

Sexual Violence Primary Prevention Plan South Dakota



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January 28, 2010

Dear Stakeholders:

I am pleased to present the *South Dakota Sexual Violence Prevention Plan* which is designed to significantly reduce and ultimately end sexual violence in South Dakota.

Sexual violence is a serious public health issue with many contributing factors and far reaching consequences in communities. Solutions to prevent sexual violence will require action on the part of all individuals in every community across the state. The South Dakota Sexual Violence Prevention Plan was developed by the South Dakota Sexual Violence Planning Committee. The committee represents a diverse group of community-based and state prevention professionals brought together through funding from the Centers for Disease Control and Prevention. The plan outlines the committee's first step in addressing the prevention of sexual violence in South Dakota.

Thank you to the South Dakota Sexual Violence Planning Committee for giving of their time and expertise to write this plan. I encourage everyone to join efforts to prevent sexual violence in South Dakota.

Sincerely,



Doneen B. Hollingsworth
Secretary of Health

Executive Summary

Sexual violence (SV) is a major public health problem. The high rates of prevalence of SV and its impact are both well known and recognized by those working in rape crisis centers, domestic violence shelters, emergency rooms and police departments. Traditionally, the focus has been on the systems and strategies in place for treating victims of SV. While it is important and necessary to have these systems in place, the focus has changed to prioritizing the primary prevention of SV. The goal of South Dakota's Rape Prevention Education (RPE) Plan is to ultimately stop SV before it occurs by eliminating the root causes of SV. Activities will be directed toward addressing basic gender inequalities including promoting the status of women and girls; dispelling messages and myths related to existing "social norms" of male behavior; promoting healthy and safe attitudes and beliefs about sexuality; empowering those that witness violence to speak out; and developing interventions for young people who are at risk for becoming perpetrators. There are several organizations across South Dakota that address the problem of SV in their local communities. It is with great respect that the RPE program partners with these pioneering organizations to continue working towards ending SV in South Dakota. Together, we will deepen our primary prevention focus with our coordinated planning, implementation and evaluation of prevention strategies and outcomes.

Although it is necessary to increase the awareness of all South Dakota citizens on the extent of SV in South Dakota, young children, teens and young adults was identified as the priority population for the focus of prevention efforts. These age groups are highly vulnerable to sexual abuse and have a high risk of becoming perpetrators or victims.

Forward by SV Prevention Planning Committee

Under the national leadership of the Center for Disease Control and Prevention (CDC), states receiving Rape Prevention and Education (RPE) funding were given the opportunity to devise a state specific plan regarding SV prevention. Therefore in the fall of 2006, the South Dakota Department of Health (DOH) began assembling a multi-disciplinary committee to examine the current status of rape prevention efforts and then begin crafting a plan for the prevention and elimination of SV in South Dakota.

The South Dakota SV Prevention Planning Committee (SDSVPPC) first met in March of 2007. The Committee is comprised of citizens representing various tribes and geographical regions of our great state. These members are women, men, survivors and professionals all committed to creating a State free from SV. This committee generally meets quarterly either in person or via teleconference depending on availability, resources, and the weather to collaborate on the Prevention Plan. The SDSVPPC completed a literature review of prevention related materials/resources and also conducted a South Dakota Needs and Resources Assessment in the fall of 2007. Throughout the years, the group has experienced changes in membership and leadership but our concern for the issues and our resolve to create concrete action steps have not waned. After all, Rapid City, South Dakota is consistently in the top 10 cities with the highest rape per capita according to the Federal Bureau of Investigations (FBI).

South Dakota is a large, predominately rural state with nine Native American reservations. Such unique characteristics and attributes have made the creation of an ample prevention plan an arduous task indeed. Since Rape Prevention Education funds are allocated according to population, South Dakota's small provision inhibited our ability to dream as big and comprehensively as we would prefer. SDSVPPC would like to see the RPE distribution formula reworked to ensure adequate resources allocated for rural states with geographical challenges.

