


Adapting in the midst of COVID-19:

Strengths and Challenges
in the Rape Prevention and
Education Program



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National Sexual Violence
Resource Center



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Adapting in the midst of COVID-19: 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) in 1994 and is administered by the Centers for Disease Control and Prevention (Centers for Disease Control and Prevention [CDC], 2022). It focuses on the primary prevention of sexual harassment, abuse, and assault, which means stopping violence before it even has the chance to happen. Funding is provided to all fifty states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Collaborations between departments of health, state territory, and tribal sexual violence coalitions, local sexual assault prevention programs, and various state and community organizations 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 assessment in 2021 that asked RPE recipients and partners about the impact of COVID-19 on their prevention work and how they adapted during the first year of the pandemic. This brief 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>.



IMPACT

The Covid-19 pandemic turned the world upside down and exacerbated already-existing [social and health inequities](#) (National Resource Center on Domestic Violence [NRCDDV] & NSVRC, 2021). Those in the public health and social justice fields witnessed an increase in violence and a desperate need for prevention services.

Despite these challenges, the majority of RPE recipients and partners were able to implement their prevention activities as planned or with some adaptation. NSVRC asked about work on 17 specific prevention activities that are listed in Figures 1 and 2. Since each program had planned different prevention activities, this brief explores impacts on each prevention activity instead of on each individual organization. On average across all activities, 51% (77) of those that responded were able to continue and/or adapt the work they had planned prior to COVID.

In exploring prevention strategies that were more affected by COVID, NSVRC looked at activities that had a 5% or more decrease overall from what was initially planned. Both state and local level respondents reported impacts on activities focused on addressing community-level risks through environmental approaches. Impacts were also felt on prevention activities that focused on organizational policy education and organizational change efforts. Additionally, local programs experienced a decrease in community mobilization efforts and activities that were focused on engaging boys and men. Likewise, at the state-level there was a reported decrease in activities focused on bystander engagement and training on gender issues. These shifts are to be expected due to the inability to continue work occurring within the physical walls of many schools or businesses due to closures. For example, one respondent shared “There would have been a broader reach of student programming. Environmental scans and protocols/policy work was planned for this year.” Others described how factors related to the pandemic had accelerated the shift of prevention work to the outer layers of the social ecological model, with a focus on community-wide communication campaigns, social norms, systems change, and organizational capacity building work (CDC, 2022).

One activity (Strengthening Economic Supports for Women & Families – labeled Econ Support in Figures), saw a 5% increase in the number of state-level respondents implementing it due to COVID adaptations. As the pandemic compounded already existing income disparities, several survey respondents shared that they shifted work to research strategies, assess priority needs, and try to address the economic needs of community members knowing that it would contribute to preventing sexual abuse, harassment and assault.

