



# What's in a Frame?: Communicating effectively to get attention for sexual violence prevention

THURSDAY, MARCH 8, 2018

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AKJ: Hi everyone! Thanks so much for joining us today!

AKJ: We will be getting started at the top of the hour.

AKJ: PowerPoint slides for this web conference are available here <http://www.preventconnect.org/2018/02/whats-in-a-frame-communicating-effectively-to-get-attention-for-sexual-violence-prevention/>

AKJ: For audio over the phone please call 1-888-447-7153, passcode 879 736

AKJ: 2017 PreventConnect series report/summary <http://www.preventconnect.org/2018/01/new-report-themes-and-summaries-from-the-2017-preventconnect-web-conference-series/>

TT: Domestic Violence and Sexual Assault Advocate

AKJ: PreventConnect web conference schedule <http://www.preventconnect.org/2017/12/announcing-the-2018-preventconnect-web-conference-series/>

AKJ: What's missing from the news on sexual violence?  
[http://www.bmsg.org/sites/default/files/bmsg\\_issue22\\_sexual\\_violence\\_news.pdf](http://www.bmsg.org/sites/default/files/bmsg_issue22_sexual_violence_news.pdf)

AKJ: If you are having any trouble with audio and are able to, I recommend calling in to the phone line at 1-888-447-7153, passcode 879 736.

AKJ: Getting attention for prevention <http://www.bmsg.org/resources/publications/sexual-violence-prevention-effective-communication-guidelines>

AKJ: What are some challenges you have faced when it comes to communicating about prevention?

KM: Lack of recognition within healthcare.

AM: Measuring success of prevention. Any ideas?

KV: I teach to teenagers in high school and colleges and I have issues with boys seeing it as a problem for them to care about.

SB: How to quickly deliver a summary of prevention without going in depth

CD: Many people we work with think that Risk Reduction is the same as Primary Prevention

LE: finding and keeping an audience for prevention content

NW: Victim-blaming and solutions where onus is placed on victims

MH: students' eyes glaze over once you mention "consent". They know it should be obtained and roll their eyes at the definition

SW: getting middle & upper management on board

CP: No priority to focus on this.

CH: We work with women mainly in sub-Saharan Africa, but communicate mainly in England - it's hard for people to make the connection even though it's clearly a global issue

AJ: People think that violence is inevitable

SAZ: Denial

GS: Getting the buying of the state health department

CJ: Denial of rape culture and having individuals and communities take accountability

JB: Convincing others that prevention is possible!

AM: Primary prevention isn't understood, so people think it's risk reduction or people assume perpetrators are "monsters" and we can't prevent them

CS: People claim they have been bombarded with sexual violence this year and do not want to talk about it more.

WRO: Getting the patient to feel comfortable enough to be able to freely communicate about prevention; to have enough self-confidence and self esteem to be able to state their preference/insistence that protection be used in their intimate relationships.

SD: "We don't have perpetrators here"

TN: Systems are soloed and focused on their "piece" of prevention without working together to focus on the whole of the issue. Helping those systems see they are part of a bigger prevention effort has been challenging.

KM: Lack of trauma-informed care by healthcare providers do to lack of education.

KM: Due to

AKJ: @Anne yes, I've heard this a lot too about who perpetrates SV

WS: When trying to talk to the manager of our local mall to set up an event for Sexual Assault Awareness Month, his comment was "this is a family setting and we can't have you here talking about sex."

AM: The biggest key that we see that is successful is sharing the story of the people behind sexual violence. People always connect with that and that the human story is what causes people to be moved to do something about the issue.

RM: Insistence that this is solely a women's issue.

CJ: Lack of qualified staff on campus

IL: Prevention works

SAZ: prevention wopks

AL: Prevention Works

KV: prevention works

AKJ: Prevention works

WRO: Prevention Works

SB: Prevention Wopks

KM: Prevention works

WS: Prevention Works

WRO: Works

JB: PREVENTION WORKS

AM: the perception is the reality

AKJ: What values motivate your work? Which values resonate with the different audiences you work with?

SAZ: respect

KV: Equality

DL: everyone deserves to be safe

RM: Compassion, Justice, Safety

LZ: Connection / Community

CH: Solidarity - feminism/gender equality - fairness/justice

CJ: Future Ideals

KM: compassion

LC: Equity

AG: safety

CP: Honesty

MB: inclusion

LL: community

LC: Empowerment, Gender equality

LK: Empowerment

SB: that things CAN change and we have that power

HT: justice

AL: empowerment

MG: Respect

JL: safety

IL: Respect

CH: Empowerment as well

MV: Adult responsibility to protect children

OR: Social change, which I am happy to say high school aged students I work with are very passionate about as well

HNE: human rights

CJ: Transparency and Honesty

JB: Equality

TC: compassion

CS: Student safety

AM: Equity, compassion (for my community, probably "efficiency")

AL: supporting victims and keeping them safe - resonates with our audience well

RSD: transformation of social norms

CS: Fostering a safe learning environment for students

RM: For me: Compassion, Justice, Safety

AM: Community - personal freedom, avoiding government intrusion

CJ: Validation

HAB: for teens--learning how to have a positive, healthy relationship

RM: For audiences: Justice, Respect, Safety

CH: That's a good point - I think we hope our values transcend to our audiences (and they often do) but definitely not always...