South Dakota will rely heavily on creating and sustaining vested partnerships with agencies across the State. Together we plan to increase healthy, non-violent interactions for all residents while diminishing aspects of society which promote and support SV through social norm campaigns. We are depending largely on utilizing data from the South Dakota Behavioral Risk Factor Surveillance System (BRFSS) and the South Dakota Youth Risk Behavior Survey (YRBS) to evaluate our efforts despite the ongoing concern that sexual assault related questions seem to be controversial and at-risk for being eliminated. The Planning Committee feels strongly these questions need to remain in each survey in our effort to gather consistent and longitudinal data as evidence of change.

All components of the state's strategic plan will be subject to on-going and outcome based evaluations. The Ecological Model offers an effective framework in which to organize and prioritize prevention efforts within the state. It is the committee's belief that violence prevention is a worthy endeavor. Previous attempts to reduce rape and sexual assault have focused on secondary and tertiary efforts that address harm reduction, judicial consequences, and awareness rising. The Planning Committee envisions a shift in our efforts and our thinking about sexual assault. We believe that these types of offenses are preventable. With our intentional and multidisciplinary plan; we will work to change gender and socialization norms, empower bystanders, and reduce risk factors for victimization or perpetration to ultimately create a safer South Dakota.

Peace in your day and our world,

South Dakota Sexual Violence Planning Committee

Sexual Violence Prevention Planning Committee (SVPPC)

Elton Blemaster, Assistant Chief of Police - Pierre Police Department

Terry Disburg, RPE Coordinator, Office of Family Health - Department of Health (New 11/09)

Dannie Dosch, Coordinator of the Child Welfare Services - Catholic Social Services

Tanya Draper-Douthit, Director - Compass Center (Ended SVPPC 4/09)

Willeen Druley, Maternal Child Health Consultant - Aberdeen Area Indian Health Service (New 4/09)

W. Burke Eilers, Director YFS Counseling Center, Men's Health Project and Western Prevention Resource Center

Lora Hawkins, Victim Specialist - Federal Bureau of Investigation

Carole A. Heart, Director - Aberdeen Area Tribal Chairmen's Health Board (Ended SVPPC 1/08)

Bev Duffel, Program Manager, Office of Family Health – Department of Health

Janet Johnson, Director - Yankton Sioux Tribal Victim's Advocacy Program

Kami Kessler, Crisis Intervention Counselor - Capital Area Counseling

Janet Kittams- Lalley, Director, Compass Center (New 6/09)

Darcy Lassegard, Social Worker - Volunteers of America/Dakotas

Marcy Lesmeister, Women's Shelter Director - Sacred Heart Center Service (New 4/09)

Darlene Bergeleen, Administrator, Office of Family Health – Department of Health

Chris Wiegert, Executive Director - Boys and Girls Club

Sexual Violence Prevention Planning Committee Planning Process

The planning process for South Dakota was very informal. At the beginning of the RPE funding grant, the DOH contracted with the South Dakota Network Against Family Violence & Sexual Assault (SDNAFVSA) to start the planning process including assisting with the development of the committee. The first meeting took place on March 15th, 2007. This meeting focused on orientation to the grant, the history of RPE and introduction of members with comments specific to their experience in the sexual violence (SV) field.

1. Engage Stakeholders

The starting point for the Planning Committee was to generate a distribution list of potential individuals and organizations to survey about the work they may be doing with regards to RPE. The Planning Committee also discussed information the survey should gather and what format the survey should be. The survey was done through Survey Monkey and sent out to the distribution list for completion.

2. Assess Needs

The Planning Committee met with individuals from a variety of backgrounds including local law enforcement, Department of Criminal Investigation (DCI), FBI, state's attorney offices, the sex offender registry program, the Department of Social Services (DSS), and the Department of Human Services (DHS). Additionally, of 131 organizations responding to a survey, 49 indicated they did primary prevention activities related to SV (See appendix A). However, most of these

were domestic violence/sexual assault agencies whose main focus is victim services with very little funding or staff time geared towards primary prevention activities.

