



# Welcome/Orientation Meeting

March 16, 2021



Sexual Assault  
Demonstration  
Initiative (SADI)

A project of the New York State Coalition Against Sexual Assault



## Logistics

- This session is being recorded and will be shared.
- Live captioning is available. To view captions as subtitles, please click “Live Transcript” at the bottom of your screen and enable subtitles.
- If you encounter tech issues, please let us know in the chat box.
- Please enter any questions in the chat box. We will address questions at the end of the presentation.

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## Objectives

- Participants will meet others who will be on the journey with them.
- Participants will gain a greater understanding of the SADI model and lessons learned from other SADIs across the US.
- Participants will develop shared language and values that will ground our work.
- Participants will learn more about the cohort activities, expectations, and timeline.

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## Who's Here?

Please introduce yourself in the chat!

In the chat box, please share the following:

- Your name and pronouns
- The name of your organization and what you do there
- What song has inspired you lately?

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## Who's Here? SADI Sites for Cohort Period 1

- Cohort A: Enhancing Sexual Assault Services and Outreach
  - Arab-American Family Support Center
  - Westchester Medical Center SAAVE Program
  - Crisis Services
  - Barrier Free Living
  - SEPA Mujer, Inc.
- NYSCASA Contact for Cohort A: Josie McPherson, Senior Director of Systems Advocacy, [jmcpherson@nyscasa.org](mailto:jmcpherson@nyscasa.org)

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## Who's Here? SADI Sites for Cohort Period 1

- Cohort B: Strengthening Prevention Efforts
  - Crisis Services
  - Wellspring
  - Center for Safety & Change
  - Vera House
  - Policy Research International
- NYSCASA Contact for Cohort B: Sarah Podber, Prevention Director,  
spodber@nyscasa.org

### Cohort B: Strengthening Prevention Efforts

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- Wellspring
- Center for Safety & Change
- Vera House
- Policy Research International

NYSCASA Contact for Cohort B: Sarah Podber, Prevention Director,  
spodber@nyscasa.org



## Who's Here? SADI Sites for Cohort Period 1

- Cohort C: Mitigating Vicarious Trauma
  - Crisis Services
  - Wellspring
  - Center for Safety & Change
  - Vera House
  - Policy Research International
  - Legal Services of the Hudson Valley
- NYSCASA Contact for Cohort C: Chrys Ballerano, Senior Director of Collaboration and Training, [cballerano@nyscasa.org](mailto:cballerano@nyscasa.org)

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- Vera House
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## Who's Here? Counties Served

- 10 sites across NYS serving 17 counties!
  - Bronx
  - Dutchess
  - Erie
  - Kings
  - New York
  - Onondaga
  - Orange
  - Putnam
  - Queens
  - Richmond
  - Rockland
  - Saratoga
  - Suffolk
  - Sullivan
  - Ulster
  - Washington
  - Westchester

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- Westchester





# Background: The Resource Sharing Project SADI and Lessons Learned

Background on the Resource Sharing Project SADI and Lessons Learned

## The Resource Sharing Project SADI

- A project supported by the Office on Violence Against Women (OVW), the Resource Sharing Project (RSP), the National Sexual Violence Resource Center (NSVRC), and other project partners
  - Six sites across the US participated in a multi-year process of assessment, planning, and implementation of new and enhanced services and organizational capacity
  - Selected sites received funding and specialized technical assistance
  - Intended to address difficulties dual/multi-service programs face in reaching and providing high quality and appropriate services to sexual assault survivors.
  - Strategies: address both organizational change and programmatic change; develop organizational and community-specific goals and interventions; identify practices and dynamics that can be replicated; collaborate through cohort-learning model
- 
- The national Sexual Assault Demonstration Initiative was a project supported by the Office on Violence Against Women (OVW), the Resource Sharing Project (RSP), the National Sexual Violence Resource Center (NSVRC), and other project partners
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  - Next we'll share some lessons learned from the Resource Sharing Project SADI



## Lesson 1: We don't know what we don't know.

There are few feedback loops that provide program staff with external, data-driven, and critical perspectives on our work. How do we ask for information or assistance if we don't know what's needed? How do we know we're doing our job well?

