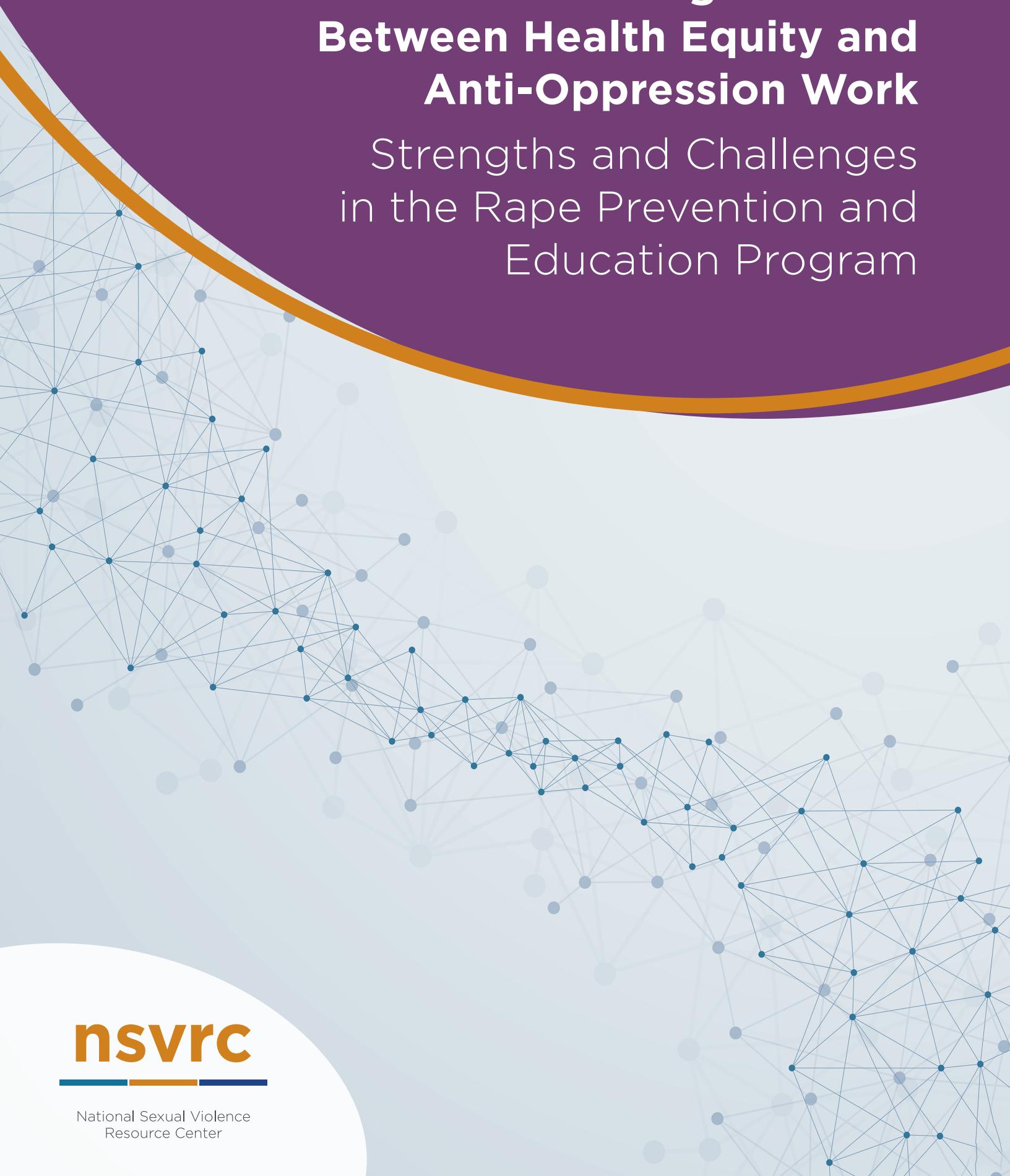


Connecting the Dots Between Health Equity and Anti-Oppression Work

Strengths and Challenges
in the Rape Prevention and
Education Program



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National Sexual Violence
Resource Center



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Authors:

Sally J. Laskey, MA
Sharon M. Wasco, PhD

Special thanks to:

Jennifer Grove, NSVRC prevention director, Mo Lewis, NSVRC prevention specialist, and all participants from around the country.

