



ALASKA'S
PRIMARY PREVENTION
OF
SEXUAL VIOLENCE
STRATEGIC PLAN

April 2009

This Plan was supported by the Alaska Rape Prevention and Education Program , which is funded through Cooperative Agreement CE001145-03 with the Centers for Disease Control and Prevention (CDC). The contents of this document are solely the responsibility of the authors and do not necessarily represent the official views of the Alaska Department of Health and Social Services, the Alaska Council on Domestic Violence and Sexual Assault or the CDC.

Alaska’s Primary Prevention of Sexual Violence Strategic Plan

Table of Contents

Executive Summary	3
National Overview of the Rape Prevention and Education Program	5
Program Concepts	5
Current National RPE Activities	5
Alaska Rape Prevention and Education Efforts	6
Background and Assessment	6
Scope of the Problem	6
Alaska's Capacity to Conduct Primary Prevention of Sexual Violence	7
Strengths, Weaknesses, Opportunities and Threats	10
Alaska's Rape Prevention and Education Plan	12
Goals and Outcomes	12
Strategies, Context & Capacity overview	13
Component: Advocacy	13
Component: Capacity Development	13
Component: Public Awareness	13
Component: Programming – Community, Parent, Providers	14
Component: Programming - Youth	14
Component: Surveillance, Evaluation and Research	14
Sociological Model	14
Surveillance and Evaluation Plan	15
Planning Committee Members	18
Logic Model	19

Executive Summary

Alaska Rape Prevention and Education planning efforts were initiated in July 2006, when a team of six people from Alaska attended a Centers for Disease Control and Prevention-sponsored regional conference to launch state planning efforts. The team returned to Alaska, having identified that one of the first things that needed to take place was the consolidation of existing data and development and implementation of inventory and assessment tools to determine Alaska's capacity related to the primary prevention of sexual violence.

Once the data was obtained and compiled, a two-day planning session was conducted in Anchorage on February 4-5, 2009. Attendees were invited from victim services, faith-based communities, Alaska Native organizations, public health, law enforcement, behavioral health, youth serving entities, state sexual assault coalition, and others. A total of nineteen people attended the facilitated event (Appendix A), which consisted of a series of presentations on demographic and reported sexual assault, Alaska's primary prevention capacity, and the ways in which the core functions of public health relate to the primary prevention of sexual violence. The group assessed strengths, weaknesses, opportunities and threats (SWOT). Using a logic model process, the group identified key goals, followed by outcomes and strategies.

The attached plan is a result of that effort. The vision for Alaska's efforts is: Every Alaskan free from sexual violence. This will be accomplished by focusing on three overarching goals:

- Change Alaska's social norms to no longer accept that sexual violence is inevitable and expected
- Develop and sustain an effective prevention system throughout Alaska
- Reduce the level of sexual violence among Alaska's youth

This will be accomplished by focusing on advocacy, capacity development, public awareness, programming that targets communities, parents and services providers, as well as youth, and by developing a strong evaluation and research component to assess the efficacy of Alaska's efforts. Efforts will use existing evidence to determine most realistic programming, as well as focus on developing Alaska specific evidence.

It is recognized that this ambitious plan will not be feasible using Rape Prevention and Education funding alone. It will be imperative that collaborative efforts be developed between public health, the domestic violence and sexual assault communities, youth serving organizations, native and tribal entities, the University of Alaska, DELTA, behavioral health and communities.

Alaska's Primary Prevention of Sexual Assault Strategic Plan

National Overview of the Rape Prevention and Education Program

Sexual violence is a significant public health problem in the United States. The National Injury Control and Risk Survey conducted between 2001 and 2003 found that 10.2% of women and 2.1% of men reported experiencing a completed rape at some time in their lives (Basile, Chen, Black & Saltzman, 2007).

Sexual violence, including rape, is preventable. Recognizing this, Congress passed the Violence Against Women Act in 1994. This landmark legislation established the Rape Prevention and Education (RPE) program at the Centers for Disease Control and Prevention (CDC). The goal of the RPE program is to strengthen sexual violence prevention efforts. It operates in all 50 states, the District of Columbia, Puerto Rico, and 6 U.S. territories.

