



State Action Plan for Preventing Sexual Violence Before It Occurs



Acknowledgment

The Wellness & Preventive Health Division, which houses our Violence Prevention Program, believes collaboration among individuals, families, communities, and systems is essential to creating healthy environments.

It is with gratitude we celebrate organizations and staff funded under the Rape Prevention and Education program in our last 5-year grant cycle. This document updates the last version 2019 – 2024 RPE State Action Plan.

Courageous Fire LLC. (Courageous)

EMBARC (Abigail, Alex, and Dim)

IowaCASA (Alex, KellyMarie, Keshia, Nafla, and Tamika)

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Introduction

Prioritizing the health, safety, and well-being of our communities across Iowa takes all of us working together on various activities. Since the details of violence prevention work look different depending on community priorities, this document is a state-level resource that will be updated annually to encompass lessons learned with community leaders and through program evaluation.

We believe every adult, youth, and child should live in a community free from abuse, assault, violence, and harm. We invite you to identify what resonates with you in this state action plan and incorporate one activity into what you are currently doing to strengthen our collective impact in preventing sexual violence before it happens.

Vision

Every person will live free from sexual abuse, assault, violence, and harm throughout their life.

Safe and healthy communities with social, emotional, and economic resources that reduce the likelihood of individuals developing behaviors that cause sexual harm to others in their relationships, families, and communities.

The State Action Plan is used to guide the implementation and evaluation of state-level and local-level sexual violence prevention strategies funded by the Rape Prevention & Education (RPE) Program.

Goals

- 1) Plan, implement, and evaluate strategies that prevent the first-time occurrence of sexual violence among children and youth 10 – 24 in Iowa by addressing social and environmental factors that contribute to higher rates of sexual violence victimization and perpetration.
- 2) Strengthen multi-sector collaborations working to improve the safety, health, and well-being of communities disproportionately impacted by social determinants of health, which overlap with risk factors for causing sexual harm to others.

Outcomes

Short-term

- 1) Collaborative decision making, which is informed by community dialogue, storytelling, and other types of participatory qualitative data
- 2) Shared understanding of strategies and approaches that partners can collaborate on to prevent sexual violence before it occurs
- 3) Improved connections between violence prevention specialists, community leaders, families, and evaluators
- 4) Prioritization of primary prevention on the community level of the social-ecological model

Long-term

- 1) Decrease in rates of sexual violence (SV), particularly in communities disproportionately burdened with high rates of SV,
- 2) Decrease in rates of SV perpetration and victimization in Iowa,
- 3) Reduce inequities that impact disparities in SV rates, and
- 4) Increase community-level protective factor data

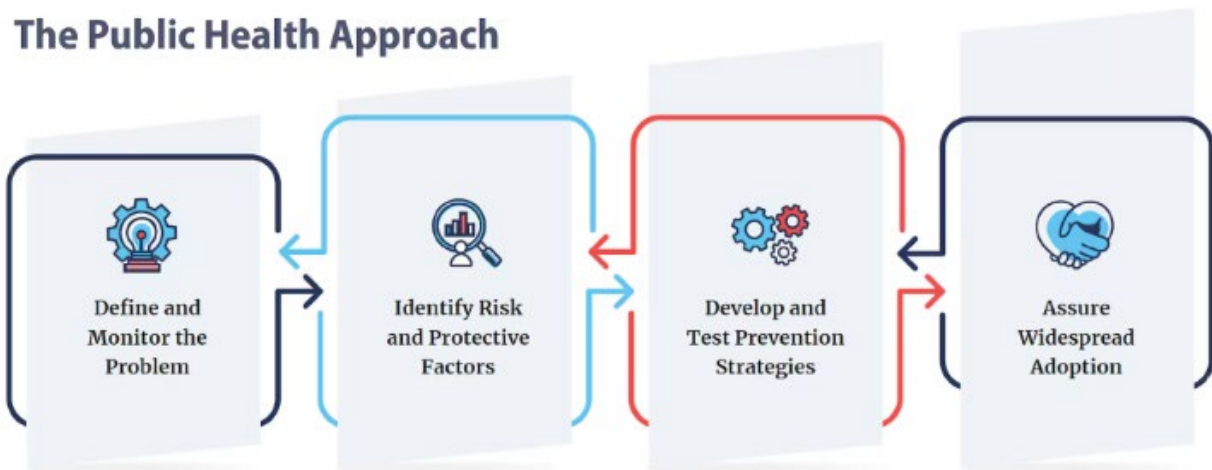
The Public Health Approach

According to the CDC, public health draws on a science-based approach that is multi-disciplinary. It relies on knowledge from a broad range of disciplines including medicine, epidemiology, sociology, psychology, criminology, education, and economics. This broad knowledge base has allowed the field of public health to respond successfully to a range of health conditions across the globe.

The public health approach also emphasizes input from diverse sectors, including health, education, social services, justice, policy, and the private sector. Collective action on the part of these key collaborators can help in addressing problems like violence.

Iowa HHS uses the public health approach in all our violence prevention programs and projects, including the Rape Prevention and Education Program. We are continuously working to better understand the “who,” “what,” “when,” “where,” and “how” of sexual violence prevention. We are specifically focused on increasing the body of knowledge about preventing sexual violence perpetration by addressing the social and environmental conditions that correlate to a greater risk of individuals causing harm on a community and societal level. Below is a visual provided by the CDC.

The Public Health Approach



Source: Centers for Disease Control and Prevention

Social Driver of Health

The Centers for Disease Control define social determinants of health as the non-medical factors that affect health outcomes. They include the conditions in which people are born, grow, work, live, and age. SDOH also includes the broader forces and systems that shape everyday life conditions.

There are five social determinants of health: Education Access and Quality, Health Care and Quality, Neighborhood and Built Environment, Social and Community Context, and Economic Stability.