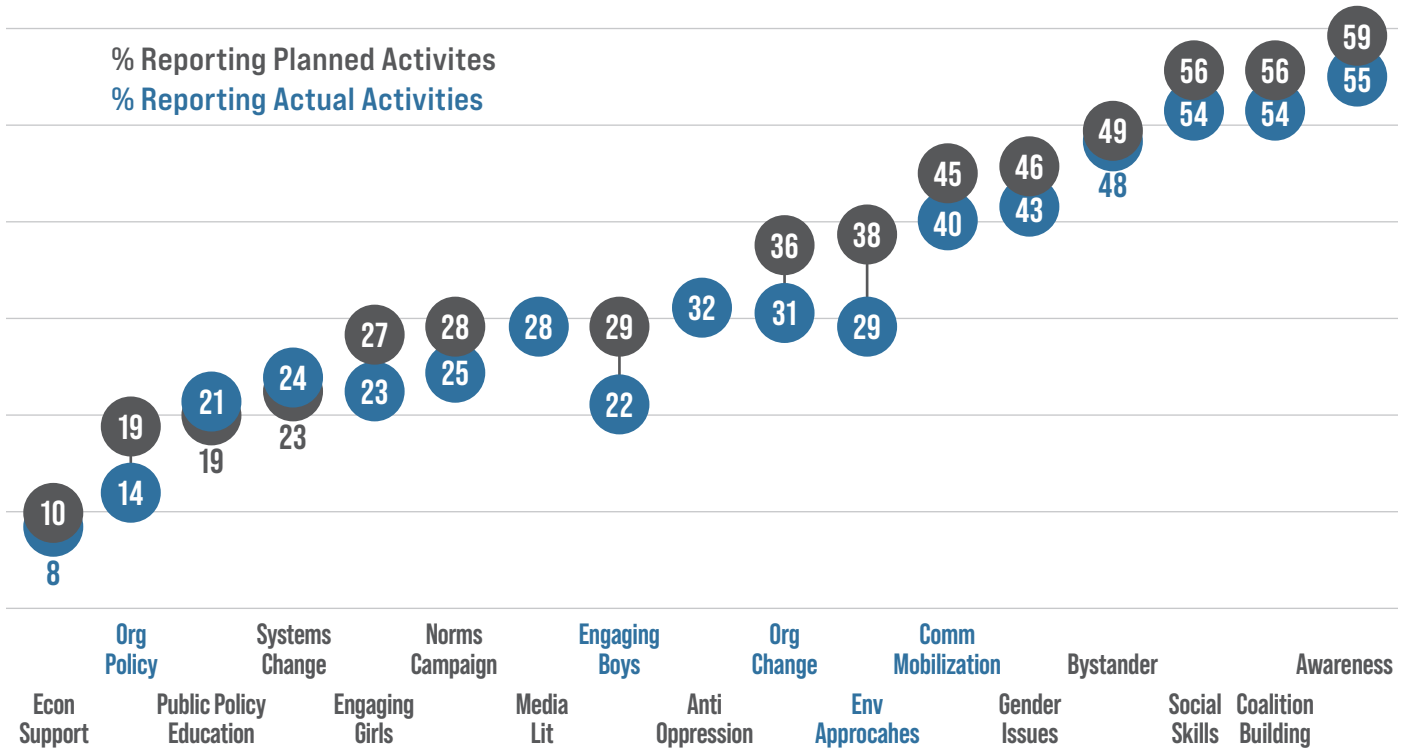
FIGURE 1

State level organizations’ **actual activities** were similar to what they planned to accomplish. There were decreases reported in **organizational change work, bystander,** and **environmental approaches** and increases in **economic support** activities.



FIGURE 2

Local RPE funded programs' **actual activities** were similar to what they **planned** to accomplish, although many had to make adaptations due to COVID. There were decreases reported in **organizational change work, community mobilization, environmental approaches** and activities focused on **engaging boys and men**.



WHAT ARE WE LEARNING?

While the review of prevention activities showed great flexibility of RPE programs as a whole, the impact of COVID-19 varied widely from program to program. This can be seen in the ways that some programs were able to adapt their prevention efforts during this time while other programs faced exacerbated gaps and challenges to their work. Five themes were identified and are described below with quotes from respondents that highlight different program experiences.



Connection

Source of Connection

Prevention activities and programs were able to provide safety and connection that, for some, was otherwise missing during the pandemic.

“[Program A] continues to run its...program for middle-school aged LGBTQ youth through a virtual format. Participants are able to learn about healthy relationships, identity, consent, and connect with peers through skills-practice and unstructured social time. Participants have continued to show up week after week despite experiencing “zoom fatigue” through school due to feelings of safety and connection the program is able to provide.”



Loss of Connection

Some prevention programs faced additional challenges in connecting during the pandemic.

“It is challenging to find points of connection at this point in the pandemic. In the beginning it was easier to get a virtual audience because everything was new. Now people are tired of Zoom and virtual spaces. We have seen online interaction decline as the pandemic has gone on.”



Participation and Engagement

Increased Reach

Many prevention programs established a broader reach, and engaged with groups that had previously been difficult to engage.

“We were able to increase our prevention team’s capacity to engage the homeschool population (a large group in our service area) moving forward through Google Classroom and other methods. This is a priority population for us and one that we have not been able to previously engage until COVID-19.”



Decreased Reach

Some prevention staff explained that even when partnerships remain stable and strong, participation and engagement can be difficult in virtual spaces.

“Since the pandemic started it feels like a BIG ask when we try and recruit participants for activities because everyone is so tired and stressed. Once they’re in the virtual room, they generally love it, but fatigue and the general stress of the pandemic is really taking a toll.”



New Directions

New Directions and Partners

Prevention staff were able to make new inroads, expand into new directions, and find new areas for success.

Survey respondents described how factors related to the pandemic such as health equity, economic supports, and the need for strong community connections accelerated the shift of prevention work to the outer layers of the social ecology with a focus on community-wide communication campaigns, social norms change, systems change, and organizational policy change advocacy.