Program Concepts

Primary prevention is the cornerstone of the RPE program. Program activities are guided by a set of prevention principles that include:

- preventing first-time perpetration and victimization,
- reducing risk factors while enhancing protective factors associated with sexual violence perpetration and victimization,
- using evidence when planning prevention programs,
- incorporating behavior and social change theories into prevention programs, and
- evaluating prevention efforts and using the results to improve future program plans.

Prevention requires understanding the circumstances and factors that influence violence. CDC uses a four-level, social ecological model to better explain sexual violence and potential strategies for prevention. This model considers the complex interplay between individual, relationship, community, and societal factors, and allows us to address risk and protective factors from multiple domains.

The RPE program encourages the development of comprehensive prevention strategies through a continuum of activities that address all levels of the social ecological model. It is important that these activities are developmentally appropriate for the audience and are conducted at different life stages. This approach is more likely to prevent sexual violence across a lifetime than any single intervention or policy change.

Current National RPE Activities

Currently funded grantees are:

- Implementing approved activities (e.g., educational seminars, hotline operations, training programs, and the development of informational materials) conducted by state health departments, rape crisis centers, state sexual assault coalitions, and other public and

private nonprofit entities

- Building state and local capacity for program planning, training, implementation, evaluation, surveillance and prevalence studies

Organizations that receive RPE funds are also working to build prevention capacity within their state, territory, or local community. Prevention planning activities are described below.

1. RPE grantees will recruit a diverse group of people to serve on a sexual violence prevention committee. Committee representatives will include partners from the health department, sexual assault coalition, rape crisis centers, and other key prevention stakeholders.
2. RPE grantees will assess current prevention needs and resources, current training needs and resources, current activities, and the capacity for evaluation.
3. After the assessment is complete, RPE grantees will create a comprehensive, five-year sexual violence prevention plan. This plan will include how to further develop or enhance existing prevention programs, how to provide training and technical assistance to partners, and how to conduct process and outcome evaluations.
4. Once the prevention plan is finalized, grantees will work over the remainder of the funding cycle to implement, evaluate, and refine the plan.

Alaska Rape Prevention and Education Efforts

Alaska Rape Prevention and Education planning efforts were initiated in July 2006, when a team of six people from Alaska attended a Centers for Disease Control and Prevention-sponsored regional conference to launch state planning efforts. The team returned to Alaska, having identified that one of the first things that needed to take place was the consolidation of existing data and development and implementation of inventory and assessment tools to determine Alaska's capacity related to the primary prevention of sexual violence.

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Background and Assessment

Scope of the Problems: To date, most of Alaska's sexual violence data has consisted of assaults reported to law enforcement, whether Alaska State Troopers or local police departments. From the years 2003-2007 Uniform Crime Reports data, Alaska averaged 82.4 forcible rapes per 100,000 population, a rate 2.62 times the national average. Alaska has been at the top or next to

the top for almost thirty years. In a study done by the University of Alaska Anchorage on sexual assaults that were reported to the Alaska State Troopers (Alaska Justice Forum, Spring/Summer 2008), 64% of the victims were age 15 or under and 44% of the suspects were between the ages of 21 to 40. The relationship between minor victims and suspects showed 99.2% of the victims knew the suspect prior to the assault and 97% of adult victims knew the suspect. This is three times the 32.5% national rate of stranger assault suspects. In this AST study, 60% of the victims and 61% of the suspects were Alaska Native.

A study of reported forcible rapes in Anchorage was reported in the publication of the University of Alaska, *Alaska Justice Forum*, Winter 2004, Volume 20, No. 4. It defines forcible rape as the “carnal knowledge of a female forcibly and against her will” (Uniform Crime Report). Sexual assault is defined as "sexual contact with another person, male or female, without the consent of that person". From 1982 to 2001, the average rate of forcible rape reported to the Anchorage Police Department was 82.01 per 100,000 population compared to the U.S. average rate of 39.95 per 100,000. From 1999 to 2001, the rate of reported forcible rape increased by 27 % in Anchorage while it decreased by 3% nationally. Alaska Natives were 7.6 times more likely to be a victim of reported sexual assault and rape with 95.5% of the victims being female. The majority of perpetrators were non-strangers to the victim, with Anchorage showing a higher rate of stranger assaults than national rate (44.3% of victims compared to 32.5% nationwide). A significant number of the assaults (42.8%) occurred at the residence of the victim or suspect, while only 4.3% originated in parks, fields or woods. Almost half (49%) of reported sexual assaults and rapes reported in 2000 and 2001 occurred on weekends, with 60% of all reported assaults occurring between 10 p.m. and 6 a.m. Alcohol was involved in the majority of cases (76.2% of suspects and 59.9% of victims).