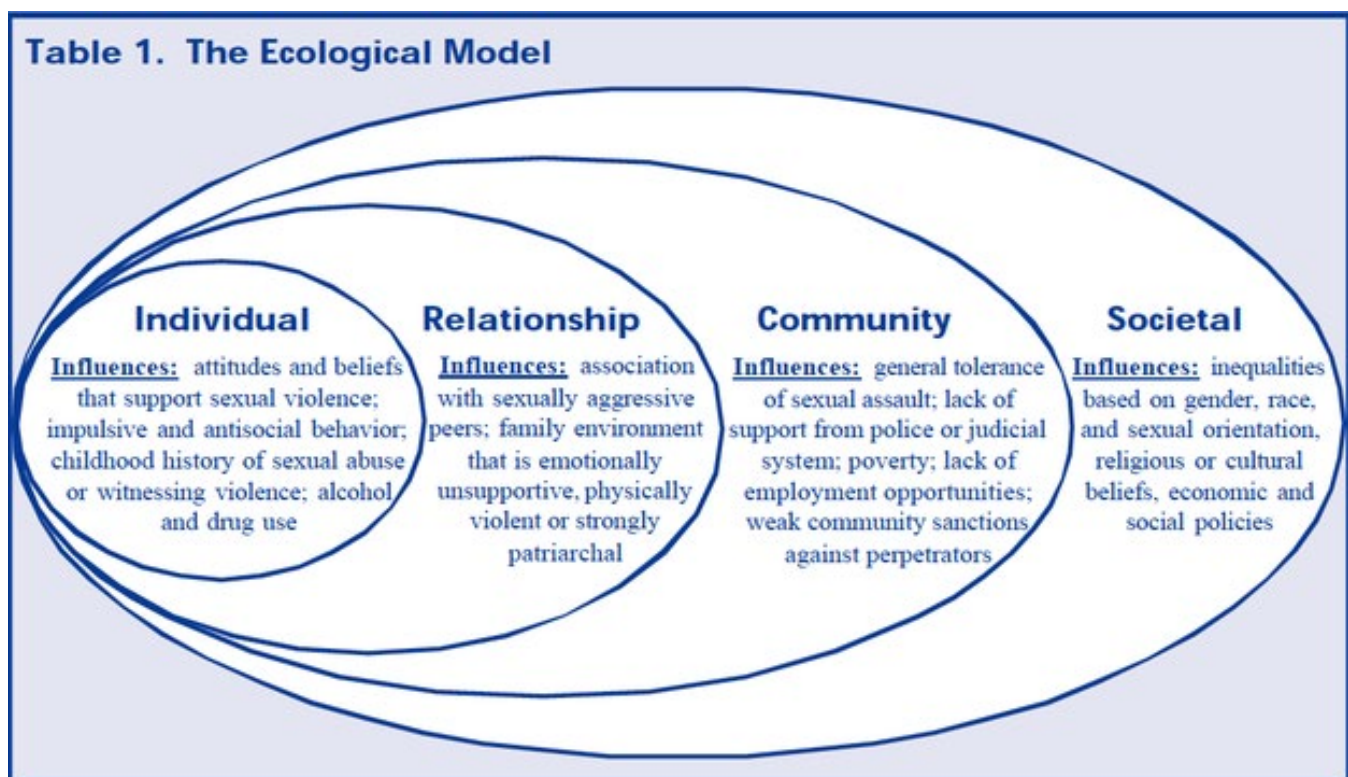
*CDC image

Social Ecological Model

Individual, Relationship, Community, and Societal. There are specific social and environmental conditions that influence the development of behaviors that contribute to sexual harm, abuse, assault, and violence.

Activities that address community and societal levels have the largest impact because they address the social and environmental conditions contributing to higher rates of sexual violence victimization and perpetration. Ultimately, addressing the root causes of social inequalities while creating protective environments reduces the prevalence of sexual violence within a population.

This can be done by working with partners addressing social determinants of health correlated to sexual violence perpetration risk factors at a community level. Below is an image from the CDC with examples of influences at each level of the Social Ecological Model (SEM).



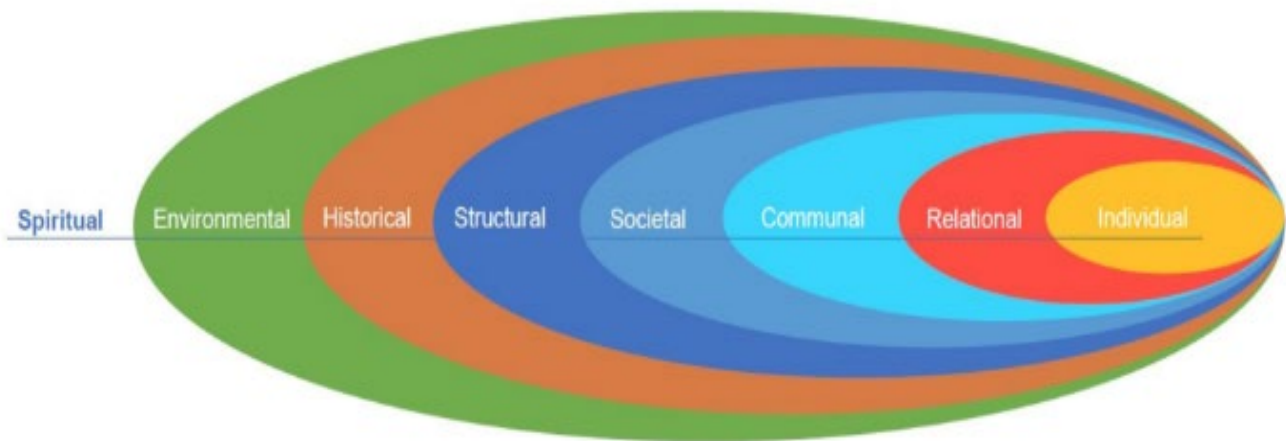
*CDC Image

Structural Determinants of Health – Culturally Specific Socio-Ecological Model

Below are the expanded layers of the socio-ecological model created by the Black Women's Blueprint. Black Women's Blueprint is the sanctuary for the protection of Black women's sovereignty and dignity. Black Women's Blueprint empowers Black women, girls, and gender-fluid people to advocate for human rights and to secure gender and racial justice through the eradication of sexual violence and through access to full-spectrum reproductive health services.

The culturally specific model includes structural and historical analysis of violence, and an environmental level and spiritual through-line. These layers include what are known as the structural determinants of health: the governing process, economic and social policies that affect pay, working conditions, housing, education, food access, and more. Social determinants of health are often outcomes of structural determinants of health.