“We have shifted into helping out with community mutual aid work, focused a lot of our attention and time on internal policies and procedures to work towards an org[anization] free of white supremacist structures, and engaged a lot with the community.”



Reassigned or Paused

Many staff paused their prevention work, and/or were reassigned to COVID response duties.

A strong theme that emerged was an inability to focus on sexual violence prevention entirely. Multiple state- and territory-level organizations described their prevention staff being taxed with “additional responsibilities related to COVID-19, including the provision of education, hygiene products and other essential needs of their program participants.” Some organizations had to forego their community-level prevention activities because they lost access to the schools or other settings. For example, one informant said, “There would have been a broader reach of student programming. Environmental scans and protocols/policy work was planned for this year.” Another informant described a similar situation losing physical access to libraries:

“COVID has prevented us from holding any in-person activities, as well as keeping us from engaging potential partners in traditional ways. We’re also limited in using community spaces for programming and advertising, specifically the county library branches, which have in the past afforded us physical space in areas of the county we don’t easily reach otherwise.”



Partnerships and Priorities

Expanded and re-prioritized

COVID increased the urgency for some prevention programs to reprioritize those most affected by sexual violence.

“We identified new populations of focus (Black women and women of color; LGBTQ communities; trans and non-binary youth) and are working on deepening understanding of their needs as well as supporting prevention geared towards these groups.”



Status Quo

Some communities maintained the status quo, and did not feel it was the time for new prevention partnerships. It may be that many organizations “hunkered down” with their same partners to plan for the future:

“It has not been a time of developing new partnerships. COVID-19 hasn’t moved us in new directions, we have just changed the way we respond and deliver messages.”

Type of Change

Societal-Level Change

Prevention work during the pandemic has included moving towards community and social changes that connect risk factors and focus on 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.”



Individual-Level Change

However, another informant explained how the burden of oppression still weighs heavy, and transformative social change still seems elusive:

“The biggest challenge is a history of oppression that African Americans have experienced, and the targeted societal messaging that encourages our community to continue to live in this state of oppression...Our efforts are unable to do more than making a small dent in the conditioning and mindsets of the students and community members that we work with. Our successes are measured in individual transformative experiences rather than societal or community mass transformation. It is mass societal transformation that would truly be necessary for us to fully attain prevention goals for our community.”

21ST CENTURY CHALLENGES

Key informants were able to identify multiple barriers to effective sexual violence prevention implementation. Multiple factors specific to COVID-19 were described as interacting with more general barriers (such as small teams) to put prevention plans on hold:

- Staff burnout related specifically to online work such as “Zoom fatigue”.
- The amount of staff time and learning involved in converting to new prevention modalities.
- Lack of access to technology and virtual learning platforms for both staff and community members.
- Increased needs for youth to connect, while addressing risk and protective factors at home and online by honoring needs for safe, secure, and private virtual connection opportunities.

In addition to COVID-related challenges, respondents described many long-term prevention struggles:

- Insufficient resources.
- Unsupportive cultural norms and stigma associated with sexual abuse remain challenging to prevention implementation.
- Lack of organizational and systemic support and capacity for sexual assault prevention.

“We are a very rural area with a high degree of unwillingness to even acknowledge sexual violence, let alone implement many of the traditional prevention activities.

Most curriculums are too “progressive” for the area, so we develop all our own curriculum based on best-practice and risk and protective factors. We also have to work with our student cohorts for years to build enough trust to be able to discuss topics such as consent, gender roles, social norms - the RPE grant is helpful in this regard due to the multi-year funding cycles, but this makes community prevention challenging since it takes years to build the relationships and capacity to implement any amount of change.”

SUCCESS STORIES

We provided an opportunity to all respondents to share information about a prevention activity that they were currently implementing with some degree of success. There were 47 success stories submitted by local respondents and 30 submitted by state-level respondents, but many of the state-level respondents highlighted success stories from the local recipients. Qualitative data suggest that, in response to global conditions, 2020-2021 was a great time of adaptation for RPE recipients, which was facilitated by state and local programs’ ability to increase their digital footprint and effectively use technology to deliver prevention messages. The majority (58%) shared successes with adapting prevention programming to virtual formats. The use of social media or new media, such as podcasts, were common. Local programs tended to be more confident than state-level respondents in their use of social media for social norms approaches to preventing sexual violence. Another area of successful adaptation was around policy and research development, specifically related to developing strategies for economic supports.

