

## **Creating Safer Communities: RPE Model of Community Change Theory Model and Activities Models**

### **FREQUENTLY ASKED QUESTIONS**

**1. What are logic models and how can they be useful to rape prevention programs, state coalitions, health departments, and other community partners?**

Logic models are a useful tool for program planning and evaluation. Logic models are a visual representation of how a program, organization, or initiative works. Logic models show the underlying theory of how “this leads to that.” They show the connections between “what we do” and “what we expect to achieve.” In the context of rape prevention, logic models show the complex process of how we can prevent sexual violence. These models can be shared with state and community partners to engage them in the process of sexual violence prevention work. They are also useful for long-range planning, selection of specific activities, and developing evaluation plans.

**2. What is the difference between a theory model and activities model and why do we need both?**

Theory models and activities models are both forms of logic models. A theory model shows the underlying process, or theory, of how change happens. For the RPE program, the theory model provides a “big picture” look at the complex process of preventing the perpetration of sexual assault. Theory models show the process of how the planned activities can lead to the desired outcomes and impact. Theory models show the process of change, and are usually represented as a drawing or picture, with boxes and arrows that show the linkages needed for change to occur.

Because theory models are very “big picture” they usually do not provide a lot of specifics about the activities themselves or the resources that are needed to implement the activities. Activities models are created to be used in conjunction with theory models to fill in these kinds of details. Activities models break down the kinds of resources needed for the activities (sometimes also called “inputs”). Activities models also provide examples and other details about the activities themselves. Finally, activities models show what outcomes and impacts you can expect to see when you implement the activities. When used together a theory model explains the “how” change can happen and the activities model explains “what” needs to be done to start that change process in motion.

**3. Why were these models created?**

CDC created the RPE theory and activities models to guide programmatic direction and development of the RPE Program. The models are grounded in the RPE strategic planning process that began in February 2004 with the development of an RPE road map. The models provide the foundation for the next steps in RPE strategic planning: the development of indicators and process, short-term and intermediate outcome measures.

**4. How were these models created?**

CDC contracted with Dr. Rebecca Campbell and Dr. Stephanie Townsend to develop the models in collaboration with CDC and RPE stakeholders. Three sources of information were used to create these models. First, CDC documents about the RPE program, its history and mission, and

its legislatively approved activities were reviewed along with *Sexual Violence Prevention: Beginning the Dialogue* (2004, CDC) and *World Report on Violence and Health* (2002, WHO), which describe the social ecological approach to sexual violence prevention. Second, a comprehensive scientific literature review on: theories of community change, theories of individual behavior change, sexual assault prevention, and prevention in other health domains (e.g., HIV/AIDS and substance use) was conducted. Third, Dr. Campbell and Dr. Townsend attended four regional RPE meetings in the summer of 2006 and collected feedback from practitioners in the field about their work, the challenges they face, and the successes they are having in their communities.

Based on these sources of information, theory and activities models were drafted and presented to practitioners for feedback at the four RPE regional meetings in summer 2006, two web conferences in December 2006, and two web conferences in January 2007. The models were also reviewed and approved by CDC.

**5. Why are there two colors of boxes in the Theory Model—what does that signify?**

In the Theory Model, the teal boxes designate prevention activities that are allowable uses of RPE funds (these are activities identified in Program Announcement CE07-701 Sexual Violence Prevention and Education). The rounded purple boxes designate intervention-focused activities that rape crisis centers, health departments, and other community groups also engage in that contribute to the mission of sexual violence prevention but are not an allowable use of RPE funds. Both are included in the theory model to show the multiple kinds of initiatives that contribute to prevention work. The Activities Model focuses only on RPE-fundable activities.