Black Women's Blueprint Culturally Specific Model



Background on Sexual Violence in Iowa

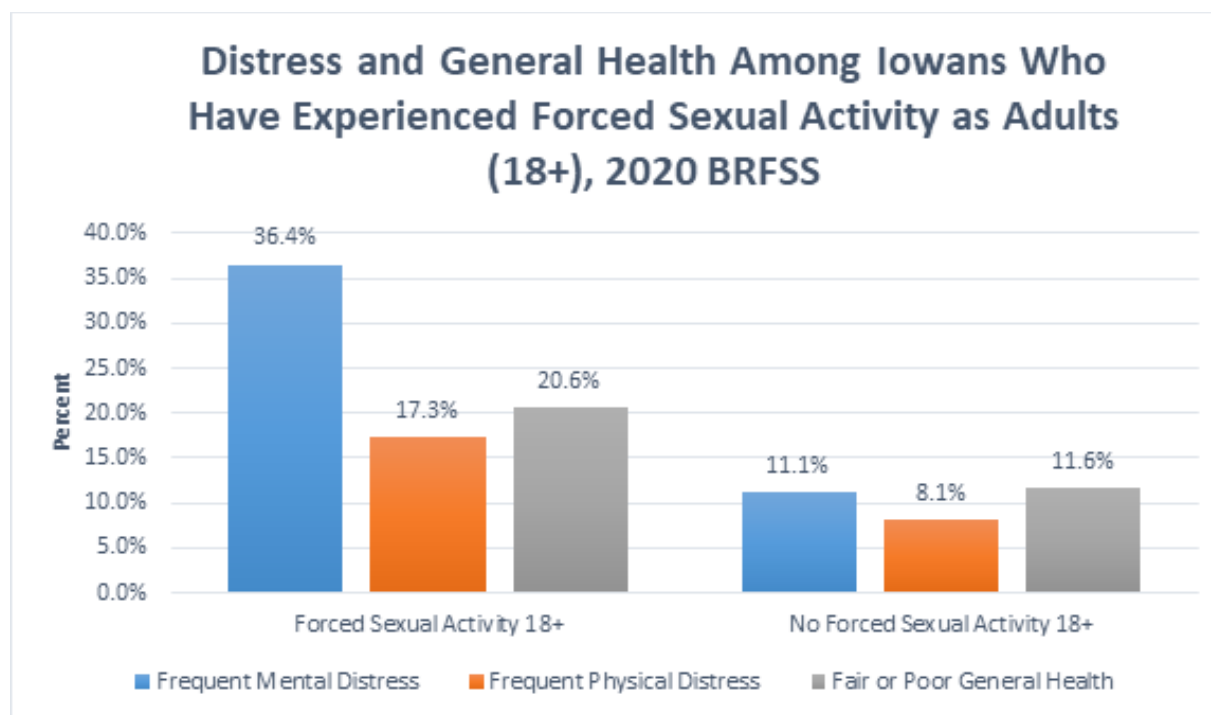
Sexual violence (SV) is a pervasive issue in Iowa, the impact of which is felt by individuals, families, and communities. SV exists on a continuum that can include physical violence (e.g., rape or other unwanted sexual touching), verbal violence (e.g., sexist or misogynistic language), and structural violence (i.e., social arrangements that cause injury to individuals/populations by unequal access to determinants of health).

According to the 2021 Iowa Youth Risk Behavior Survey, 11th graders reported the highest rates of being physically forced to have sexual intercourse when they did not want to, with Latinx adolescent girls reporting the highest rates (17.1%) of all races/ethnicities.

The 2020 Iowa Behavioral Risk Surveillance Survey (BRFSS) found that 8.5% of Iowans had experienced forced sexual activity since they were 18 years old (171,372 Iowans). One-quarter of LGBTQ+ Iowans had experienced forced sexual activity since they were 18, compared to fewer than one in 10 non-LGBTQ+ Iowans. Additionally, a higher percentage of Iowans with a disability had experienced forced sexual activity since they were 18 years old than Iowans without a disability (15.2% versus 6.6%)

The prevalence of experiencing forced sexual activity since the age of 18 significantly increases with the number of Adverse Childhood Experiences (ACEs). For example, only 2.5% of Iowans who had experienced no ACEs had experienced forced sexual activity as an adult. On the other hand, one out of five Iowans who reported four or more ACEs have experienced forced sexual activity as an adult (21.8%).

Below is a bar chart showing higher rates of mental distress, physical distress, and fair or poor general health among Iowans who have experienced forced sexual activity as adults. Frequent mental and physical distress is equal to 14+ days in the past 30 days.



When looking at the ACEs that directly relate to unwanted sexual activity before the age of 18, 30% of Iowans who had experienced unwanted sexual activity before the age of 18 had also experienced forced sexual activity SINCE the age of 18. This is in comparison to 5.3% of Iowans who had not experienced specific sexual ACEs before the age of 18 and who had experienced it as an adult.

Most publicly available SV data in Iowa is based on victimization. This gap in perpetrator data is limiting. Additionally, we see underrepresentation of data from communities experiencing high rates of SV victimization. Therefore, the Iowa Rape Prevention and Education (RPE) program is committed to improving data collection with communities experiencing high rates of SV victimization that are not reflected in prominent health systems and criminal legal datasets.

Additionally, Iowa is committed to increasing the availability of community storytelling, round table discussions, and community conversations, which elevate the lived experiences and community-identified solutions alongside the best available data.

Element 1: Prioritizing Primary Prevention at the Community and Societal Level of the Social Ecological Model

We believe that preventing the first-time occurrence of sexual violence perpetration is essential for creating safe and healthy communities. To do this, we prioritize addressing social and environmental factors that contribute to higher rates of risk factors that influence behaviors that cause harm, abuse, and violence toward others.



Activities

Iowa develops, implements, and evaluates activities that are informed by the CDC's Injury & Violence Division Resource for Action Guides. Below is the table from Sexual Violence Prevention: Resource for Action:

Strategies and Approaches to STOP SV		
	Strategy	Approach
S	Promote Social Norms that Protect Against Violence	<ul style="list-style-type: none"> • Bystander approaches • Mobilizing men and boys as allies
T	Teach Skills to Prevent Sexual Violence	<ul style="list-style-type: none"> • Social-emotional learning • Teaching healthy, safe dating and intimate relationship skills to adolescents • Promoting healthy sexuality • Empowerment-based training
O	Provide Opportunities to Empower and Support Girls and Women	<ul style="list-style-type: none"> • Strengthening economic supports for women and families • Strengthening leadership and opportunities for girls
P	Create Protective Environments	<ul style="list-style-type: none"> • Improving safety and monitoring in schools • Establishing and consistently applying workplace policies • Addressing community-level risks through environmental approaches
SV	Support Victims/Survivors to Lessen Harms	<ul style="list-style-type: none"> • Victim-centered services • Treatment for victims of SV • Treatment for at-risk children and families to prevent problem behavior including sex offending

The Iowa Rape Prevention and Education Program State Leadership Team has selected four prevention strategies for 2024 – 2029. These will be adjusted following community storytelling, community conversations, or round table discussions planned for 2026- 2027. Below is a high-level overview of our selected strategies, approach, and reasoning.