It is extremely difficult to show the true prevalence of SV in South Dakota as the data is collected by a variety of sources with a variety of working definitions (i.e., only females, state or federal, etc.). The funding needed to create a system of data collection specific to SV would be extensive and would not necessarily benefit prevention programming as it is well established that SV is underreported both nationally and in South Dakota. The YRBS and the BRFSS are statewide surveys that have data specific to rape and violence in South Dakota. The Planning Committee felt the two surveys were the only consistent and reliable data source that could be used to evaluate the impact of RPE initiatives. Because the grant limits the amount of funding that can be spent on surveillance, the SV Prevention Planning Committee (SVPPC) felt it would be cost prohibitive to develop and implement a new source for data regarding rape. However, the Prevention Network agreement initiated in FY 2010 will provide the RPE program with specific data. The pre and post tests will be administered to the selected population of young children, teens and young adults as part of the Safe Date curriculum.

3. Examine Strengths and Capacity

There are approximately 50 domestic violence agencies statewide (all were surveyed but several did not respond). These agencies are members of either the South Dakota Network Against Family Violence & Sexual Assault (SDNAFVSA) or the South Dakota Coalition Against Domestic Violence & Sexual Assault (SDCADVSA). Both of these organizations provide technical assistance and training to their members as well as a network in which concerns and

requests may be communicated. Most of the shelters responding to the survey did indicate they were committed to and supportive of activities for primary prevention of SV.

The only organization in South Dakota specific to sexual assault prevention is The Compass Center in Sioux Falls, South Dakota's largest city. This Center is a leader in the Sioux Falls area in providing primary prevention to local organizations, schools, and general public. However, they are not a statewide organization and there are not adequate grant funds to support their efforts statewide. The CDC requires the strategic plan be inclusive of all South Dakota residents.

DHS has created an organization specific to prevention work in South Dakota. The Prevention Network has four prevention resource centers (PRC) in South Dakota: Lemmon, Rapid City, Sioux Falls and Watertown. They are funded by the DHS Division of Alcohol and Drug Abuse and the Department of Education (DOE) to provide the following services:

- Assist schools in developing policies, programming and curricula;
- Train youth, teachers and prevention advocates in various programming such as Family Fun Nights, Natural Helpers, Youth Mentoring Youth, Improvisational Theater, State Peer Helpers Conference, Youth to Youth, and Bullying/Violence Prevention;
- Assist community and parent groups in developing prevention activities;
- Disseminate information through their specialty Prevention Libraries including videos, books, curricula, pamphlets and posters;
- Collect and disseminate current prevention research; and
- Work in partnership with existing agencies that provide prevention services.

The Prevention Network is providing primary prevention resources related to a variety of issues including bullying and violence prevention. With a statewide infrastructure and a focus on primary prevention, this network within DHS is an ideal partner to deliver RPE services.

4. Select Priorities

The Planning Committee selected all South Dakota residents as the universal population. The SVPPC has discussed the need to begin with literature specific to “Admit SV occurs in your community” as the Planning Committee has found that many individuals across South Dakota do not see SV as something to be concerned about in their local community. Once there is more awareness through literature distribution and media coverage of SV in South Dakota, the Planning Committee will increase behavior or social norm changing initiatives. There is a clear need to work in local communities to increase readiness for healthy relationship messages and increase the capacity of individuals to provide information to the general public.

There were several discussions generating ideas with regards to choices for the selected populations. The Planning Committee decided on young children, teens and young adults with specific instruction under each goal to be culturally sensitive to the needs of the community being addressed. There are very high rates of child sexual abuse in South Dakota as identified through the DSS Domestic Abuse & Sexual Assault (DASA) grant report, and a variety of other sources including Planning Committee members’ own experiences in their professional work. Although it is difficult to show South Dakota data that supports selecting any particular group, it is well known nationally that teens and young adults typically have higher rates of SV reported

than any other age group. Males and people with disabilities were also considered as priority populations but the decision was to restrict to one priority population due to limited funding.