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Strengths and Challenges in the Rape Prevention and Education Program

INTRODUCTION

The [Rape Prevention and Education \(RPE\) Program](#) was established by the Violence Against Women Act (VAWA) and is administered by the Centers for Disease Control and Prevention (CDC, 2022). It focuses on the primary prevention of sexual harassment, abuse, and assault (stopping violence before it even has the chance to happen). Funding is provided to all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Collaborations between departments of health, state and territory sexual violence coalitions, local sexual assault prevention programs, and various state and community organizations all leverage resources, which strengthens and enhances prevention programming.

The National Sexual Violence Resource Center (NSVRC), a technical assistance provider for RPE programs, conducted a national needs assessment in 2021 that asked RPE partners about their capacity for prevention, with a specific focus on community-level prevention efforts. This report provides key themes from that assessment. To view additional reports and learn more about the assessment methodology, visit <https://www.nsvrc.org/national-strengths-and-needs-assessment>.

CROSS-MOVEMENT WORK

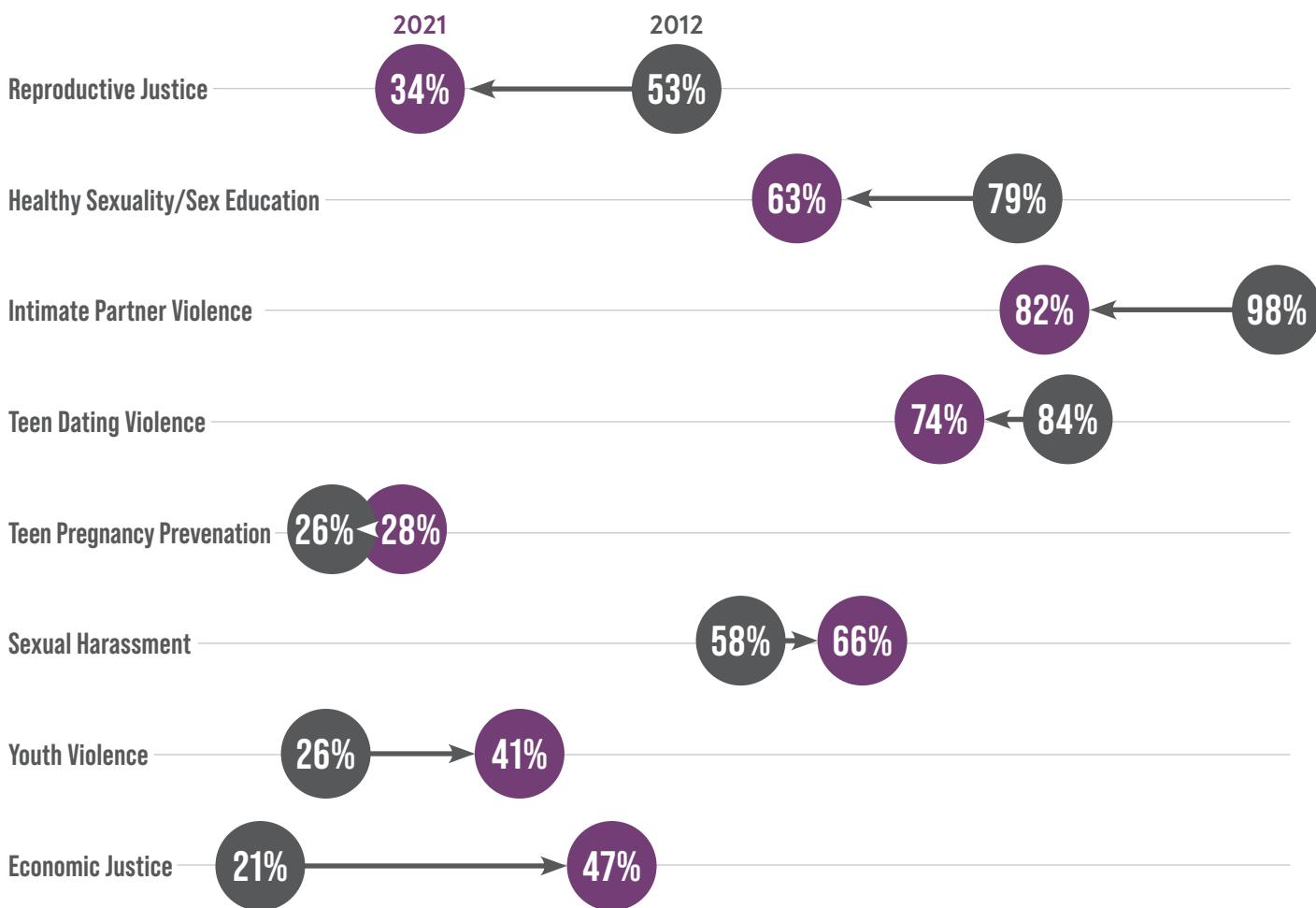
Prevention work can connect social change movements. When sexual violence prevention organizations focus on social change at the community level, they often seek to learn what other issues are important to community members and find ways to partner with others to address related needs. Prevention research points to the overlap in prevention strategies and approaches that address multiple forms of violence (Dills et al., 2019).