Prevention Strategy 1: Provide Opportunities to Empower and Support Girls and Women

Approach 1: Strengthen economic support for women and families

Reasoning: We looked across all violence prevention resources for action and identified economic security as a consistent prevention approach that addresses a social determinant of health and inequities.

Prevention Strategy 2: Create Protective Environments

Approach 1: Address community-level risks through environmental approaches

Reasoning: Addressing community-level risks will prevent multiple forms of violence and the risk of causing harm towards others within communities

Prevention Strategy 3: Teaching Skills to Prevent Sexual Violence

Approach 1: Teach adults the skills to protect children from sexual abuse

Reasoning: IowaCASA Needs Assessment

Prevention Strategy 4: Promote Social Norms that Protect Against Violence

Approach 1: Promote healthy sexuality as a protective factor against sexual violence

Reasoning: IowaCASA Needs Assessment

Selection Criteria

When selecting activities for Rape Prevention and Education funding, collaboration, or engagement, the following criteria will be used:

1. Within a priority county and/or a key impacted community
2. Align with one of the 4 Strategies and associated approaches
3. Address social determinants of health

4. Show a positive impact on children and youth ages 10 – 24 who are community or youth-informed
5. Multi-sector collaboration, coalition, or local workgroup addressing community risk or protective factors
6. Individual-level strategies will only be awarded if they exist in a layered approach with community or societal-level work

Current Activities

Activity Title: Creating Inclusive Communities: Coalition Building

Strategy: Teaching Skills to Prevent Sexual Violence

Approach: Promoting healthy sexuality among individuals with intellectual and developmental disabilities

Purpose 1: Teach skills that protect against sexual violence through sexual health education

SEM 1: Individual – this was a community-identified priority through a needs assessment

Purpose 2: Identify and develop policies that improve the inclusion of individuals with intellectual and developmental disabilities

SEM 2: Community

Activity Title: Credit Builder Pilot Program

Purpose: Increase household economic security within priority counties through microlending

SEM: Organizational lending policy which includes microlending programs for single-parents, Iowa residents 18 – 24

Activity Title: Address Social & Environmental Factors Impacting Youth Protective Factors

Purpose: Identify and improve policies that impact youth

SEM: Community

Activity Title: Multi-sector Training and Technical Assistance

Purpose 1: Create standardized training programs that build sexual violence prevention infrastructure in Iowa

SEM 1: Community

Purpose 2: Identify or develop a policy which prioritizes shared risk and protective factors and primary prevention at the community and societal level of the social ecological model

SEM 2: Community

Activity Title: Health Equity Assessment

Purpose: Identify and improve policies, practices, or procedures that impact the implementation of programming at Iowa HHS

SEM: Community

Partners in Community Safety

This section is intentionally left blank. It will be populated with community priorities identified through community coalition work in 2025, 2026, 2027, and 2028.

Risk and Protective Factors

Sexual violence is not often caused by a single factor. Instead, a combination of factors at the individual, relationship, community, and societal levels can increase or decrease the risk of violence. Risk factors are characteristics that may increase the likelihood of experiencing or perpetrating sexual violence. However, they may or may not be direct causes. Protective factors are characteristics that may decrease the likelihood of experiencing or perpetrating sexual violence. (CDC).

The following are priority risk factors being addressed in Iowa

Community Risk Factors

- Poverty
- Lack of employment opportunities
- General tolerance of sexual violence within the community

Societal Risk Factors

- Societal norms that support sexual violence
- High levels of crime and other forms of violence
- Negative attitudes or beliefs against groups of people due to their race, ethnicity, sexual orientation, gender, disability, social class, or country of origin (e.g., homophobia, transphobia, ableism, racism, xenophobia)

We are focused on those six risk factors at a community and societal level because they are also risk factors for multiple forms of violence, including Adverse Childhood Experiences, Intimate Partner Violence, Youth Violence, Community Violence, and Abuse in Later Life.

Element 2: Expanding the Use of State and Local Data

We believe that residents of Iowa have unique stories to share. We predominantly utilize storytelling, participatory action projects, and Iowa-specific data sources to inform our violence prevention priorities.



State-level Data

Data Sources and Collection

There are few data sources that help us understand sexual violence perpetration. A priority for Iowa is to continue expanding the information available about sexual violence perpetration while focusing on social and environmental conditions. Below are a few data sources available in Iowa.

Our vision is to develop universal QR codes to better understand experiences with violence, which can be used by partners across the state. These would focus more on social and environmental conditions, perceptions, attitudes, and beliefs. This will be informed and adapted with youth leadership and roundtable discussions planned for implementation in 2026.

Available Data Sources*

- Iowa Behavioral Risk Factor Surveillance System
- National Intimate Partner and Sexual Violence Survey
- American Community Survey
- U.S. Census Bureau
- America's Health Rankings
- County Health Rankings & Roadmaps
- Uniform Crime Rate
- Iowa HHS Public Health Tracking Portal
- Iowa HHS Center for Acute Disease Epidemiology
- HIV Disease Surveillance Reports
- Disease Surveillance Data Report for Chlamydia, Gonorrhea and Syphilis
- Vital Records Annual Reports
- Iowa Violent Death Reporting System Surveillance Data
- Iowa Health Factbook
- CARES Engagement Network
- ACHA-National College Health Assessment
- US Department of Ed Campus Safety & Security
- Prevent Child Abuse Iowa
- National Association of Counties
- Iowa Latinx Project
- Urban Institute
- CDC- Veto Violence
- Common Core Data
- Census of Juveniles in Residential Placement
- U.S. Equal Employment Opportunity Commission
- National Intimate Partner & Sexual Violence Survey
- Local Area Unemployment Statistics

