

Creating a sexual violence prevention movement in Minnesota

Practitioners and Advocates Featured:

Amy Kenzie

SEXUAL VIOLENCE PREVENTION PROGRAM DIRECTOR

[Minnesota Department of Health](#)

Marissa Raguet

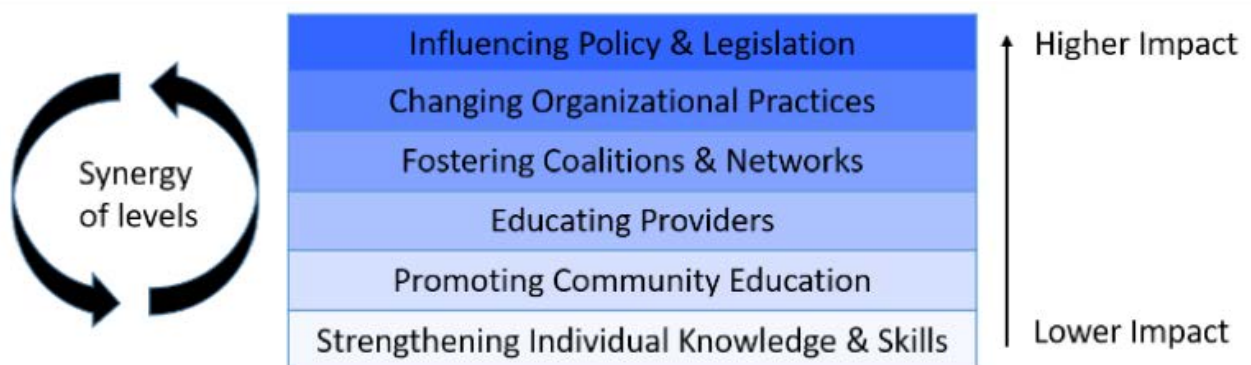
EVALUATOR

[Minnesota Department of Health](#)

PreventConnect
A NATIONAL PROJECT OF CALCASA

**PREVENTION
INSTITUTE**

The Sexual Violence Prevention Program (SVPP) at the Minnesota Department of Health has spent many years engaging partners to make prevention a priority with a focus on broad-impact strategies and solutions. Amy Kenzie, the SVPP Director says, “We work to cultivate prevention partners and encourage policy development and change at the organizational, local, and state levels.” Prevention Institute’s Spectrum of Prevention has been a guiding tool that has helped demonstrate the importance of synergy across multiple levels of prevention practice, while highlighting opportunities for broad impact by influencing policy and legislation, changing organizational practices, and fostering coalitions and networks.



Minnesota's Sexual Violence Prevention Program uses the Spectrum of Prevention to guide its work.

PARTNERING TOGETHER FOR POLICY AND LEGISLATIVE CHANGES

As a government agency, the program cannot directly lobby for legislative policy, but still brings knowledge and expertise on primary prevention to policy conversations. For example, SVPP participates on a policy committee convened by the Minnesota Coalition Against Sexual Assault. The committee sets legislative priorities each year, and in 2017, for example, they helped pass a bill to fund a new campus sexual violence prevention and response coordinator housed in the Office of Higher Education. This staff member provides professional development and guidance on best practices, including primary prevention, for postsecondary institutions in the state.

FOSTERING COALITIONS AND CREATING NETWORKS: A PRIORITY FOCUS FOR THE SSVP

A major way the SVPP implements high impact prevention strategies is through its coordination of two statewide networks, the Minnesota Sexual Violence Prevention Network (SVPN) and the Minnesota Human Trafficking Task Force. The Sexual Violence Prevention Network has been in place since 1998 and convenes on a quarterly basis. Each meeting consists of presentations on various sexual violence prevention topics and dedicated time for networking and resource sharing. The coordination of the Minnesota Human Trafficking Taskforce moved over to the SVPP in 2012. With this shift, the program is trying to build capacity around primary prevention by infusing a public health lens to help members think about the issue of trafficking more broadly (to include sexual violence and interpersonal violence), and to understand causes and conditions that contribute to the issue. Hosting these groups is helping the SVPP build a prevention movement across the state.

USING THE SPECTRUM OF PREVENTION FOR NETWORKING ACTIVITIES AND EVALUATION

During network and taskforce meetings, SVPP uses the Spectrum of Prevention to guide discussions and draw connections between presenters' work and the larger prevention movement in Minnesota. To encourage dialogue between participants while deepening understanding of the changes necessary to prevent sexual violence, SVPP facilitates a prevention networking activity using the Spectrum of Prevention. Starting off with other examples, such as preventing dog bites, the activity then moves into brainstorming sexual violence prevention strategies across the multiple levels of the Spectrum of Prevention. Network members write down their ideas on post-it notes, and then hang them on the wall under the respective level of the Spectrum.

The prevention networking activity serves as an evaluation tool as the SVPP can appraise members' abilities to identify strategies that are at higher levels of the Spectrum of Prevention. Afterward, the program performs a qualitative analysis of the results by coding them into themes. Marissa Raguet, an evaluator for the program says, "By repeatedly facilitating a variety of exercises using the Spectrum, participants continue to learn and the SVPP can compare themes over time to evaluate changes in understanding of prevention."

While only policy and legislative efforts and coalition work are featured here, the SVPP is constantly thinking about all levels of the Spectrum of Prevention and achieving synergy across the levels. For example, in convening networks, the SVPP is also educating providers (i.e. violence prevention practitioners) about various sexual violence prevention topics and strengthening individual knowledge and skills. This work in Minnesota shows how intentionality around building capacity and a lasting commitment to primary prevention can truly help create a sustained state-wide movement.

Amy Kenzie is the Minnesota Department of Health (MDH) Sexual Violence Prevention Program Director and has been with this program in various positions for 16 years. Marissa Raguet is the Minnesota Department of Health Sexual Violence Prevention Program Evaluator and has been with this program in various positions for over 5 years. As a team they have refined their program priorities to include a health equity lens in all of their work. The primary focus of their program is relationship/coalition building in order to engage individuals and organizations in the power of policy and practice change at the organizational and systems level.

Written by:

Alisha Somji, MPH

ASSOCIATE PROGRAM MANAGER

[Prevention Institute](#)

Edited by:

Ashleigh Klein-Jimenez, MPA

PROJECT MANAGER

[CALCASA, PreventConnect](#)

RESOURCES

- [Minnesota Department of Health Sexual Violence Prevention Network](#)
- [Minnesota Coalition Against Sexual Assault \(MNCASA\)](#)
- [Minnesota Sexual Violence Prevention Program's Prevention Networking Activity](#)
- [Minnesota Human Trafficking Task Force](#)
- [Minnesota Safe Harbor Program](#)
- [Web Conference: From Foundations to Innovations: Applying a public health approach to prevent sexual and domestic violence](#)

DISCLAIMER: This publication was supported by the Cooperative Agreement Number U1V/ CE002204, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.