Community assessments provide a key opportunity to:

- build relationships with community members in our service areas
- identify community assets and stakeholders
- identify issues that matter to the community
- learn about public perception of the program and what messages resonate with community members
- identify underserved, unserved, and mis-served populations in our service areas

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On feedback loops:

- There are few feedback loops that provide program staff with external, data-driven, and critical perspectives on their work.
  - High level of turnover in these types of programs means there are many staff who are at relatively novice levels in their understanding of and skills for providing services. More nuanced perspectives on program effectiveness may be absent.
  - Technical assistance is typically received on an as-needed basis. How do you ask for information or assistance if you don't know what is needed?
  - Training is largely self-selected with programs and staff going to workshops they think are relevant and of interest. How do you seek information or training when you don't know what's needed?

- The availability of advanced training is also limited. Due to high staff turnover in the field, coalitions and programs invest resources in ensuring all staff have received fundamental training. The short format of most conference workshops also leaves little room to do more than introduce participants to new ideas. We need more time to develop in-depth understandings and skills.
- Even when in-depth training is provided, it's rarely accompanied by individualized technical assistance that helps programs successfully implement what they have learned.
- "In short, program staff do not know what they do not know. This limits their ability to seek the kinds of training and assistance that would enhance their program effectiveness and organizational capacity for providing sexual assault services."

#### Community assessments:

- Identifying community assets and issues is a critical starting point. It allows us to start where the communities are, demonstrating trust in them and ensuring that the issues addressed are the ones that matter the most. Toward this end, the first major task for each SADI site was, with the help of the TA providers, to conduct a community assessment that would inform the development of their plans to enhance sexual assault services.
- By listening to the communities' experiences, hopes and concerns, the sites were better able to plan how to enhance sexual assault services in ways that would meet the communities' needs and resonate with their values.
- The community assessments began with a review of the US Census data that were compiled by the SADI Documenter for each site. The census profiles described the sites' service areas in terms of: • Size of population • Geographic area • Age of population • Mobility rates • Racial and ethnic demographics • Educational attainment • Language proficiency • Veteran population • Poverty • Immigration
- Following review of the census data, with support of the SADI Documenter, each site developed its own further community assessment. All sites gathered information from at least two constituent groups and used multiple data collection methods (interviews, surveys, focus groups).
- At first, it might seem that a community-based program that has been operating for many years would have little to learn. However, the experience of the SADI sites was that they learned much from the community assessment and that they would not have developed the same plans or as relevant of plans without it. Examples:
  - Finding eagerness, that they hadn't realized was there, in their communities to address sexual assault led the programs to set more ambitious goals for enhancing sexual assault services.
  - Dominance of domestic violence focus, "Understanding that our agency is perceived as a domestic violence agency only was a real eye opener for me." -- Realizing the breadth and depth of this misunderstanding helped sites recognize the basic level of education that was needed in their communities. It also challenged assumptions they had previously made about the degree to which key referral sources such as social service providers, faith leaders, and law enforcement personnel were prepared to refer survivors of sexual violence.
  - Identifying underserved populations -- In some cases, these populations

would not have been focused on without the census and community assessment data. : “Before we thought if we weren’t seeing them [survivors from underrepresented groups], they weren’t there. Now we have to be honest with ourselves and the program about who we’re not reaching.”

- Messaging/tools -- example of DOVES (w/ realizing that “old media” works better than social media for large segments of their communities) -- Without the community assessment, they would have invested in a messaging platform that would have missed large segments of their communities.
- “Additionally, organizational assessments were done to inform the SADI site’s plans for organizational change. The organizational assessments included three components. First, a survey of all program staff was done to assess perceptions of program effectiveness and individual confidence for providing sexual assault services. The second part of the organizational assessment was a social network analysis. This one-page survey listed all program staff and asked the respondent to indicate which people they would go to for assistance if they needed help serving a survivor of sexual violence. These responses allowed a social network map to be created for each site, identifying how the program staff connected with one another in regard to sexual assault services. The third part of the organizational assessment was a brief review of existing documents that could provide some indication of the extent to which the program defined itself as a sexual assault program, staffing structures to support sexual assault services.”
- “At the start of the SADI programs tended to be overly confident in the effectiveness of the services they were providing to sexual assault survivors. As observed by technical assistance providers and OVW program managers and as reported by the sites themselves, at the start of the SADI program staff tended to think they were serving sexual assault survivors well. The primary problem they saw was that they were not reaching as many survivors as they wanted to reach. They were as yet unaware of fundamental changes needed in the approach to services. Program staff reported that, if they knew at the beginning of the SADI what they knew at the end, they would have rated many areas of program effectiveness lower at the beginning.”