**6. The Theory Model looks pretty complicated—in a nutshell, what does it say?**

Sexual assault is a complex social problem, and prevention is a complex process. We need to develop broad-based community partnerships to implement multiple kinds of preventions activities. These activities need to address multiple levels of the social ecological model. When we can deliver these activities with enough intensity and saturation—meaning we’re doing this work in many different settings over long periods of time—we will begin to see changes in our communities that reflect new norms about the unacceptability of violence. As community expectations for non-violence become common, normative, and typical, more individuals in the community will begin to change their behavior in ways consistent with these new expectations—namely to treat people with dignity and respect, and not to be sexually violent. We can be effective in preventing sexual violence if we can change both the climate and culture of our communities and the behaviors of people in those communities.

**7. There’s a long teal box at the bottom of the Theory Model about “contextual conditions”—what does that mean and why is it at the bottom of the picture?**

Sexual violence is one of many forms of violence and discrimination in our society and it is interrelated with other forms of oppression. There are multiple community and societal factors that contribute to sexual violence, so partnering with groups that have different missions (e.g. anti-poverty organizations) can contribute to the mission of preventing sexual violence. The box also depicts many of the community and societal level risk factors for sexual violence perpetration. This box runs the entire length of the diagram to remind us that at each step of the model, we need to consider this broader social context.

**8. Are we supposed to start developing community readiness BEFORE doing any other activities?**

No. Communities should work simultaneously on implementing activities, and bringing in new partners in prevention. This idea is reflected in the double-headed arrow that links community readiness and activities. The more community readiness you develop, the more activities can be implemented (and with more intensity and duration). This also means that some activities may be hard to implement because there isn't the community backing for them yet. In that situation, it makes sense to invest time, effort, and resources in developing community readiness. Overall, the model reflects the importance of investing in developing community readiness as a way of strengthening prevention efforts.

**9. There are four activities outlined in the models—public and organizational advocacy, social norming/social messages, prevention education & training, and promotion and operation of hotlines. Are we required to do all four of these activities?**

No. Some communities may choose to engage in all four kinds of activities and have the community readiness and resources to do so. Others may choose to focus on specific activities for one funding cycle or multiple funding cycles to develop capacity in that area. The decision about which activities to focus on should be examined at the state and/or community-level in your planning process. All four activities are included in the model because all four are allowable uses of RPE funds per Program Announcement CE07-701, and all four work together toward the goal of preventing sexual violence. Ideally, to realize our outcomes, all four kinds of activities are taking place in communities. This does not mean that one organization (e.g. the local rape crisis center) is responsible for leading all four activities. Part of the point of building community readiness is to expand partnerships and ownership for the solutions to sexual violence so that multiple organizations in a community are implementing complementary prevention activities.

**10. Can local programs, coalitions, or health departments really do public and organizational advocacy? Aren't there rules about that?**

Yes. Per Program Announcement CE07-701 public and organization advocacy are allowable activities for RPE funds. Lobbying is not permitted. Under IRS rules communication with legislators (or encouraging others to communicate with their legislators) that is intended to influence specific pending or proposed legislation is considered lobbying and therefore not allowable by 501(c) (3) organizations. Additionally 501 (c) (3) organizations cannot endorse or oppose candidates to office or ballot initiatives. There are many advocacy activities non-profits can engage in, such as:

- speaking with administrative officials (who do not pass laws but rather enforce them),
- doing public education or issue advocacy,
- communicating with members of your organization with respect to legislation and expressing a view about the legislation (so long as the communication does not encourage members to take action regarding the legislation) and
- providing technical advice or assistance to a government body, or to its committee or other subdivision, in response to a written request from the chair of that body.

**11. The promotion and operation of hotlines are included as prevention activities—isn't that more direct service than prevention?**

Promotion and operation of hotlines is a legislatively approved activity for RPE funds. Hotlines can help with the prevention mission by contributing to public awareness about the problem of sexual assault and by providing a contact for community members to connect with the rape crisis program.