Between 2012 and 2021, there were observable changes in the connections that RPE Programs prioritized (see Figures 1 and 2 on the following page).



FIGURE 1

Compared to 2012 (n=51), a higher percentage of state-level organizations identified **economic justice** as a cross-cutting issue in **2021 (n=68)**, while fewer identified reproductive justice.

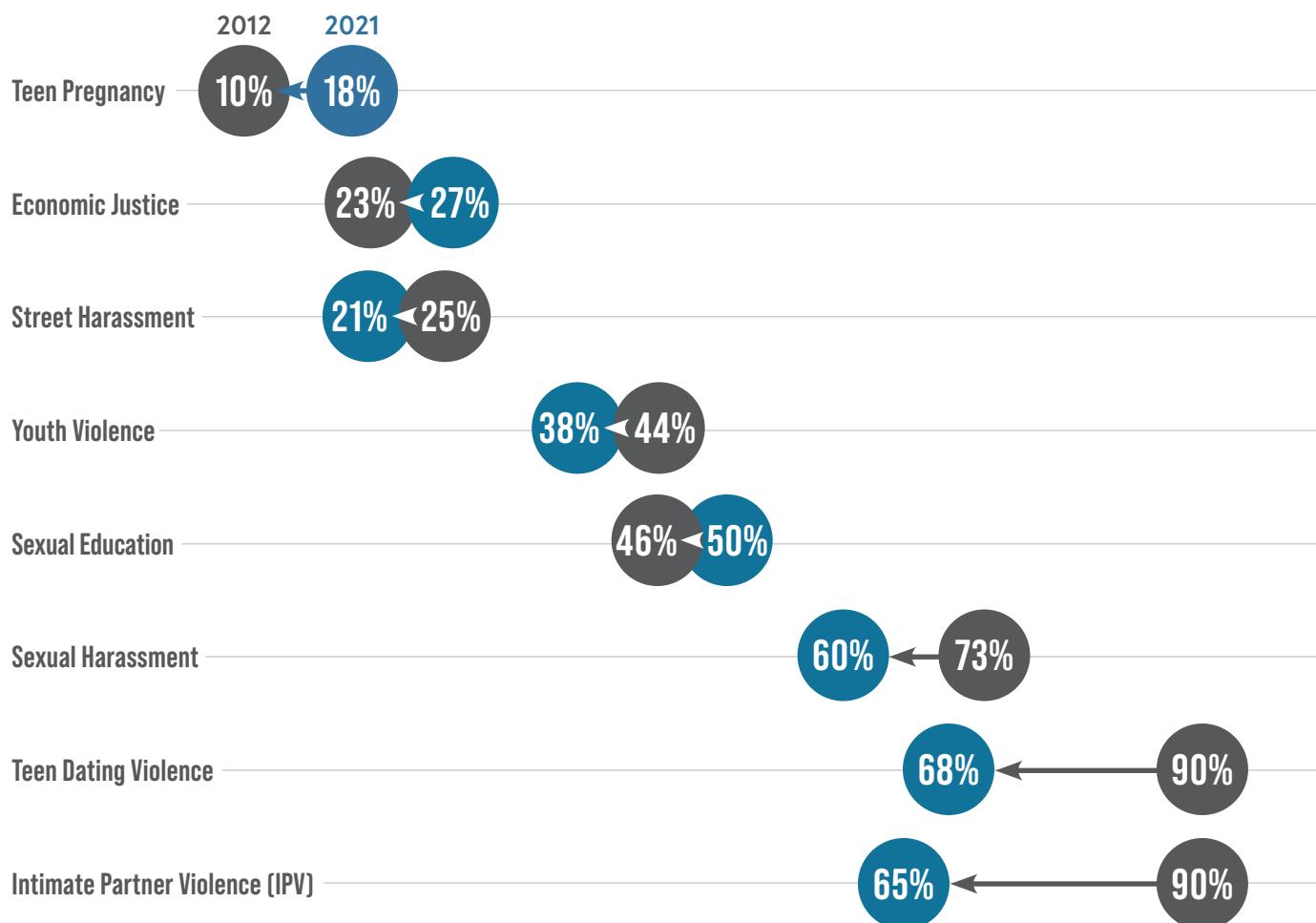


Several state-level respondents provided success stories and plans related to their economic justice work.

- One local program created a neighborhood-based coalition of women of color working to increase civic engagement, health literacy skills, and economic opportunity in their neighborhood. The group meets monthly to develop and implement local health projects and training.
- A coalition is creating a communication plan to help “connect the dots” in framing prevention and economic justice to advance state-level policy change.

FIGURE 2

Compared to 2012 (n=61), a higher percentage of local-level organizations identified **teen pregnancy prevention** and **sexual education** in **2021 (n=83)** as cross-cutting issues, while fewer made connections to Intimate Partner Violence, Teen Dating Violence, and Sexual Harassment.



Doing cross-cutting prevention work requires partnerships. The 2021 assessment surveys included an open-ended question about partnerships. One pattern that emerged from the qualitative responses is that partnerships at the local level – often composed of prevention educators, advocates, or outreach staff and community members, as opposed to agency administrators – may be less issue-based and more place-based or population-based, as this response from a local respondent highlights:

“Our lead RPE project is a collaboration between our RCC [Rape Crisis Center] and a Center for Independent Living to adapt organizational assessment and guidance to support policy [education] for safer environments at organizations for youth with disabilities. Although we are still in the tool and delivery adaptation stage, we have leveraged our strong collaboration to develop tools that...reflect best practices.”

Other local sub-recipients described collaborative relationships with new partners, such as substance abuse prevention agencies and Lesbian Gay Bisexual Transgender and Queer (LGBTQ) advocacy groups, to address root causes of sexual violence.

“We [...] established a consultation relationship with [a] LGBTQ youth supporting organization...with two of their staff providing monthly training and consultation to our sub-recipients in support of their youth organizing/youth-adult partnership efforts.”

HEALTH EQUITY DEFINED

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” (Braveman et al., 2017, p. 2).

ANTI-OPPRESSION FRAMEWORK DEFINED

“Anti-oppression refers to all the ways an individual, community, institution or system actively prevents, challenges and ends oppression against other people. It means taking a stand against and addressing the ways that oppressed peoples are prevented access to crucial resources let alone choices. It means addressing violence, abuse of power, and the ways people are manipulated, limited, controlled, silenced, incarcerated and erased. It is widely understood that oppression in all its forms can cause mental, emotional, physical and spiritual trauma to people, communities and ecologies. Trauma can cause deep, devastating and sometimes irreparable damage, particularly when it is rooted in harms passed through many generations.” (Tremblay et al., 2014, p. 2).