For the first time, Alaska has population-based data that goes beyond the reported assaults. Alaska’s Behavior Risk Factor Surveillance System is a telephone survey conducted each year on approximately 2,500 Alaskan adults. Alaska has been collecting data on sexual violence every two to three years since 1999. The most recent data from 2006 shows that 14% of Alaskan adults disclose a lifetime history of unwanted sexual violence, with 24% of women compared to 4% of men reporting these experiences. Seventeen percent of Alaska Natives, compared to 13% of non-Natives, reported unwanted sexual violence.

The Alaska Youth Risk Behavior Survey (YRBS) is a pencil and paper survey that is conducted with Alaskan middle and high school students every two years. It is an anonymous and voluntary survey. According to the 2007 YRBS, 45% of Alaskan high school students had sexual intercourse at some point, with 31% having had intercourse in the past three months. Among that 31%, 22% were using alcohol and/or drugs before the last sexual intercourse. A total of 9% of the students reported being forced to have sexual intercourse when they did not want it.

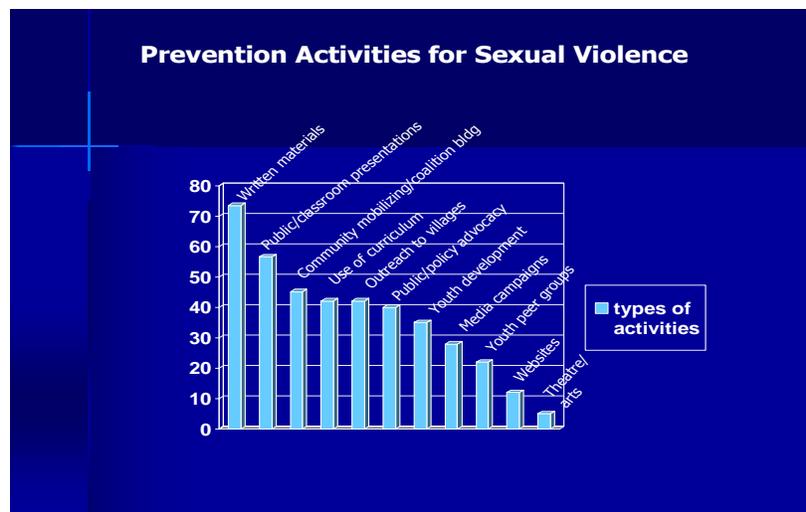
Alaska's Capacity to conduct primary prevention of sexual violence: An assessment team, consisting of a public health epidemiologist, representation from the Alaska Council on Domestic Violence and Sexual Assault, from the Alaska Network on Domestic Violence and Sexual Assault DELTA project, and the Alaska Division of Public Health - Health Promotion program, developed an assessment tool to identify the following:

- Current state and local prevention programming capacity

- Current informational and education materials being used
- Funding assessment
- Assessment of state training and technical assistance needs
- Assessment of potential partners that could use TA to build their organizational capacity to provide training
- Assessment of state capacity to offer training and TA
- Current evaluation capacity and efforts

The tool was administered and data compiled by Dr. Linda Chamberlain and Jo Gottschalk with the Alaska Division of Public Health, Section of Injury Prevention and Emergency Medical Services. Using Survey Monkey it was sent to 321 organizations and individuals, with a 43% (138) response rate. Respondents represented public health, social service, tribal, education, clinical, domestic violence and sexual assault, coordinated community response groups, youth, early childhood, post-secondary, and military organizations and agencies. Geographic representation included all areas of the state. Nearly all (93.6%) of the respondents rated primary prevention of sexual violence as at least somewhat important to the work they do, with 52.8% citing it as very important to their work, although 46% stated their organization’s mission statement did not specifically address sexual violence prevention.

When asked about the types of sexual violence prevention activities they engaged in, 24.1% identified their activities as intervention services, 25.8% state primary prevention, and 41.4% reported a mix of intervention and primary prevention. Almost all (94.4%) of the respondents said they focused on first time victims, while only 39.8% reported focusing on first time perpetrators. When asked about their target audiences, 80.4% stated they offered services to everyone, regardless of risk, with 33.6% targeting those at risk for perpetration and/or victimization, and 35.5% focusing on existing victims and perpetrators. The majority of prevention activities for sexual violence consisted of written materials and public and classroom presentations.