5. Seek Resources

Due to limited funding for RPE in South Dakota, partnering with other programs of similar focus will be necessary to coordinate efforts. All other funding related to SV is specific to victims' services. However, there is great potential for increasing the number of partners and distributing literature through the Planning Committee and other organizations throughout South Dakota as listed in Appendix B. As DHS has an existing infrastructure that already focuses on prevention of a variety of issues with our priority groups, a collaborative effort between DOH & DHS to provide RPE would be straight forward and simple to facilitate. The Prevention Network has the capacity to provide RPE currently and has received training specific to rape prevention through a variety of sources with evidence based curriculum or nationally recognized materials (Safe Dates, Mentors in Violence Prevention, Helping Teens Stop Violence). However, as the agreement continues, additional training on the subject of SV to enhance prevention programming will be needed. Additionally, the progress of RPE through The Prevention Network will assist the Planning Committee to monitor the effectiveness of the goals of the plan for this priority group. The data collected through this agreement will include number of students, number of sessions, curriculum and program feedback which will be used by the Planning Committee to review the goals and objectives of the RPE program and make changes if needed.

6. Set Goals and Objectives

The SVPPC looked at several other states' draft plan examples when developing the South Dakota plan. Based on the funding available, the Planning Committee set two goals, one specific to the universal population of South Dakota adult residents and one specific to our selected population of young children, teens and young adults.

Purpose of Comprehensive Primary Prevention Plan

The purpose of the Sexual Violence Primary Prevention Plan is to provide South Dakota with a guide for the next five to eight years to reduce the burden of and expand state's capacities to address SV. The plan provides a common direction for everyone involved in SV prevention and helps ensure the actions taken are mission driven and consistent with the plan's goals.

Additionally, it provides for the ongoing assessment of progress and identification of barriers and improves communication, coordination, and collaboration among those involved in RPE. It also contributes to the development of effective RPE programs through the design and implementation of an ongoing evaluation process.

Vision Statement

To significantly reduce and ultimately end SV in South Dakota by:

- Promoting healthy and safe attitudes and beliefs about sexuality;
- Empowering those who witness violence (bystanders) to speak out;
- Developing interventions for young people at risk for becoming perpetrators;
- Promoting the status of women and girls; and
- Recognizing the contributing causes of SV in our society.

Definition of Sexual Violence

Sexual violence is any sexual act that is forced against someone's will. These acts can be physical, verbal, or psychological.

The Planning Committee selected this definition by consensus. The Planning Committee wanted to ensure all types of SV could be included in this definition. Other groups in South Dakota (especially law enforcement) use very specific and limited definitions for SV.

Although it is important that all groups use the same definition, the Planning Committee did not think these other examples were comprehensive enough for the state plan.

Needs and Resources Assessment Narrative

The Planning Committee reviewed information collected for the needs assessment (see Appendix A) and determined the goals and objectives of the plan based on that information. The data collected supported the entire state being our universal population as South Dakota is a very rural state with only three counties classified as urban. Most of the RPE work being done has been focused to these three urban areas with little to no prevention work being done in the rest of the state. It was also determined, based on the needs assessment, that to reach these rural areas the goals and objectives would need to specify partnering with as many organizations as possible across South Dakota to provide RPE to these areas.

The data available addressing the magnitude of rape in South Dakota is extremely limited and not classified in the same way by the data sources. For example, the South Dakota Crime Report, which is the only law enforcement data available, specifies rape as “the carnal knowledge of a female forcible and against her will” so statutory rape and other sex offenses is not recognized under this category. Additionally, most instances of SV are underreported so it is understood that SV is more prevalent what the data available shows.

Alternatively, the YRBS and BRFSS ask more general questions about the respondents (male and female) experiences of sexual assault. Taking all other data sources available including the number of individuals listed as sex offenders, DSS child sexual abuse data and a number of cases over the past few years specific to youth being victimized in South Dakota, it was decided young children, teens and young adults would be the selected population.

Additionally, South Dakota has nine Native American reservations and based on information provided by Planning Committee members, feedback from organizations working with Native American communities, and the Amnesty International: Maze of Injustice Report, it was determined that we would also need to focus on Native American communities.