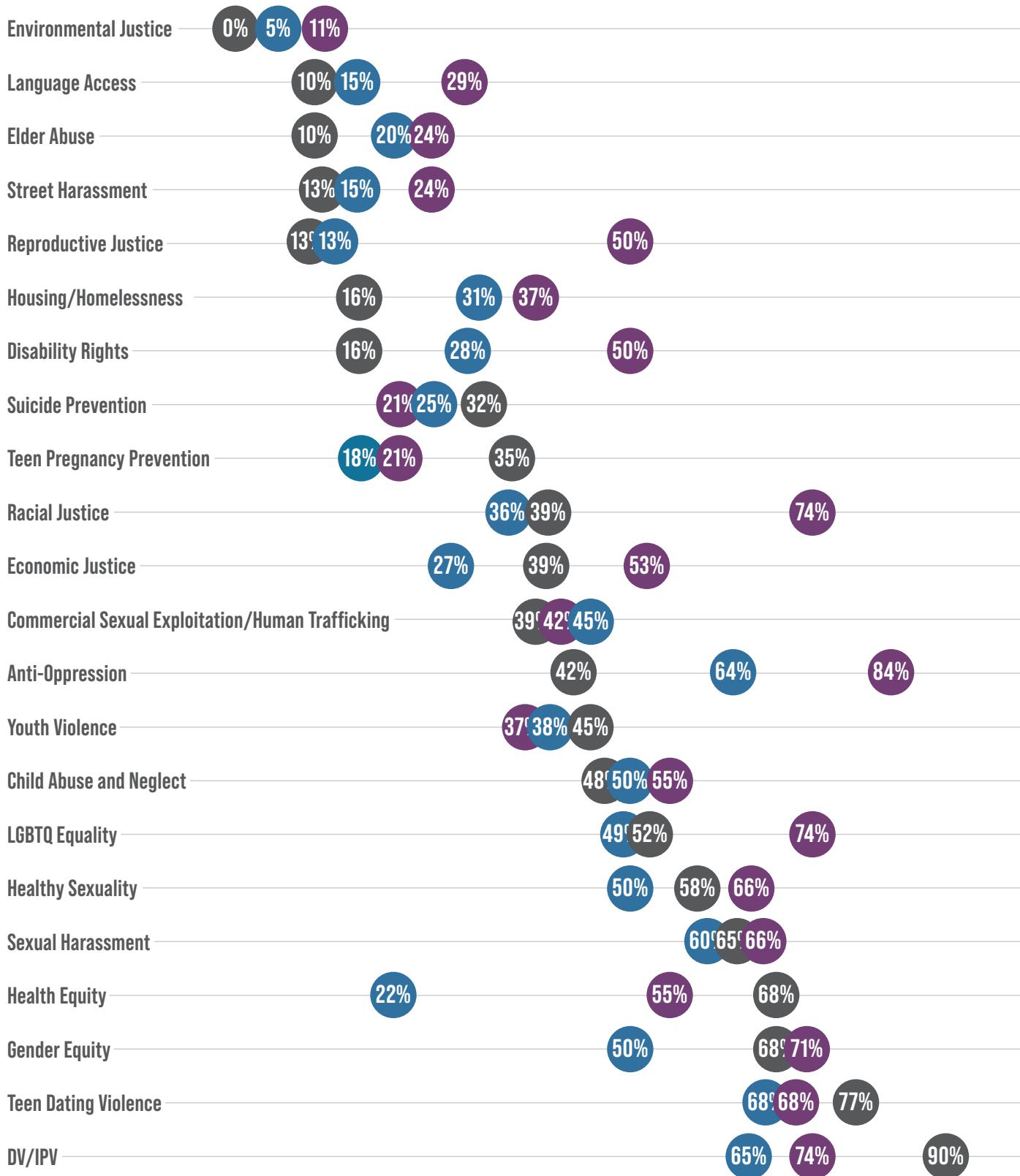
Having organizations and agencies working to support prevention efforts at multiple levels is a strength of the RPE program. There are often different approaches needed at these different levels. NSVRC’s 2021 assessment explored how organizations address 22 cross-cutting issues that connect to sexual violence. Figure 3 shows the percent of respondents that are prioritizing each issue by organization type. Some key findings include:

- Compared to **local-level organizations**, more state and territory-level organizations (**Departments of Health**, and **Coalitions**) identify connections between sexual violence prevention and almost all the cross-cutting issues explored in the 2021 assessment.
- **Local programs** identified connections to commercial sexual exploitation, human trafficking, housing, street harassment and elder abuse at higher levels than state and territory-level organizations.
- Higher numbers of state and territory-level organizations (**Departments of Health**, and **Coalitions**) are making connections between sexual violence prevention and economic justice, youth violence, and street harassment.
- Both **local programs** and **Coalitions** highly prioritize anti-oppression work.
- **Coalitions** are more likely to prioritize racial justice as a cross-cutting issue.
- The language of health equity was not included in the 2012 assessment, but in 2021, health equity was identified regularly (60% of state-level respondents overall) by state and territory-level organizations (**Departments of Health**, and **Coalitions**), but not **local programs**.