## **Lesson 2: We must acknowledge the ways we are not meeting the needs of our communities.**

This includes the survivors we work with, the survivors who aren't coming to us, our staff and volunteers, and the many communities in our service areas.

Community assessments revealed that programs were not reaching certain survivor populations, including youth/adolescents, men, college students, immigrants, Spanish-speaking survivors, transgender survivors, and parents of child sexual abuse survivors.

Organizational assessments and ongoing training revealed that fundamental understanding about sexual assault, crisis intervention, active listening, and advocacy weren't widely present in dual/multi-service programs.

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### **Sexual assault services and community outreach:**

At the start of the SADI, technical assistance providers presumed a certain fundamental understanding about sexual assault, crisis intervention, active listening, and advocacy. Therefore, the early all-site SADI trainings were designed to build on that foundation by exploring more advanced issues. As sites struggled to articulate clear plans for enhancing services, it became clear that those fundamental understandings and skills weren't widely present in programs and that, therefore, programs struggled to envision what enhanced sexual assault services might look like.

The lack of basic knowledge was evidenced through:

- Inability to identify sexual assault patterns outside of intimate partner violence
- Lack of awareness of how sexual trauma affects survivors throughout the lifespan and how trauma reactions can be triggered by later life events
- Inability to describe the program's own sexual assault services
- Existing structures were intended only to meet immediate tangible needs
- Placing arbitrary time limits on hotline/helpline calls
- Defining successful services as only those where a tangible resource was provided and/or where a police report was filed
- Automatically referring all callers that were seeking emotional support to counseling services

Organizational and community assessments revealed:

- Sites rated their sexual assault services as less effective than services to other victims of crime.
- Less than half of program staff reported that they were moderately or very confident in explaining the needs of survivors of sexual violence. It's difficult to provide responsive and effective support to someone whose needs are not understood.
- Sites recognized early on that they focused primarily on immediate physical safety and providing tangible support, but often overlooked long-term emotional safety and how sexual violence affects survivors across their lifespans.
- As sites received training on active listening, trauma, and advocacy, sites identified the differences between providing tangible aid in a caring way versus the type of ongoing emotional support that survivors were likely to seek.
- Census and community assessment data helped sites identify underserved and unserved populations in their communities, including youth/adolescents, men, college students, immigrants, Spanish-speaking survivors, transgender survivors, and parents of child sexual abuse survivors.
  - Identifying underserved and unserved populations: "Before we thought if we weren't seeing them [survivors from underrepresented groups], they weren't there. Now we have to be honest with ourselves and the program about who we're not reaching."

#### **Staff and volunteers:**

- "All six SADI sites became more aware of the secondary trauma their staff were experiencing and that their organizations were not adequately supporting them. Vicarious trauma became a common point of discussion within the programs and with their technical assistance providers. Implementing strategies and policies to more effectively support staff was a goal of all of the sites' plans. The extent to which programs support their own staff was seen as directly influencing the quality of services that could be provided to clients"



## Lesson 3: We must be willing to engage in individual and organizational self-reflection.

Most of us are really good at individual self-reflection, but it's harder to engage in organizational self-reflection.

Organizational self-reflection makes it possible for us to see structural issues that prevent us from meeting the needs of our communities, such as resistance to learning and change, lack of fundamental understandings of the dynamics of sexual violence, lack of awareness regarding language and disability access, lack of cultural competency, and systemic racism and ableism.

Community assessments and organizational assessments helped SADI sites identify these barriers and develop plans for how to address them.

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- Expanding beyond the individual to focus on organizational self-reflection. We've seen this embraced in prevention and general SA services, but we haven't seen it as much in the work to address vicarious trauma.
- The most influential factor that facilitated successful change was openness to learning.
- While all SADI sites expressed some interest in learning, two characteristics made sites that were more open to learning different from other sites. First, they actively recognized that the breadth and depth of what needed to be learned meant learning was an ongoing process. Second, sites that had greater openness to learning also demonstrated humility about their own level of knowledge. These organizations were willing to engage with and learn from people who had different views and accepted constructive feedback, even when it was challenging.
- Related to learning, there was a notable difference in openness to change between those sites that accomplished the greatest changes to enhance sexual assault services and those that struggled to carry out their plans. This includes openness to more radical change than mere minor tweaks to existing programs. "It's never just



the sexual assault services. This is about challenging your core. You thought everything was established with your core services, but integrating sexual violence makes you rethink everything. Integrating services makes you have to regroup everything.” (quote from one SADI program director)

- Challenges are inevitable and are not a sign of failure. Some type of destabilization ought to be expected when engaging in organizational change. This requires that technical assistance providers and programs themselves be ready for it and be committed to working through it.
- One factor that helped sites move out of the destabilizing phase of the cycle was honest self-assessment about the program’s struggles. “Eventually [one of our team members] said we needed to be honest and our internal change team intentionally decided to open up with the TA providers and OVW about the problems we were having.”