However, instead of making this a selected population, it was decided that we would incorporate this group into our other goals with a specific objective of creating culturally appropriate materials and outreach education for providers and educators working with this population.

The challenge has been, and will continue to be, where to focus our rape prevention efforts.

The Planning Committee decided it was necessary to create a plan based on what we have the ability to accomplish rather than creating a plan that is not feasible with the limited funding South Dakota receives.

<p>Strengths</p> <ul style="list-style-type: none"> • A lot of prevention work being done in urban areas. • Existing successful partnerships within DOH & with DSS, DHS, & DOE • South Dakota Legislature Task Force brought attention to sexual assault in South Dakota. • Media/High profile case of child sexual abuse in South Dakota will bring attention to the need for primary prevention. 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Very little or no prevention work being done in rural areas in South Dakota. • Limited resources require increased efforts to coordinate RPE among several departments and organizations. • South Dakota citizens don't see SV as a "problem" in South Dakota.
<p>Opportunities</p> <ul style="list-style-type: none"> • Utilizing partnerships with other programs in DOH, DHS, DSS & DOE • Partnerships with SDNAFMSA & SDCADVSA 	<p>Threats</p> <ul style="list-style-type: none"> • Reluctance of South Dakota residents to freely discuss subject matter. • Limited funds available.

Goals, Objectives, and Evidence-Based Strategies Universal & Selected Populations

Goals and Outcome Statements

Universal Population: All South Dakota Residents

Rationale: Survey results & planning committee discussions support selecting all South Dakota residents as the universal population. There is a limited work being done in South Dakota specific to primary prevention of SV & most communities are at an early readiness stage for receiving prevention programming.

Selected Populations: Young Children, Teens, and Young Adults

Rationale: High rates of child sexual abuse & well established knowledge this age group typically has higher rates of both victimization & perpetration of SV.

Goal 1 – To increase the capacity of partners to promote and support SV prevention.

Objective	Strategies	Evaluation
<p>Objective 1: Individual/Relationship – By 2011 and ongoing, increase culturally relevant literature specific to SV prevention and the distribution of literature to South Dakota citizens.</p>	<ul style="list-style-type: none"> • SVPPC to create “talking points” literature. • SVPPC will evaluate and provide list of acceptable resources in SV prevention. • In collaboration with partners, enlist individual shelters to distribute talking points created by SVPPC. • Include marital SV prevention information with other information provided when applying for marriage license. • Use professional/personal affiliations of SVPPC to disseminate literature by members. • Provide literature to South Dakota prevention agencies for distribution at conferences, trainings and community outreach events. • Assist in the development of literature specific to minority populations. 	<p>Number of written materials distributed about SV prevention information statewide and to specific communities. Baseline year 2010. Committee to identify yearly measure after baseline year.</p>

<p>Objective 2: Community – By 2011 and ongoing, the SVPPC will impact the climate, systems, and policies in a given setting by saturating with alternative social norm ideals that are culturally relevant by providing funding and/or collaboration with others for at least two annual projects.</p>	<p>Providing funding and/or collaboration with others for at least/but not limited to two, of the following annually:</p> <ul style="list-style-type: none"> • Sexual Assault Awareness Month • Mentors in Violence Prevention Programs • Men of Strength Clubs • Bystander Intervention Programs • Yellow Dino Program • Green Dot • Second Step 	<p>At least two collaborative activities are successfully completed annually. A reduction in the number of individuals responding yes to the following BRFSS questions:</p> <p>1. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent - for example, being groped or fondled? 2008 - 0.7% / N=6580 2007 - 1.0% / N=6338</p> <p>2. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies? 2008 - 1.2% / N=6571 2007 - 1.2% / N=6340</p>
<p>Objective 3: Societal – By 2011 and ongoing, SVPPC committee will foster linkages between and among state and tribal agencies and partnerships/coalitions for the purpose of collaborating and capacity building on SV prevention initiatives.</p>	<ul style="list-style-type: none"> • SVPPC members will participate with community/state workgroups to ensure coordinated non-duplication of efforts and widespread adoption of plan to reduce SV in South Dakota. • SVPPC members will work with Indian Health Service (IHS) to increase awareness for RPE funded organizations to provide RPE to minority populations in South Dakota. 	<p>Number of partnerships and/or linkages was maintained or increased. Baseline data – Committee has identified 54 partnerships.</p>

Goal 2 - To increase healthy, non-violent interactions for young children, teens and young adults and diminish aspects of society which promote and support SV.