When asked about evaluation, the majority of people reported tracking process level data, such as number of people reached (66.3%) and number of activities (50.0% and 26.0%). Seventy-three percent of the respondents agreed that evaluation activities were essential to their work,

most commonly to develop curriculums, to use data in presentations, and to provide the results to grantors.

When asked what needs to happen to advance primary prevention of sexual violence in local communities, respondents provided the following ideas:

- Media campaign
- Increased awareness
- Changing community norms
- Training and education for service providers, school personnel, caregivers, and communities
- Prevention education in middle school
- Needs to come out in open in villages
- Training for school personnel
- Focus on children
- Decrease substance abuse
- Involve churches
- Community coordination
- Outreach to communities and villages
- Continued collaboration among agencies
- Increase funding

Based on the survey results, Dr. Chamberlain made the following recommendations:

1. Convey assessment results to key stakeholders and decision-makers
2. Seek partnerships with organizations that are addressing risk factors related to sexual violence
3. Integrate sexual violence primary prevention into current prevention programming (bullying as an example)
4. Seek interdisciplinary participation and leadership for RPE initiative
5. Increase awareness of evidence-based primary prevention strategies that include first-time perpetration
6. Provide technical assistance to implement more rigorous evaluation
7. Increase awareness and collaboration with colleges/universities, military, businesses, media and neighborhoods

Dr. Chamberlain also compiled information on the promising practices related to the primary prevention of sexual violence. Referencing information from Dr. Paul Schewe (Illinois Coalition Against Sexual Assault, 2007), she identified the following characteristics of successful prevention of sexual assault:

- More sessions are better than fewer
- Shorter sessions are better than longer sessions
- A male/female team of prevention educators produces the best results for both male and female students
- Younger students change more than older students

The content of successful sexual assault prevention programs has been found to include:

- Discussing how to help a friend who has been assaulted
- Addressing healthy relationship skills
- Teaching myths and facts about sexual assault
- Addressing gender roles

The content of less effective sexual assault prevention programs appear to include:

- Teaching statistics and sexual assault definitions
- Teaching about date rape drugs
- Addressing victim empathy
- Targeting respect and self-esteem

Strengths, Weaknesses, Opportunities and Threats

SWOT Analysis - February 2009	
<p>Strengths</p> <ul style="list-style-type: none"> • There is a great deal of passion and desire to impact these issues • We have a growing ability to collect and analyze data • Alaska has already made some progress • Alaska has examples and efforts toward multi-disciplinary approach • Alaska has good networks • There is policy level support at the state and local levels • Alaska is rich in creative, motivated young people • Alaska has the interpersonal violence prevention plan for alignment • Three communities are going to adopt the 4th R curriculum through the Domestic Violence Prevention Enhancement and Leadership through Alliances program (DELTA) • Strong cultural tradition • Expertise available statewide • There is one degree of separation in Alaska 	<p>Weaknesses</p> <ul style="list-style-type: none"> • Prevention tends to go by the wayside when other more seemingly urgent needs arise • There is a lack of evidence on effective strategies that are specific to Alaska • It is difficult to evaluate what is “not” happening • It is harder to report numbers for policy makers and funders with primary prevention • There is a lack of research on root causes • Alaska lacks a comprehensive plan • People and programs are operating in silos • Programming is reliant on grant funds • It is difficult to evaluate efforts without baseline data • Dependence on “outside” funds • The chance of offenders getting caught and punished is slim under the current system • Lack adequate tools for law enforcement to get and keep offenders off the street • Lack of collaboration leads to duplications of services • Cookie cutter programs with no local input are not effective • There is a lack of cultural awareness • There is a lack of balance between victim services and prevention
<p>Opportunities</p> <ul style="list-style-type: none"> • Political climate (desire for change and the belief that it is possible) • Drive to create wellness coalitions • There is momentum for prevention • Increasing faith-based commitment to primary prevention • The US Office of Violence Against Women funding to address violence against Native 	<p>Threats</p> <ul style="list-style-type: none"> • It is hard to speak out in small communities • Communities are already doing a lot and can only do so much • The idea of independence and self sufficiency – that people should take care of themselves • Perpetrators have more societal control • The majority of data available is from law enforcement and does not paint the whole picture