FIGURE 3

Traditional cross-cutting issues such as Intimate Partner Violence, Teen Dating Violence, Gender Equity, and Healthy Sexuality continue to be identified as connecting to sexual violence prevention for the majority of respondents surveyed in 2021. LBGTQ equality, sexual harassment and anti-oppression work were also identified as connecting issues across groups.

- % Department of Health
- % Local Programs
- % Coalitions





So, how do we connect all these dots? We can start by looking at similar priorities and begin to create a common language. There are clear connections between health equity (which focuses on eliminating inequities and disparities so that everyone has the opportunity to be as healthy as possible), and anti-oppression work (which is focused on liberation from all forms of injustice and exploitation). Both approaches center the stories of individuals that have experienced harm and work at the intersections of systemic racism, violence, and oppression. (See [Back to Basics: Partnering with Survivors and Communities to Promote Health Equity at the Intersections of Sexual and Intimate Partner Violence](#) (National Resource Center on Domestic Violence [NRCDV] & NSVRC, 2021) for more information and examples from the RPE Program.)

EQUITY PRACTICES

As RPE programs work to deconstruct systems of oppression and injustice, many have recognized the need to focus within their own organizations and agencies. The assessment survey asked respondents to self-identify practices they implemented since 2019 to foster inclusion and dismantle systematic oppression. Respondents were given a list of 13 organizational activities and practices (see Figure 4) that represent some potential actions to support equity.

“We’ve centered racial justice and anti-oppression work more intentionally to ensure we’re showing that anti-oppression work IS anti-violence work. You cannot do one without doing the other- or else you’re further causing harm and erasure.”

—Local Respondent

While the majority of survey respondents (63%) shared that they had acted to increase inclusive and equitable practices in their own organizations, almost 37% (69 out of 188) did not respond to the questions about equity. These results may reflect an inflated view of organizational support of equity practices in the field. However, there are lessons to be learned from these data (See Figure 4).

- Most Coalitions were engaged in all the organizational practices listed.
- For all types of organizations, the most common equity practice was using language that was inclusive of people across the gender spectrum and the least common practice in the field was amplifying the work of people with disabilities.
- For the majority of organizational practices, there were no statistically significant differences between state and local-level organizations. There were two exceptions: more local programs and state coalitions than departments of health communicated in ways that were inclusive of people who do not speak English; more coalitions had a working group to support employees in becoming more anti-racist.

- Even though the CDC (2021) declared racism a “serious public health threat” around the time of data collection for this assessment, only about a quarter of state departments of health reported that they made a public statement about anti-Black racism.

Since RPE work is happening in a variety of different organizational settings (from government agencies to local non-profits) with significantly different levels of funding and staffing (from a few part-time staff, to several full-time staff), and conducted by people with different levels of decision-making power, more data is needed to explore facilitators for organizational change in these different contexts.

FIGURE 4

Seven of 13 organizational practices to support equity were adopted by the majority of RPE program partners that provided a response.

Actions Towards Equity	Coalitions Taking Action	Locals Taking Action	Dept. of Health Taking Action
Gender inclusive communication	100%	95%	89%
Explicit reference to social justice or anti-oppression	93%	71%	68%
Inclusive communication includes people who do not speak English	90%	90%	58%
Public statement against anti-Black racism	90%	68%	26%
Inclusive communication includes people with disabilities	86%	86%	61%
Active working group on anti-racism	83%	53%	53%
Funding processes prioritize equity	76%	n/a	72%
Amplified the work of BIPOC individuals	76%	62%	42%
Job descriptions include anti-oppression, social justice, or intersectionality	72%	64%	53%
Amplified the work of LGBTQ+ individuals	72%	64%	53%
Allotted resources to culturally specific prevention strategies	66%	78%	79%
Amplified the work of people with disabilities	66%	45%	37%
Strategic decision making tool to center anti-oppression framework	62%	69%	47%
Affinity group(s) to support employees	59%	42%	47%



COMMUNITY-LEVEL EFFORTS

Partnerships are needed to create equitable solutions to prevent sexual abuse, harassment, and assault. Coalition building is at the heart of this work, and is a key strategy of the RPE program (Cohen et al., 2002). The historical events of 2020 brought social, racial, and economic justice to the forefront of the way state RPE recipients work with their state-level partners to address immediate needs and support primary prevention regionally, as described in the following comments.