Objective	Strategies	Evaluation
<p>Objective 1: Individual/Relationship - By 2011, increase culturally relevant individual awareness that influence an individual’s behavior choices as to increase protective factors and/or reduce risk factors that lead to perpetration of SV as evidenced</p>	<ul style="list-style-type: none"> • Provide funding for educational training sessions that are knowledge focused, knowledge/attitude focused and social/life skills focused through agreement with 1 or more contract agencies. • Provide training and technical assistance funding specific to enhancing or evaluating SV prevention programming to individuals providing education through agreement with 1 or more contract agencies. • Evaluate and provide list of acceptable resources in SV prevention specific to population. • SVPPC will ensure funded RPE programs use CDC guidance for SV primary prevention to include multiple sessions and clear outcomes that teach youth about SV issues and dispel rape myths, attitudes, and beliefs that condone SV. • SVPPC will create standard report form to document educational outreach by funded partners. • Engage youth as agents of change to affect their school’s climate of tolerance for SV behaviors. • Promote bystander intervention • Promote “parents matter” approach 	<p>SDYRBS data. Pre and post tests given at all RPE funded educational sessions will reflect a positive change in understanding the topic. A reduction in the number of individuals responding yes to the following YRBS questions:</p> <p>1. Have you ever been forced to have sexual intercourse when you did not want to? 2007 - 10% / N=1611</p> <p>2. During your whole school life, has anyone (this includes students, teachers, other school employees, and anyone else) ever touched, grabbed or pinched you in a sexual way when you did not want them to? 2007 - 24% / N=1611</p> <p>3. During your whole school life, has anyone (this includes students, teachers, other school employees, and anyone else) ever made sexual comments, jokes, gestures, or looks when you did not want them to? 2007 - 37% / N=1611</p>

<p>Objective 2: Societal – By 2011 and ongoing, SVPPC will foster linkages between and among state and tribal agencies and partnerships/coalitions for the purpose of collaborating and capacity building on SV prevention initiatives.</p>	<ul style="list-style-type: none"> • Partner with/ but not limited to the Office of Family Health programs such as Women, Infants & Children (WIC), Family Planning, and Baby Care to ensure staff has received proper training to provide information to participants regarding violence prevention & referral. <ul style="list-style-type: none"> ○ Abuse Reporting training ○ Family Violence - Response & Referral • Promote health education content standards integrated within DOE Coordinated School Health Program to avoid, prevent and reduce risk behaviors that contribute to SV and increase protective factors among students by: <ul style="list-style-type: none"> ○ Quarterly meetings with Coordinated School Health Interagency Group to coordinate health education in South Dakota schools. ○ Assist with professional development to school personnel specific to health education standards regarding SV issues in partnership with Coordinated School Health. ○ RPE Coordinator to assist annually with professional development specific to SV prevention for young children, teens and young adults. 	<p>Number of partnerships and/or linkages was maintained or increased. Baseline data – State has identified 4 state programs, WIC, Family Planning, Baby Care and Coordinated School Health.</p>
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Logic Models

Goal 1: Universal Population: All South Dakota Residents

To increase healthy, non-violent interactions for all South Dakota residents and diminish aspects of society which promote and support SV.