Preliminary County-Level Environmental Scan

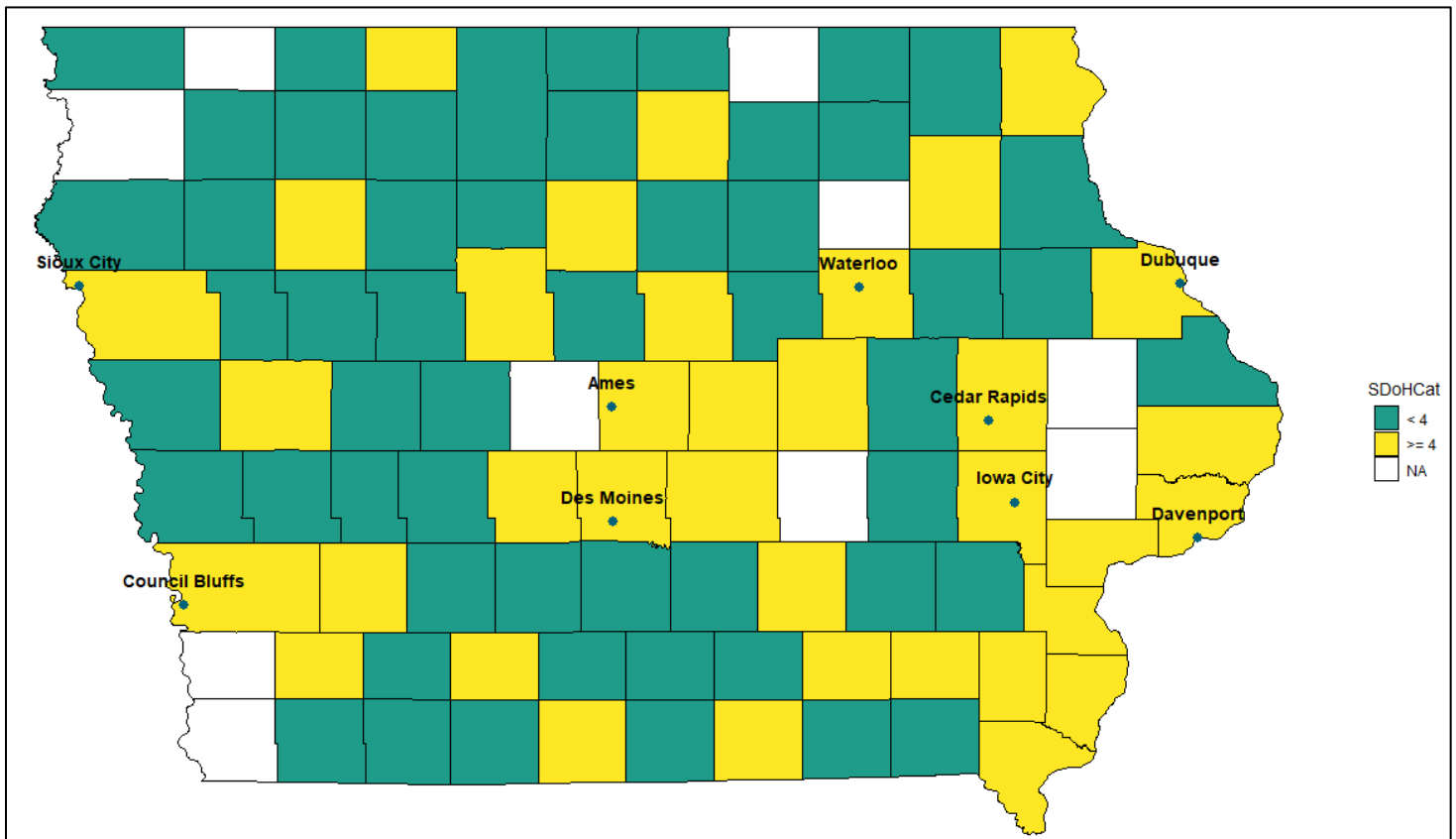
Research has shown that violence is interconnected. As an example, if a community has high rates of child sexual abuse, it is likely to have high rates of intimate partner violence as well. This is because the risk factors that contribute to higher rates of causing sexual harm to others are often the same as the risk factors for causing other forms of harm, abuse, assault, and violence.

We identified 17 data points related to sexual violence prevalence, health outcomes, health inequities, and risk factors to identify the prevalence across our 99 counties. These risk factors were identified through the CDC Veto Violence dashboard and selected for the Iowa county assessment based on publicly available data. Most indicators were scored as “at risk” if the county scored above the state average. Measurements where there is no state average, the highest reported rates, or percentages of Iowa Counties were tallied.

These are preliminary and will be adjusted based on the priorities of our community partners, parents, and local coalitions working to improve the safety, health, and well-being of their communities.

- 1) Adult heavy drinking- binge drinking in the last 30 days
- 2) Adults told they have depression or a depressive disorder above 17.72
- 3) Adults with diabetes above 9.73%
- 4) Child mortality rate at or above 4.5 per 1000
- 5) Drug overdose mortality rate 13 per 1000 or above
- 6) High number of sexual assault reports
- 7) High rates of reported child sexual abuse
- 8) Median earnings in the past 12 months by disability status
- 9) The percentage of children in single-parent families is above 31.20%
- 10) Percent of children with parental income at poverty levels above 13.50%
- 11) Poverty rate above the state average
- 12) Racial or ethnic communities experiencing high health inequities across multiple social and environmental conditions: Black, Latina, Pacific Islander, Sac & Fox Tribe of the Mississippi, and Indigenous
- 13) Racial employment discrimination reports
- 14) Residence 18+ with a disability above 24%
- 15) Sex and age by disability status ages 5 – 17, above 20%
- 16) Teen birth rate above 14
- 17) Top 5 counties with the highest unemployment rate

Social and Environmental Indicators to Safety and Violence: Iowa Counties with Indicators above State Threshold



These are preliminary findings. We intend to update the map to include county names and add indicators identified by community partners as social drivers of health associated with violence.

The following counties totaled the most indicators above the state threshold, for social and environmental factors contributing to safety and violence: Pottawattamie (11), Woodbury (10), [Black Hawk, Lee, Polk, Tama, and Webster] (9), [Marshall and Muscatine] (8). All counties that scored above 4 indicators, as well as those social-environment factors below the state threshold, are listed in Appendix A.

County-Level Community Health Assessments & Plan

Through Iowa HHS Local Public Health Services, all counties in Iowa have recently completed Community Health Assessments and developed Plans for improving population health within all 99 counties. We plan to overlap our county-level environmental scan with the community health assessments & plans for our priority counties to strengthen local efforts in advancing safety, health, and well-being.