Below are just a few highlights of the success stories provided.

STRATEGY

PROMOTE SOCIAL NORMS THAT PROTECT AGAINST VIOLENCE

SUCCESS STORY HIGHLIGHT

Expanding reach:

Nā Leo Kāne Collaborative, a community initiative in Hawaii, focused on expanding the conversation of what it means to be a man, increased engagement statewide to practice the “aloha response” for healthy relationships.

STRATEGY

TEACH SKILLS TO PREVENT SEXUAL VIOLENCE

SUCCESS STORY HIGHLIGHT

Using new technologies and new partners:

One program partnered with mobile app Okay, so, a focus group of high school students, and paid youth interns to promote healthy sexuality and provide information and support 24-hours a day to youth in their community.

Adapting to virtual formats:

WEAVE in Sacramento, CA engaged community youth through WEAVE Warrior- a comic featuring superheroes who served as trusted adult figures who could intervene and help resolve conflict. Read more about the evolution of WEAVE Warriors: <https://www.valor.us/2021/08/30/rpe-spotlight-weave-warrior/>

STRATEGY

PROVIDE OPPORTUNITIES TO EMPOWER AND SUPPORT GIRLS AND WOMEN

SUCCESS STORY HIGHLIGHT

Creating new ways to empower:

The Refuge House Rape Crisis/Domestic Violence Center in Tallahassee, FL developed Virtual “Blue Table Talk” – to develop skills that empower young women to be leaders in the community and to identify mentors.

Building pathways to success:

Indian Hills Community College, in Ottumwa, Iowa, provided supports that increase economic stability and equitable educational opportunities, by using a team of staff with specialized training to facilitate student success called “Pathway Navigators.” Pathway Navigators assist students in completing their education by breaking down barriers to graduation, future employment, and economic gain. They also focused on recruitment, retention, and connection to resources and employment.

STRATEGY

CREATE PROTECTIVE ENVIRONMENTS

SUCCESS STORY HIGHLIGHT

Making virtual spaces safer:

In one community, a sexual assault center, local LGBTQI organizations, and Latinx organizations collaborated to work with youth to apply Hot Spot Mapping techniques to social media platforms to identify “safe & unsafe” virtual spaces and make recommendations for policy change (Stein, et al, 2012).



CONCLUSION

Despite societal-level changes caused by a global pandemic, most RPE-funded programs were able to implement their planned activities and adapt where necessary. Both COVID-19 and recent unrest against systemic anti-Black racism have put [health equity](#) on the national stage (NSVRC, 2021). There is an opportunity to continue the national dialogue on how to balance individual rights with collective action to support community wellness. Programs were able to increase their digital footprint and effectively use technology to deliver prevention messages, but there still remains a technological divide due to income inequality, inadequate infrastructure, and systematically under-resourced geographic locations in the U.S. There is an opportunity to reflect on the amount of time and processes needed to

expand into new areas and innovate. It may be that periods of pause are needed to grow in new directions. The stories from the 2021 assessment illustrate the many challenges that prevention staff face. Despite these difficulties, the work persists. In the words of a key informant from one state-level organization, “we are also confident that from these challenges rise opportunities.”



References

Centers for Disease Control and Prevention. (2022). *The Social-Ecological Model: A Framework for Prevention* [Webpage]. U.S. Department of Health and Human Services. <https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>

Centers for Disease Control and Prevention. (2022). *Rape Prevention and Education Program* [Webpage]. U.S. Department of Health and Human Services. <https://www.cdc.gov/violenceprevention/sexualviolence/rpe/>

Center for Healthy Communities – MPHI. (2020). *Community connections: Key in the COVID-19 pandemic*. Michigan Rape Prevention & Education Program. <https://www.nsvrc.org/resource/community-connections-key-covid-19-pandemic>

National Resource Center on Domestic Violence, & National Sexual Violence Resource Center. (2021). *Back to basics: Partnering with survivors and communities to promote health equity at the intersections of sexual and intimate partner violence*. <https://www.nsvrc.org/backtobasics>

Stein, N. D., Mennemeier, K., Russ, N., & Taylor, B. (2012). Shifting Boundaries: Lessons on relationships for students in middle school. PreventConnect. http://www.preventconnect.org/2013/05/shifting_boundaries/

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