, community, and society. Therefore, our prevention work must also address every level of the social ecological model.

Outer-layer is primary prevention that focuses on risk and protective factors at the community and societal level layers of the social ecological model. Primary prevention means prevention of sexual violence before it ever occurs.

Approximately 50% of our prevention strategies are implemented along the individual and relationship level of the social ecology, and approximately 50% are implemented at the community and society level.

What do we mean by “risk factor”?

A risk factor is anything that increases the likelihood of sexual violence occurring, even if it is not causal. Risk factors can be associated with increased likelihood of experiencing or perpetrating sexual violence. Primary prevention focuses on reducing risk factors related to increased perpetration of violence.

What do we mean by “protective factor”?

A protective factor is anything that reduces the likelihood of sexual violence occurring, or increases resilience if someone does experience sexual harm. Risk and protective factors exist at the individual, relationships, community, and societal levels of the social ecological model.

WHAT DO WE MEAN BY "EVIDENCE-BASED"?

Emerging Practice (evidence-informed):

- Is based on guidelines, protocols, standards, or preferred practice patterns that have been proven to lead to effective public health outcomes.
- Incorporates a process of continual quality improvement. Has an evaluation plan in place to measure program outcomes, but it does not yet have evaluation data available to demonstrate the effectiveness of positive outcomes.

Promising Practice (evidence-informed):

- Has strong quantitative and qualitative data showing positive outcomes, but does not yet have enough research or replication to support generalizable positive public health outcomes.

Best Practice (evidence-based):

- Has been reviewed and substantiated by experts in the public health and/or education field according to predetermined standards of empirical research;
- Is replicable, and produces desirable results in a variety of settings.
- Clearly links positive effects to the program/practice being evaluated and not to other external factors.

WHAT ARE THE RISK AND PROTECTIVE FACTORS IN THE NC RPE LOGIC MODEL?

Individual

Relationship

Protective Factors:

- Nonviolent problem-solving skills

Risk Factors:

- Adherence to traditional gender norms
- Lack of nonviolent problem-solving skills

Protective Factors:

- Connection to a caring adult
- Association with prosocial peers
- Connection/commitment to school

Risk Factors:

- Association with delinquent peers

Community

Society

Protective Factors:

- Coordination of resources and services among community agencies
- Community support and connectedness

Risk Factors:

- Poor neighborhood support and cohesion
- Community violence
- General tolerance of sexual violence within the community

Risk Factors:

- Weak laws and policies related to sexual violence and gender equity
- Harmful societal norms around masculinity and femininity that support sexual violence (eg male superiority and sexual entitlement; women's inferiority and sexual submissiveness)
- Cultural norms that support aggression toward others

COMMUNITY INTEGRATION

Local RPE subrecipients are encouraged to engage in coalition-building with partners and key stakeholders in their communities to increase community buy-in and coordination for prevention efforts. All subrecipients are required to maintain a local Sexual Violence Prevention Task Force with an average of 5-7 members. Task forces are expected to represent the community, and subrecipients are encouraged to evaluate their membership throughout the grant cycle to ensure the task force is representative. Subrecipients are encouraged to think through strengthening primary prevention work in multiple settings, including their own organization, the organizations where the strategies are being implemented, their partner organizations, and other community organizations. The goal is to rethink community ownership of primary prevention efforts to increase sustainability.

EVALUATION, IMPROVEMENT, AND CAPACITY-BUILDING

The NC RPE program maintains an evaluation plan aligned to its selected strategies for the purposes of evaluating the effectiveness of our strategies and continual quality improvement. Individual/relationship level strategies are evaluated using the minimum data set -- a five-question survey designed to measure shifts in knowledge, skills, and attitudes about sexual violence as a result of the prevention programming. SVPAC members are surveyed annually to assess engagement, value, and areas for improvement. Technical assistance requests are assessed to determine training needs and capacity-building opportunities for existing and potential RPE subrecipients.

OUR COMMITMENT TO EQUITY

The NC RPE program has selected strategies with an equity framework, and maintains a focus on how different marginalized groups (populations bearing disproportionate burden) are being centered in our prevention strategies. We selected our strategies based on existing data, and valued anecdotes and narratives as a form of data. We have chosen to utilize a domain-centered approach rather than a population-centered approach, focusing on domains that are commonly understood to be occupied by populations who bear health disparities and disproportionate burden, and who experience many risk factors for sexual violence perpetration and victimization. As mentioned above, those domains are college campuses, K-12 school environments, and community-based organizations.

For more information on NCCASA's role in North Carolina's Rape Prevention and Education program, contact Prevention Education Program Manager, Christy Croft, at christy@nccasa.org.