Plans are led by local public health, community leaders, coalitions, and partners. All reports are available on the Iowa HHS website. The Iowa RPE program will review each county's health needs assessment for overlap in counties addressing the social and environmental conditions that contribute to higher rates of sexual violence.

Below are two examples from two of our counties with the highest number of data points identified in our violence prevention county-level environmental scan.

Example 1: Pottawattamie County - A 2021 community health assessment was conducted to identify the highest concerns for residents of Pottawattamie County. As an outcome, there were four health priorities identified in the Pottawattamie County Community Health Improvement Plan 2023 – 2025. From this, we can see a clear local partner in preventing sexual violence.

Health Priority	#4
Reduce trauma	
Goals: Achieve a 5% reduction in trauma across the four-county region	
Objectives: Stay engaged in the Regional Health Council. Have staff in attendance at every community meeting in 2023.	

Example 2: Lee County - 2022 Community Health Needs Assessment & Health Improvement Plan identified four priority areas: Mental Health, Substance Misuse, Poverty and Equity, and Health/Wellness. Below is a section of their plan that overlaps with addressing the social and environmental factors contributing to higher rates of sexual violence.

Poverty and Equity

Goal: Ensure county residents will have access to community resources needed to meet their basic needs and help them overcome barriers to health.

Objective: Decrease the percentage of children living in poverty rate by 3% by providing training, learning opportunities, and access to resources to professionals and parents.

Strategy: Host at least two Parent Cafes for Lee County parents and provide two trainings (Connections Matter, Community Resilience Initiative).

Stakeholders: Empowering Families of Lee County, Connections Matter

Evaluation Code of Ethics

The Rape Prevention Education (RPE) evaluators of the Injury Prevention Research Center acknowledge the historical and lived experiences of racial trauma in research and evaluation practices, through the exploitation of minoritized peoples' bodies, cultural knowledge, and communities. While imposing research and evaluation in communities and organizations of color, research continues to frequently prioritize the Euro-centered ideas of values, data, and best practices. That is why the Iowa RPE leadership team, with the Injury Prevention Research Center, seeks to utilize evaluation through a participatory and community-driven lens. During evaluation, it is our goal to facilitate critical thought about our own and others' assumptions on sexual violence prevention, to promote health equity research in diverse communities. By working alongside diverse communities in our state, we commit to contributing research towards new practices for community-level evaluation and lifting culturally responsive evaluation practices as valuable impacts in research.

The statement is adapted from:

Dr. Theresa MacPhail, medical anthropologist

Henderson, D. X., McLaughlin, C., Page, D., Spencer, J., Porter, N., Barrie, R., & Mays, R. (in press). Black

Genius flexin': The radical potential of a dreams assessment in participatory research. *Journal of Participatory Research Methods*. [link](#)

Woods-Jaeger, B., Daniel-Ulloa, J., Kleven, L., Bucklin, R., Maldonado, A., Gilbert, P. A., Parker, E. A., &

Baquero, B. (2021). Building Leadership, Capacity, and Power to Advance Health Equity and

Justice through Community-Engaged Research in the Midwest. *American Journal of Community*

Psychology, 67(1-2), 195-204.

Amplifying Community Voice

2021 Statewide Survey of Safety & Violence

Caring Adult-Child Connections

Almost 70% of Iowans reported personally knowing someone who had been physically, emotionally, or verbally abused. Of that, 40% had been abused themselves. Addressing violence and safety is a priority that affects the lives of Iowans-adult and children. Considering the size of the population affected, addressing violence as it is defined by our communities is of utmost importance.

Only 16% of parents report discussing not perpetrating violence towards others in the areas of sexual harm, physical abuse, emotional abuse, or verbal abuse.

“Efforts are needed to inform communities on which organizations and resources can support the stopping of youth harm before it happens, particularly in youth populations.”

Highlights from 2019 - 2024

We strive to build upon prior Rape Prevention & Education projects. This is not a comprehensive list, but a guide to share projects that influenced this State Action Plan. We are committed to funding community storytelling, participatory action, and community mobilization based on community-identified priorities.

Courageous Fire LLC.

- We were able to collaborate with Courageous on a variety of culturally specific programming. We will continuously partner with Courageous Fire on advancing the health, safety, and well-being of Black girls and women.

Iowa Coalition Against Domestic Violence

- Wage Equity Project – This is a workplace policy, benefits, and staff support project led by ICADV. RPE provides support for evaluation.

United Way of Central Iowa

- Safe & Thriving Youth – RPE provided funds towards facilitator costs for a youth violence prevention plan using a public health approach. We will continue to partner with United Way of Central Iowa on violence prevention and youth employment.

Monsoon Asians and Pacific Islanders in Solidarity

- Developed a culturally and youth-specific logic model. We will continue to collaborate with Monsoon in every way possible, as they are national leaders in youth violence prevention programming and community healing.

One Iowa

- Workplace training – RPE helped update training evaluation and support to creating protective workplace environments. We will continue to collaborate with One Iowa on community identified priorities that advance economic stability on a community-level.

University of Northern Iowa – Patricia A. Tomson Center for Violence Prevention

- Collaborated with Iowa Safe Schools to adapt the Mentors in Violence Prevention curriculum related to gender

Indian Hills Community College POWER program

- Economic support to pregnant and parenting students. We will continue to prioritize single parents experiencing poverty, food insecurity, and the availability of affordable housing.

Element 3: Increasing, Maintaining, and Leveraging Partnerships to Promote Primary Prevention

According to the 2021 Statewide Survey of Safety and Violence, Iowa communities believe that multiple forms of violence are moderately to mostly preventable. Creating safe and healthy communities takes all of us working together through partnerships that improve the social and environmental conditions that contribute to higher rates of first-time occurrence of sexual violence perpetration and victimization.



Community Action Plans

We will leverage funding to support state-level and local-level coalitions or work groups planning, implementing, or evaluating violence prevention-related action plans and coalitions addressing the social and environmental conditions that contribute to higher rates of sexual violence. This section will be updated annually

IowaCASA has just begun to form a state-level coalition to improve policy, practice, and sexual health education within Intellectual and Developmental Disabilities communities.

IowaCASA also hosts a networking group of member program staff and other community providers who are working to prevent sexual violence.

Additional County Coalitions Identified

Johnson County: The University of Iowa Anti-Violence Plan for Sexual Misconduct, Dating Violence, and Stalking: 2021 – 2024 Anti-Violence Plan

Lee County: Empowering Families is a group of community members and agencies working together to prevent child abuse & neglect and improve resiliency in Lee County families.