INPUTS	ACTIVITIES	OUTPUTS*	SHORT TERM OUTCOMES*	LONG TERM OUTCOMES*
<p>Funding source: Rape Prevention Education</p> <p>Partnerships with: DOH – Community Health DSS - Victim Services DHS - Prevention Network DOE – K-12, Colleges/Universities & Coordinated School Health SDCADVSA & Members SDNAFVSA & Members South Dakota Media Tribal Chairman’s Health Board</p>	<p>Increase culturally relevant literature specific to SV prevention and the distribution of literature to South Dakota citizens.</p> <p>Impact the climate, systems, and policies in a given setting by saturating with alternative social norm ideals that are culturally relevant</p> <p>SVPPC members will foster linkages between and among state agencies and partnerships for the purpose of collaborating and capacity building on SV prevention initiatives.</p>	<p>SVPPC will create/evaluate literature specific to RPE and provide list of acceptable resources for SV prevention to all partners.</p> <p>Provide funding and/or collaboration with others for two annual projects specific to SV prevention.</p> <p>Assist in the development of literature specific to minority populations & assist RPE funded programs to work with IHS to increase ability to provide RPE to minority populations in South Dakota.</p> <p>SVPPC members will participate with community/state workgroups to ensure coordinated non-duplication of efforts and widespread adoption of plan to reduce SV in South Dakota.</p>	<p>Increased knowledge of where to find assistance with resources as shown by number calls to resource centers.</p> <p>Two annual projects completed specific to SV prevention. Effectiveness measured by a reduction in the number of individuals responding yes to BRFSS survey.</p> <p>Increased collaboration with IHS to increase capacity of RPE work with minority populations in South Dakota</p> <p>Increased collaboration with other agencies (other than listed project partners) to increase RPE in settings not traditionally used for RPE as shown by number of partnerships maintained or increased.</p>	<p>Increased usage of resources as shown by number of resources distributed by resource centers.</p> <p>Increased collaborative effort by all project partners to continually & consistently provide an anti-SV message which results in a reduction of the number of individuals responding yes to BRFSS survey.</p> <p>Identifiable community response to coordinated approach by variety of groups with an anti SV message as shown by number of partnerships maintained or increased.</p>

Goal 2: Selected Populations: Young Children, Teens & Young Adults

To increase healthy, non-violent interactions and diminish aspects of society for young children, teens and young adults which promote and support SV.

INPUTS	ACTIVITIES	OUTPUTS*	SHORT TERM OUTCOMES*	LONG TERM OUTCOMES*
<p>Funding source: Rape Prevention Education</p> <p>Partnerships with: DOH – Community Health DSS - Victim Services</p> <p>DHS - Prevention Network</p> <p>DOE – K-12, Colleges/Universities & Coordinated School Health</p> <p>SDCADVSA & Members</p> <p>SDNAFVSA & Members</p> <p>South Dakota Media</p>	<p>Increase culturally relevant individual awareness that influence an individual’s behavior choices as to increase protective factors and/or reduce risk factors that lead to perpetration of SV.</p> <p>SVPPC members will foster linkages between and among state agencies and partnerships for the purpose of collaborating and capacity building on SV prevention initiatives.</p>	<p>Provide funding for educational training sessions that are knowledge focused, knowledge/attitude focused and social/life skills focused measured by YRBS data & number of presentations given and number of individuals attending.</p> <p>Partner with other Office of Family Health programs (Women, Infants & Children (WIC), Family Planning, & Baby Care) to ensure staff has proper training to provide information to participants regarding violence prevention & referral.</p> <p>Promote health education content standards integrated within DOE Coordinated School Health Program to avoid, prevent and reduce risk behaviors that contribute to SV and increase protective factors among students.</p>	<p>Increased awareness of SV in educational setting as shown by pre/post tests & reduction of percentage of students answering yes on YRBS questions.</p> <p>Increased collaboration between various programs within DOH specific to prevention of SV as shown by projects training provided.</p> <p>Increased collaboration between DOH & DOE specific to prevention of SV as shown by projects collaborated on.</p>	<p>Reduction of SV behaviors in educational setting as shown by number of reports of SV in educational setting.</p> <p>Increased participation of DOH staff specific to prevention of SV as shown by number of staff trained.</p> <p>Increased participation of SV prevention by school districts in South Dakota as shown by number of school districts receiving RPE information.</p>