**12. Why do the models place a lot of emphasis on changing community norms first? Why not start with focusing on changing individuals' behaviors?**

According to social ecological model, the factors that contribute to sexual violence are complex and multi-level. We have to address the contextual conditions that contribute to sexual violence to be truly successful in prevention. Individual behavior change is absolutely necessary, but the scientific literature suggests that focusing on community change will shift norms and expectations, which leads to individual behavior change. The idea here is that we will be able to affect more individuals, more efficiently, if we focus on changing the norms, expectations, and values of our communities.

**13. It looks like there are two big outcomes—prevention of sexual violence perpetration and the promotion of safety, equality, and respect—why two?**

Successful prevention takes two things: working to stop negative behaviors and working to promote the behavior you want adopted. The scientific literature on prevention theory and research provides multiple examples of how the best health prevention initiatives focused on what people should do, not just what they shouldn't do. In the context of rape prevention, that means we need to use multiple strategies to say "don't rape" AND "do treat people with equality and respect." We need to be positive and focus on creating community norms and individual behavior around mutual respect and equality.

**14. The Activities Model provides a lot of more detail about resources and activities, but it doesn't list specific programs, model curricula, etc.—why?**

The Activities Model needs to be applicable to all programs funded through the RPE initiative. Because this is a national-scale model, it is impossible to list a set of programs that would universally accepted and appropriate in all communities. Additionally, there are few evidence-based programs for sexual violence prevention. For the Activities Model, our goal was to describe the types of activities, audiences, and settings in more detail than was outlined in the Theory Model, but not to prescribe particular programs or curricula. The choice of which activities to implement is one that's best left to individual communities. When you're making that decision, look closely at the model curriculum (or other activity you're considering) and see if it covers the kinds of settings and audiences (and with sufficient intensity and duration) described in the Activities Model. The draft RPE Practice Guidelines provide principles of effective practices for working with youth, families and communities; training professionals; coalition building; community mobilization; and public and organizational policy advocacy.

**15. The Activities Model lists many different kinds of potential community partners for prevention—are we supposed to be working with all of these groups?**

The list of potential community partners described in the Activities Model is there to help your program brainstorm ideas for strengthening existing partnerships and forming new partnerships. You are not required to form alliances with all groups described in the model, but we wanted to suggest a variety of potential partners for prevention, some of which may be new for your

program. Successful prevention will require truly multidisciplinary, broad-based community partnerships, so we encourage RPE programs to form new alliances as part of their community readiness activities.

**16. What if in my state or community, we're not ready to do the kinds of programming described in the Activities Model—we're still trying to get people on board with the idea of primary prevention!**

This is not an uncommon situation—it can be challenging to get people to think about sexual violence as preventable. That's why we have community readiness in both the Theory and Activities Models to recognize the importance of that work in the prevention process. For some communities, it may be appropriate to focus on developing partnerships and investing resources in building infrastructure for prevention. The decision of how to allocate your RPE funds is one that should be made based on an individual community's needs and level of readiness. It may also be helpful to develop a multi-year community plan that shows the progression of readiness development transitioning over time into new activities and programs.

**17. How should we use the Theory and Activities Models as part of our state RPE planning process?**

States should use the RPE Theory Model to set the context for their planning process. The Theory Model is a tool for exploring the 'big picture' and having a constructive dialog about where you are now and where you want to go with your RPE Program, starting with your needs and resources assessment and continuing through sustainability. For states using *Getting to Outcomes for IPV and SV Prevention* to guide their planning process, the Theory Model should be referred to at each step. The RPE Theory Model should be used in its entirety and should not be modified by states. The Theory Model was developed specifically for the RPE Program through a collaborative process and is based on the best available research to date. Therefore, RPE programs should not create their own theory models.

States should create their own Activities Models as part of their planning process using the RPE Activities Models as a starting point. For states using *Getting to Outcomes for IPV and SV Prevention* to guide their planning process, resources/inputs will be identified in Step 1 (needs and resources assessment) and refined in Step 5 (capacity); activities will be identified in Step 3 (evidence-based strategies); and outcomes and impacts will be identified in Steps 8-9 (outcome evaluation and continuous quality improvement).