Polk County: Black Women's Health Coalition is a free program that addresses the health disparities of Black women. We approach this holistically: physically, spiritually, mentally, emotionally, financially, and with a justice lens

Polk County: Safe & Thriving Youth: A Coalition Focused on Supporting Central Iowa Youth. A comprehensive plan to reduce youth violence in central Iowa is underway.

Van Buren County: SAFE Coalition - The VBC SAFE Coalition, or Van Buren County Substance Abuse Free Environment Coalition, "seeks to stimulate community involvement to promote responsible behaviors, among youth and adults, leading to SAFE and healthy communities

Woodbury County: Sioux Land Cares - Our vision is To empower our community members to help make Siouxland a safe and healthy place for our youth and families.

Woodbury County: All Abilities Coalition

Webster: Safe Communities of Fort Dodge & Webster County

Primary Partners

Courageous Fire LLC.

Hola Center of Iowa

Iowa Coalition Against Domestic Violence & member programs

Iowa Coalition Against Sexual Assault & member programs

Iowa Community Capital

Iowa HHS Community Action Agencies

Iowa HHS Disability & Injury Program

Iowa HHS Early Intervention & Prevention

Iowa HHS Health Equity Office

Iowa HHS Healthy Eating & Active Living

Iowa HHS Local Public Health

Iowa HHS Wellness & Preventive Health Division

Iowa HHS Violence Prevention Data Steering Committee

Iowa Safe Schools

Iowa Sexual Assault Forensic Advisory Committee

One Iowa

Prevent Child Abuse Iowa

State of Iowa Youth Advisory Council

United Way of Central Iowa

University of Iowa Injury Prevention Research Center

University of Iowa Prevention Research Center

University of Northern Iowa – Patricia A. Tomson Center for Violence Prevention

Plans for Engaging & Sustaining Partners

We will increase the use of partnerships to implement relationship/community-level strategies and improve coordination of state SV prevention efforts.

We build out collaboration plans, MOUs, and other resources that support the development of meaningful partnerships. We are focused on listening, adapting, and learning alongside others.

Through our State Sexual Violence Prevention funding, IowaCASA leads a Prevention Workgroup, which engages 40 organizations in sexual violence prevention professional development and programming.

The Strategic Prevention Framework from SAMHSA (Substance Abuse and Mental Health Services Administration) and the Collaboration Multiplier from the Prevention Institute are two specific tools that will be used to identify and engage new partners in Iowa's sexual violence prevention activities.

SAMHSA's Strategic Prevention Framework

SAMHSA's Strategic Prevention Framework (SPF) is a process that was developed to be utilized to prevent and reduce the use of alcohol, tobacco, and drugs, but can be applied to other issues, such as sexual violence prevention. The framework addresses both risk and protective factors and is an opportunity to engage stakeholders in an inclusive and participatory process.

According to SAMHSA, the advantages of SPF are:

- SPF is inclusive and participatory
- SPF emphasizes the role of the community in prevention
- SPF is open-ended and encourages communities to find their own solutions
- SPF aims to create long-term social change by focusing on risk and protective factors that can be influenced by short- or medium-term prevention efforts
- SPF provides communities with proven, evidence-based models to choose from. Rather than prescribe a particular program, SPF provides resources to help communities find best practices that suit their own needs
- SPF has associated technical assistance and links to other practitioners and programs
- SPF has associated technical assistance and links to other practitioners and programs



Partnership Classification Table

	Networking	Cooperation	Coordination	Full Collaboration
What is it?	Partners share information and talk with one another for their mutual benefit.	Partners support one another's prevention activities but have no formal agreement in place.	Partners are engaged in mutual projects and initiatives, modifying their own activities to benefit the whole.	With a formal agreement in place, partners work toward developing enhanced capacity to achieve a shared vision.
Key Features	<p>Loosely defined roles</p> <p>Loose/flexible relationships</p> <p>Informal Communication</p> <p>Minimal decision-making</p> <p>No risk</p>	<p>Somewhat defined roles</p> <p>Informal and supportive relationships</p> <p>More frequent communication</p> <p>Limited decision-making</p> <p>Little to no risk</p>	<p>Defined roles</p> <p>Formalizing links, but each group retains autonomy</p> <p>Regular communication</p> <p>Shared decision-making around joint work</p> <p>Low to moderate risk</p> <p>Share some resources</p>	<p>Formalized roles</p> <p>Formal links, which are written in agreement</p> <p>Frequent communication</p> <p>Equally shared ideas and decision-making</p> <p>High risk but also high trust</p> <p>Pooled resources</p>
What Does It Look Like?	<p>Partners share what they are doing to address common community issues at interagency meetings.</p> <p>Partners discuss existing programs, activities, or services with other organizations.</p>	<p>Partners publicize one another's programs and services.</p> <p>Partners write letters of support for one another's grant applications.</p> <p>Partners co-sponsor trainings or professional development activities.</p> <p>Partners exchange resources, such as technology expertise or meeting space.</p> <p>Partners attend one another's meetings and events.</p>	<p>Partners serve together on event planning committees and community boards.</p> <p>Partners implement programs and services together.</p> <p>Partners care about the same issues.</p>	<p>Partners sign a memorandum of understanding with each other.</p> <p>Partners develop common data collection systems.</p> <p>Partners participate in joint fundraising efforts.</p> <p>Partners pool fiscal or human resources.</p> <p>Partners create common workforce training systems.</p>

**Adapted from Prevention Solutions Levels of Collaboration Diagram*

Additional Funding Sources in Iowa

1. Public Health and Human Services (PHHS) Block Grant

Iowa HHS receives PHHS Block Grant set aside funds for sex offense prevention. These funds are contracted to IowaCASA through a competitive Request for Proposal process and are utilized to provide sexual assault information and education to survivors, family members, and community professionals and assure a consistent level of professional competency among sexual assault service providers.

2. State Sexual Violence Prevention Appropriations

Iowa HHS contracts with IowaCASA for sexual violence prevention activities with state appropriations through a competitive Request for Proposal Process. These funds are for training youth-serving organizations and youth-focused sexual violence prevention activities.

3. Prevent Child Abuse Iowa

Prevent Child Abuse Iowa has funds available for sexual abuse prevention that are awarded to local-level agencies across Iowa.