WRO: I work as a therapist in an inpatient crisis intervention unit. So, helping my patients find hope and empowering them to quit blaming themselves and find ways to move forward. In different offices, it seems to require different approaches in working with male victims of sexual abuse and with male cohorts at time. Males seem to feel their masculinity has been attacked and they often have much self-blame and a reluctance to quit blaming themselves for what was imposed upon them.

AM: Equality vs equity

WRO: Values that motivate me include compassion, my belief in the ability for someone to gain strength from within themselves and move forward in a positive way in life.

HNE: when will this PowerPoint be available online?

AKJ: It's available now! Let me get the link for you.

AKJ: PowerPoint slides for this web conference are available here <http://www.preventconnect.org/2018/02/whats-in-a-frame-communicating-effectively-to-get-attention-for-sexual-violence-prevention/>

TN: I like the pyramid visual. Very helpful! Thank you!

AKJ: What's the problem? Why does it matter? What should be done?

WRO: The biggest problem I face in treatment is that a) some staff doesn't think addressing this is important to treatment; B) patients are obviously suffering with PTSD, suicidal ideation and etc., but they think they have "put all that behind me".

AKJ: @Wadean they don't think addressing sexual violence is important?

WRO: It matters because staff needs to be more aware that traumatic experiences have an ongoing effect on our patients; patients need to address the ways these experiences still affect them to be able to learn how to begin to heal.

WRO: Educate! Educate! Educate

KM: Problem: Lack of recognition of victims and lack of understanding on ways to refer and treat victims in healthcare. It matters because 88% of sex traffick victims report seeking health care multiple times and yet go unnoticed. What is needed: mandatory training of medical students and nursing student while in school that includes role-playing. Possibly adding the recognition and treatment of victims as part of the board exams.

KV: the problem is boys don't see it as an issue they should care about, it matters because they may become victim's themselves and they are members of the society that they live in and what is needed is a better to reach the boys and help them understand why they should care.

HNE: would like to hear above

KV: better ways\*

WRO: AKJ- it's not that they don't think it's important - just that they are more focused on stopping the prevalent behavior or substance use - not getting to the root of why these behaviors and use of substances is happening

AKJ: @Wadean got it! Thanks for clarifying

HAB: For an audience of teens, both boys and girls, I think story telling to illustrate the range of problems related to sexual abuse and build awareness about the nature of the problem seems like an important step.

RGN: What are your recommendations about incorporating storytelling while remaining trauma informed with your audiences? We see our audiences connecting with stories but we also see participants get triggered and shut down

KM: @HNE: [www.healtrafficking.org](http://www.healtrafficking.org) is working on the problem within the healthcare system. You can join to receive specific training and up to date research in the healthcare system.

AL: 1/2 women and 1/5 men will be sexually assaulted in their lifetime. It is our responsibility to make sure our children, and children's children are safe from sexual assault. Talk to your kids, request educational presentation on healthy vs unhealthy relationship in their classrooms, and stop the abuse before it happens.

LL: There are some great resources out there about trauma-informed storytelling.

AKJ: @Allison very direct!

AKJ: @Linda do you have any favorites you would recommend?

LL: I scanned through a lot of them at one point but don't have them right at hand. Some aren't specific to SV/IPV, they're in the mental health space.

WRO: St. Vincent's Behavioral Health, an inpatient crisis stabilization unit - Little Rock, AR

TN: There appears to be more investment in intervention (reactive) efforts instead of prevention (proactive) efforts. This appears to prolong (even enable) the behaviors we wish to end. If more investment was made in prevention we may minimize reactive efforts.

AKJ: @Linda great, thank you!

RGN: @Linda Thank you!

LP: Story Center: <https://www.storycenter.org/>

AKJ: @Tonia yes check out CALCASA's new Cost of SV report if you haven't seen it yet <http://www.calcasa.org/the-cost-consequences-of-sexual-violence-in-california/>

TN: Thank you @Ashleigh! I will do that!

WRO: Everything was relevant

AB: This was great. Thank you!

SR: awesome

HAB: I'm interested in more concrete examples of how to communicate with teens, community members, staff, etc. around sexual violence prevention. Thanks!

Pamela Dale 12:24 PM: Thank you!

AM: Thank you! Very helpful!

CCT: Yes, thank you!

MR: Thank you for all the wonderful work that you do! :) many blessings! <3

AKJ: Ignite Talk

JB: I agree with Helen!

DC: Helen, feel free to explore our free video games to teach teens about consent! <http://JenniferAnn.org/consent>

AKJ: <http://www.preventconnect.org/2017/08/ignite-talk-generation-of-change-communicating-about-prevention-today-tomorrow-and-beyond/>

CS: This was very useful in how to communicate the importance of prevention surrounding sexual violence. Utilizing values is huge. Thank you!

LL: I think this is MH oriented, but good concepts on trauma-informed storytelling:  
<https://www.youtube.com/watch?v=3b6rBbMGOC>

MJ: Thank You Ladies!!

TN: Helen... connect with those stakeholders at the base/first level of communication. Find commonality!

LL: Thanks, great!