<p>women</p> <ul style="list-style-type: none"> • One of the most digitally connected states in the country • Increased federal support for prevention • Simple systems compared to other places • In-state expertise • Sexual violence is a huge problem, it is not easy to ignore • Small population base • Growing national expertise in primary prevention (particularly in Public Health) • Recognition that sexual violence is a public health problem • More people are willing to come forward 	<ul style="list-style-type: none"> • It is difficult to get more accurate data • Victim’s rights statutes in Alaska are not sufficient • It is not politically correct to do victim prevention • The Office of Children Services is overwhelmed • “Outside” funders don’t understand Alaska • There is not a quick fix and people have short attention spans • Parental and societal fear of sex • Cost of travel in Alaska • Primary prevention is viewed as secondary • No Child Left Behind has stressed schools, challenging their ability improve or expand health education • Abstinence only education • Societal attitudes toward victims of sexual violence • Lack of political will to address the problem • State has a hard time picking a program and sticking to it • Lack of community capacity • Sexual violence is considered inevitable • Some communities don’t allow sexual health educators into schools • Alaska has no state health education standard • Women and children are frequently most vulnerable • Sexual violence is such a big problem that people are afraid to tackle it • Prevention funding is inconsistent
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Alaska's Rape Prevention and Education Plan

Vision: Every Alaskan free from sexual violence

While the focus of this plan is on the intervening before the violence occurs, it must be recognized that primary prevention has to be implemented across a continuum of prevention and intervention. As such, a strong civil and criminal justice system must work in conjunction with the primary prevention efforts.

Goals and Outcomes

Goal 1: Alaska's social norms will no longer accept that sexual violence is inevitable and expected by eliminating a tolerance for violence.

The planning committee recognizes that sexual violence occurs within the context of social attitudes that consider sexual violence to be inevitable. Shifting the social standards from one of acceptance of gender-based violence to an expectation for general equality and healthy relationship will allow all Alaskans to take a role in reducing and eliminating this form of abuse.

Outcomes:

1. Increase understanding of sexual violence and its individual and societal impact.
2. Increase understanding of the myths and consequences of sexual violence.
3. Increase understanding of respectful relationships and empowerment as opposed to sexual violence.
4. Increase number of violence-free communities.

Goal 2: Alaska will sustain an effective prevention system throughout Alaska.

The primary focus of Alaska's sexual violence efforts has been on responding once the abuse occurs. At the same time, there is a growing recognition from partners in public health that sexual violence is also a public health issue, and can be addressed building on the lessons from other public health initiatives. The committee recognizes that in order to have effective primary prevention efforts, partners need to work together to develop an effective prevention system that includes training, resources and support for evidence and outcome-based primary prevention efforts while maintaining strong intervention and safety components.

Outcomes:

1. Increase funding for primary prevention.
2. Increase understanding of primary prevention of sexual violence.
3. Increased understanding of risk and protective factors.
4. Increase the body of evidence on sexual violence prevention.
5. Increase number of community-based multi-disciplinary collaboration efforts.
6. Establish State-Tribal collaborations on prevention planning, implementation and

evaluation.

7. Increase utilization of evidence-based practices at state and local levels.

Goal 3: Alaska will reduce the level of sexual violence among Alaska's youth.

While sexual violence occurs across the life span, the committee acknowledged that the most effective way to prevent future victimization is to focus on the behaviors of youth.

Outcomes:

1. Implementation of statewide evidence-based primary prevention programming.
2. Increase understanding of respectful relationships and empowerment as opposed to sexual violence.

Strategies, Context & Capacity overview

Alaska's strategies will focus on five specific areas: advocacy, capacity development, public awareness, programming and surveillance, evaluation and research.

Component: Advocacy

Target Audience: State and Local Policy Makers

1. Develop and implement a "return on investment" campaign that documents the cost effectiveness and importance of primary prevention of sexual violence
2. Develop and launch a campaign to establish a dedicated funding stream for primary prevention of sexual violence.
3. Advocate for responsible media coverage.
4. Advocate for the use of evidence-based curriculums in local schools to address the primary causes of sexual violence.