Data to inform action

IowaCASA Coalition Building

Building upon the needs assessment, recruit 3 -5 project partners from disability-serving organizations to engage in a quarterly shared learning space. IowaCASA will build capacity by training adults to create safer environments for children with disabilities. This will be done through a cohort of 16 facilitators. IowaCASA will have a secondary focus on the adults who are trained by these facilitators. Those adults will primarily consist of parents, caregivers, and professionals who support disabled children. The curriculum, Safe and Nurturing Environments for Children with Disabilities, already has a validated post-test that all facilitators will use, and our evaluation team will work with Prevent Child Abuse Vermont to add a pre-test component.

Support a social norms campaign to help shift people to take action to affirm the bodily autonomy and sexual health of individuals with disabilities. The focus population for intervention is disabled individuals themselves, while the social norms we are hoping to change are primarily held by non-disabled folks.

Iowa's RPE program has a significant amount of coalition-building as a part of our health department's application, but the team is still working on how best to evaluate these activities. This project will be a part of those discussions. While the full set of evaluation questions has not been decided, the overarching question for this project is "Have we/how have we increased implementation of prevention strategies that seek to prevent sexual violence by addressing social and structural determinants of health?"

Training and Technical Assistance

The Iowa HHS Violence Prevention Training and Technical Assistance Catalog will be updated and distributed annually. This catalog includes primary prevention training and activities aligned with building sexual violence prevention infrastructure.

We are updating pre- and post-training surveys to be used across all RPE-funded programs offering training and technical assistance in Iowa.

Violence Prevention – Steering Committee

Improving the safety, health, and well-being of our relationships, families, and communities involves all of us working each day to improve the social and environmental conditions that correlate to our health and quality of life. This includes identifying and analyzing data to better understand trends in Iowa communities.

Purpose: To create a state-level violence prevention report. The body of the report will include health systems data, data visualization, county-level risk and protective factor environmental scan, violence prevention campaign materials, templates, evaluation methods, community activity highlights, economic stability definitions, and prevention program designs, which can be easily adapted for use across the state.

Goal: To develop evidence-based and community-informed solutions to improve safety, health, and well-being across Iowa. While engaging multiple sectors and community leaders to improve and elevate violence prevention activities happening in Iowa.



CDC Image

Element 4: Building Capacity and Sustainability through Community Voices (Updated Annually)

We believe that community leaders, parents, and youth within our key impacted communities are the real change makers. Across all our programs, we prioritize building capacity to better understand the social and environmental conditions impacting problematic adolescent behaviors.



Primary Prevention Assessment

Our most recent multi-sector assessment produced the 2017 Primary Prevention Action Report. We plan to have an update published in 2027 that not only focuses on community voices but also increases community-driven solutions.

- Violence Prevention Report Development Planned for 2026 to prepare for a ten-year follow-up of the Primary Prevention Report for Iowa Schools and Communities

Community-Level Recommendations (From 2017)

- Utilize the “School Systems and Community Partners Readiness Assessment Tool for Multi-Level Violence Prevention” to facilitate and engage educational systems and community partners in conversations on preventing gender violence and other forms of bullying and relationship abuse.
- Utilize comprehensive social and emotional learning curricula for all students that respond to the needs of children and youth at each phase of their development.
- Form partnerships between school districts and institutions of higher education to provide programming and awareness activities, and skill development under the guise of “college readiness” that educate and train secondary students, school and community leaders on topics related to implicit and explicit bias, privilege and oppression, gender inequality, dating violence, affirmative consent, sexual assault, stalking, and bystander education.
- Create mentorships for young men that focus on the practice of healthy relationships, gender equality, intimate relationships and consent, and the social norms that support healthy masculinity.
- Provide continuous gender violence and bullying prevention professional development and training opportunities within and among PreK-16 education institutions. Collaborate with community service agencies and school partners who serve the same population of youth and families.
- Examine the intersectionality/shared risk and protective factors with other issues impacting youth (e.g., suicide, delinquency) and partner with other community agencies and coalitions that have at their core—creating healthier children, youth, families, and communities.

Health equity assessment

By 2026, several activities will be conducted that will contribute to the development of a sustainability plan. These activities include increasing the capacity from partnerships to access and use data and leverage support, increasing the use of partnerships to improve coordination of state SV prevention efforts, increasing data-driven decision-making for program selection, developing standardized primary prevention training and technical assistance, and enhancing the ability to track and monitor state-level SV indicators. Together, the information gathered, and the structure built because of these actions will lay the foundation for the suitability of sexual violence prevention in Iowa.

Community Roundtable Discussions

Plans are under development for late 2025, updates coming soon...

Appendixes

Appendix A

Social & Environmental Indicators to Safety & Violence

Sexual Violence Primary Prevention Priority Counties in Iowa Preliminary County Level Environmental Scan							
Sexual Assault Reports	Drug Overdose Rate	Adults with Diabetes	Child Mortality Rate	Adults Told they have Depression or a Depressive Disorder	Adult Heavy Drinking (binge drinking)	Total Risk Indicators	County Name
						4	Allamakee
						4	Appanoose
		✓	✓	✓	✓	9	Black Hawk
						6	Buena Vista
		✓	✓	✓		5	Cass
	✓		✓			6	Cerro Gordo
	✓		✓			6	Clinton
		✓				7	Crawford
✓						4	Decatur
	✓		✓	✓		8	Des Moines
	✓	✓				4	Dubuque
						4	Emmet
			✓			4	Fayette
						5	Henry
	✓	✓		✓		6	Jasper
	✓					5	Jefferson
✓				✓	✓	7	Johnson
	✓	✓	✓	✓		9	Lee
	✓	✓				6	Linn
✓		✓	✓			6	Louisa
			✓	✓		8	Marshall
		✓	✓	✓		8	Muscatine
✓	✓	✓	✓	✓		9	Polk
✓	✓	✓	✓		✓	11	Pottawattamie
	✓	✓		✓		7	Scott
✓						5	Story
		✓	✓	✓		9	Tama
✓						4	Union
✓	✓					7	Wapello
✓	✓	✓	✓			9	Webster
✓		✓	✓	✓	✓	10	Woodbury
✓						4	Wright
**highest counties reported	13 per 1000	9.73%	4.5 per 1000	17.72%	21.5%		STATE

Appendix B

Engaging strategies across the Spectrum of Prevention

Spectrum of Prevention



*Prevention Institute

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