“Prior to COVID-19, we were focusing on building statewide partnerships. That work continued, but perhaps now with an emphasis on social justice and racial equity – especially after the BLM [Black Lives Matter Movement].”

“We have also had the opportunity to expand partnerships with community partners through [Domestic Violence Prevention Enhancement and Leadership Through Alliances] DELTA COVID Supplemental funding. (Of note: DELTA and RPE priorities are closely aligned.) One of these partnerships includes a program called Employment Support Network, which provides free wrap-around services to individuals across the state who are suffering from unemployment. This initiative is closely aligned with the economic justice work we’ve been exploring under RPE.”

Partnerships at the local level are also changing their local landscape to support prevention efforts. For example, in one community, a green space improvement project created several community actions when the respondent’s “Little Free Libraries” project inspired at least three replications in other locations.

“Our project offered some unexpected successes through new partnerships in our prevention work. [Program B] is a non-profit organization with the purpose of getting people to our parks to enjoy the outdoor space. They continue to lend support to our parks project by promoting the Storybook Stroll and Little Free Library. [The] County Parks Naturalist featured our project on FB [Facebook] live and through their social media platforms to encourage community members to visit their parks and see the new things happening at each park. The park’s

naturalist, [Deleted to preserve confidentiality], is looking at expanding their library of stories for the strolls. They are seeking additional funding to purchase more stories including stories about the animal and plant species ... Maintaining our Little Free Libraries and keeping them stocked with books is a collaboration we developed with area partners implementing the Dolly Parton Imagination Library. Dolly Parton Imagination Library will be continuing to provide children's books for the project and they are now working directly with the parks staff for this ongoing work. Another Storybook Stroll and Little Free Library are being installed at an additional park due to the interest of a local Girl Scout troop. A young Girl Scout was inspired by our work and she decided to work with her troop to build a Little Free Library ...to be in compliance with the Americans With Disabilities Act Accessibility guidelines ... We will be developing future storyboards with QR [Quick Response] codes for providing prevention resources around healthy relationships to substance abuse prevention and suicide prevention efforts."

These stories highlight what relationship-building work looked like in 2021. As RPE-funded programs continue to shift the focus of their work to [risk and protective factors](#) (NSVRC, 2019) at the outer layers of the [social ecological model](#) (NSVRC, n.d.), the type of partners they engage with, the nature of the relationships they build with those partners, and the long-term vision and goals they co-create will help determine the extent to which violence can be reduced.

SUPPORTING GROWTH DURING TIMES OF CHANGE



As RPE prevention work has expanded to include the outer layers of the social ecology, organizations have strategically situated their sexual violence prevention work within increasingly broader contexts by prioritizing more cross-cutting issues, working with more diverse partners, increasing collaborative functioning, and adopting organizational practices that support equity and anti-oppression work. But there is still room for growth. RPE-funded programs can advance their work by:

- Continuing to listen to and uplift community needs and priorities.
- Building more equitable work environments that emphasize anti-racist practices. See tools and recommendations from [Transforming the Gender-Based Violence Movement: Increasing BIPOC Representation and Actualizing Accountability](#) (NRCDV, 2022), [NSVRC Anti-Blackness in the Movement: Podcast Series](#) (NSVRC, 2022), [Racial Justice Competencies for Public Health Professionals](#) (Public Health Training Center Network, 2022).
- Building in more regular time for reflection and relationship building.
- Determining a specific sphere of influence and focus on how to make positive change in that area.



- Increasing communication and sharing of lessons learned from state and territory partners.
- Considering the public health impact of reframing reproductive health policies.
- Understanding the different roles each organization plays in building prevention strategies and how they support and uplift each other.

NSVRC, other technical assistance providers, and funders can also support the growth and connection between health equity and anti-oppression work by:

- Providing guidance and support for RPE recipients on equity-focused strategies.
- Providing space and tools for building a common language and understanding the connections between anti-oppression work and health equity.
- Providing more intensive training and technical assistance related to health equity and sexual violence prevention.
- Using national platforms to share success stories and lessons learned from the field.

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resources@nsvrc-respecttogether.com
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