Component: Capacity Development

Target Audience: Local and Statewide Providers

1. Expand the on-line searchable database, the Alaska Health Education Library Project, to include sexual violence primary resources.
2. Expand sexual violence materials and resources for use through the Alaska Family Violence Prevention Projects Clearinghouse.
3. Develop case studies on effective Alaskan-based strategies.
4. Establish communication linkages (webinars, listservs, etc.) to share information.
5. Develop and implement training and technical assistance on evidence-based public health and sexual violence prevention programming.
6. Conduct a multi-disciplinary prevention summit.
7. Develop and share model policies to eliminate sexual violence.
8. Incorporate outcome-based evaluation in all program grant requirements.

Component: Public Awareness

Target Audience: General Public

1. Develop and implement a social marketing campaign to prevent sexual violence.
2. Train community providers on earned media/free positive publicity.

3. Develop a speaker's bureau on primary prevention.

Component: Programming

Target Audience: Community Members, Parents and Providers

1. Develop community coalitions to address primary prevention efforts.
2. Sponsor wellness gatherings targeting multiple generations that focus on primary prevention.
3. Develop resources for local parenting groups that address sexual attitudes.

Component: Programming

Target Audience: Youth

1. Identify and/or develop a K-12 curriculum that can be adopted throughout Alaska.
2. Develop a web-based interactive program using web 2.0 tools.
3. Develop peer-based primary prevention programs.
4. Use grant funds for local primary prevention initiatives that use evidence-based strategies and programs.

Component: Surveillance, Evaluation and Research

Target Audience: Partners, Providers, And Policy Makers

1. Establish an interagency surveillance workgroup that includes public health, sexual assault, university and justice system representatives to coordinate surveillance and information dissemination efforts.
2. Identify and coordinate potential research projects and resources.
3. Publish evaluation and surveillance findings.

Sociological Model

It is recognized that in order to be effective, health promotion changes must occur at multiple levels. The social ecological framework helps to highlight how this can occur. It specifies various overlaying systems within which the individual resides. Under this framework the individual factors, such as personality characteristics, genetic make-up and personal preferences affect health factors. The individual is further influenced by the interpersonal relationships, including family, friends, neighbors, co-workers and peers. The community factors include characteristics in which social relationships exist, and include the workplace, neighborhoods, health care systems, and faith communities. The societal factors reflect the larger system that impacts the individual, including cultural, political, economy, social beliefs and norms. Each system contains roles, norms, and rules that can powerfully shape health conditions, choices and standards. By developing programming that impacts people across the spectrum of the model, it has been found that there is a greater chance that effective change will be reached.

This plan is designed to address Alaskans across the socio-ecological spectrum as follows:

Individual	Interpersonal	Community	Social
K-12 Curriculum	Parenting groups	Return on investment	Dedicated primary prevention funding stream
Web-based interactive	K-12 /Curriculum	Communication linkages	Case studies

programs			
Peer-based primary prevention	Web-based interactive programs	Model policies	Outcome-based evaluation
	Peer-based primary prevention	Earned media/free positive publicity	Social marketing
		Community coalitions	Responsible media coverage
		Wellness gatherings	K-12 Curriculum
			Evidence-base programming

Surveillance and Evaluation

There currently is limited information at the state or local level on the public awareness of the impact of sexual violence on Alaskan, the rate of incidents, or the level of state and local programming. Monitoring progress toward completing this goal will require the development of surveillance mechanisms around knowledge, behaviors and programming. At this time the current possible resources exist: the Alaska Behavior Risk Factor Surveillance System, the Youth Risk Behavior Survey, and grantee reporting.

Goal 1: Alaska's social norms will no longer accept that sexual violence is inevitable and expected by eliminating a tolerance for violence.

Outcome Measures:

Measurable Objective	Indicator	Data Source	Baseline	Target
1. By 2014, increase the percentage of Alaskans who are aware of the individual and social impact of sexual violence by 25% over the baseline.	Percentage of adults who are aware of the impact of sexual violence.	BRFSS Pre-post surveys	TBD	TBD
2. By 2014, increase understanding of the myths and consequences of sexual violence by 25% over the baseline	Percentage of adults and youth who are aware of the myths and consequences of sexual violence	BRFSS Pre-post surveys	TBD	TBD
3. By 2014, increase understanding of respectful relationships and empowerment as opposed to sexual violence by 25%	Percentage of adults and youth who identify 3 components of a respectful relationship	BRFSS Pre-post surveys	TBD	TBD
4. By 2014, establish at minimum of 8 violence-free communities in Alaska	Number of communities establishing a formal violence-free policy	Program records	TBD	8

Goal 2: Alaska will sustain an effective prevention system throughout Alaska.

Outcomes:

Measurable Objective	Indicator	Data Source	Baseline	Target
1. By 2014, Alaska will increase funding for primary prevention from \$230,000 to a minimum of \$750,000.	Level of funding	Program records	\$230K	\$750K
2. By 2014, Alaska will increase service providers' understanding of primary prevention components of sexual violence by 25%.	Percentage of service providers who identify primary prevention components	Pre-post surveys Bi-annual capacity survey	TBD	25% increase
3. By 2014, Alaska will increase services providers' understanding of risk and protective factors related to sexual violence by 25%.	Percentage of service providers who demonstrate an increased understanding	Pre-post surveys Bi-annual capacity survey	TBD	25% increase
4. By 2014, Alaska will increase the body of evidence on sexual violence prevention by establishing and utilizing resources and materials.	Number of SV program posting on AHELP Number of resources available through AFVPP Number of computer hits and request for information Number of programs submitting case studies and success stories	Program records	Developmental	
5. By 2014, Alaska will increase by 15 the number of communities with community-based multi-disciplinary collaboration efforts related to the prevention of sexual violence.	Number of communities	Program records	TBD	+ 15
6. By 2014, Alaska will establish State-Tribal collaborations on prevention planning, implementation and evaluation of sexual violence.	Number of collaboratives Number of partners involved Number of projects	Program records	TBD	
7. By 2014, Alaska will increase by 15% the utilization of evidence-based practices at state and local levels.	Percentage of service providers who demonstrate an increased understanding	Grantee reports RPE plan Bi-annual capacity survey	TBD	25% increase

Goal 3: Alaska will reduce the level of sexual violence among Alaska’s youth.

Outcomes

Measurable Objective	Indicator	Data Source	Baseline	Target
1. By 2014, Alaska will increase the number of evidence-based primary prevention programming targeting youth by 50%.	Number of programs	Program records Grantee reports Bi-annual survey	TBD	50% increase
2. By 2014, Alaska will increase the number of youth reporting an understanding of respectful relationships and empowerment as opposed to sexual violence key components.	Percentage of youth reporting an increase in components related to respectful relationships	Pre-post surveys YRBS	TBD	25% increase
3. By 2014, Alaska will decrease the number of sexual violence among Alaska’s youth by 15%.	Number of sexual assaults	YRBS	9.2% of Alaskan high school students reporting unwanted sexual intercourse 2007 YRBS	7.8% of AKHS students

Planning Session Participants

Kate Burkhart	Alaska Mental Health Board & Advisory Board on Alcoholism & Drug Abuse
Lori Grassgreen	Alaska Network on Domestic Violence and Sexual Assault
Col. Audie Holloway	Alaska State Troopers
Katie TePas	Alaska State Troopers
Linda McLaughlin	Alaska Native Justice Center
Carrie Longoria	Anchorage DHSS Human Services
Emily Davies	Anchorage DHSS Human Services
Sister Jackie Stoll, Safe Environment Coordinator	Archdiocese of Anchorage
Cheryl Humme	Arctic Women in Crisis, Barrow
Linda Hoven	Council on Domestic Violence and Sexual Assault
Stephanie McFadden-Evans	Council on Domestic Violence & Sexual Assault Public Member
Linda Chamberlain, Ph.D.	DHSS, Public Health, Alaska Family Violence Prevention Project
Michael Powell	DHSS, Division of Behavioral Health
Jayne Andreen	DHSS, Division of Public Health
Shirley Moses	Grandmother's House (shelter), Alaska Native Women's Coalition
Abbie Moon	Standing Together Against Rape, Anchorage
Keeley Olson	Standing Together Against Rape, Anchorage
Kathy Andrews	Tribal Government of St. Paul Island
Andre Rosay, Ph.D.	University of Alaska Anchorage, Alaska Justice Center

February 2009 Meeting Facilitator

Cady Lister	Information Insights, Inc., Anchorage
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Alaska Primary Prevention of Sexual Assault Draft Plan Logic Model