# Shared Values to Ground Our Work

Shared values to ground our work: Intersectionality of sexual assault, prevention, vicarious trauma, and anti-oppression



## **Value 1: Sexual violence survivors have varied needs and deserve to have those needs met.**

Survivors of sexual violence are not a homogenous group with all of the same needs. Their wide-ranging needs must shape the services we offer.

For example, consider what kinds of services and modes of communication would be most relevant to the following survivors:

- A middle-aged or elderly survivor of childhood sexual abuse seeking help with processing feelings or memories
- A teen experiencing sexual harassment by a classmate who is unsure of what to do and is apprehensive to call a helpline
- A survivor whose preferred language is Spanish who is interested in regular supportive counseling appointments

### **Sexual violence survivors have varied needs and deserve to have those needs met.**

Survivors of sexual violence are not a homogenous group with all of the same needs. Survivors have unique and wide-ranging needs, and their needs must shape the services we offer.

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- A middle-aged or elderly survivor of childhood sexual abuse seeking help with processing feelings or memories
  - A teen experiencing sexual harassment by a classmate who is unsure of what to do and is apprehensive to call a helpline
  - A survivor whose preferred language is Spanish who is interested in regular supportive counseling appointments
- 
- Survivor's needs must shape services. Understand the unique and wide-ranging needs of survivors of sexual violence is key to embracing an approach to advocacy that is reflective of these needs." (from "Throw Away the Menu")
  - "Relevant services mean that survivors see an advocacy program as a useful resource, no matter what challenges they face. Relevant advocacy services are only achieved when programs commit to regularly assessing the work that they do and the needs of the community." (from "Throw Away the Menu")
  - "Just as survivors who have experienced different forms of interpersonal violence may have different and overlapping needs, survivors of sexual violence are also not

a homogeneous group....For example, a program whose advocacy for survivors of sexual violence is primarily limited to hospital accompaniment and legal advocacy are not relevant to a middleaged survivor who experienced sexual abuse as a child and is now looking for help processing feelings and memories. Similarly, a teen who is experiencing sexual harassment by a classmate and is unsure of what to do may be apprehensive to call the helpline, but more apt to use a text service or online chat, as this mode of communication is more relevant to their generation's methods of communicating. A Spanish-speaking survivor may be interested in regular supportive counseling appointments, but cancels his second appointment upon learning that there are no Spanish-speaking advocates, as he fears it will be difficult for him to articulate his experience with someone who does not speak his first language." (from "Throw Away the Menu")



## Value 2: We can't end sexual violence without ending other forms of oppression.

Oppression is a root cause of sexual violence. When we talk about oppression, we mean: “a relationship of dominance and subordination between categories of people in which one benefits from the systematic abuse, exploitation, and injustice directed toward the other.”

Oppression shapes what is recognized as violence, who is most vulnerable to experiencing or witnessing violence, what healing and justice options are available, and how those who commit violence are treated and held accountable.

All survivors benefit when advocates recognize both the shared roots of domestic and sexual violence and how the experience of oppression shapes survivors' varied needs.

**We can't end sexual violence without ending other forms of oppression, because oppression is a root cause of sexual violence.** When we talk about oppression, we mean “a relationship of dominance and subordination between categories of people in which one benefits from the systematic abuse, exploitation, and injustice directed toward the other.”

Oppression shapes what is recognized as violence, who is most vulnerable to experiencing or witnessing violence, what healing and justice options are available, and how those who commit violence are treated and held accountable. Oppressive structures promote sexual and domestic violence and discourage cultural norms of healthy, collaborative, mutually-respectful relating and relationships.

All survivors benefit when advocates recognize both the shared roots of domestic and sexual violence and how the experience of oppression shapes survivors' varied needs.

- *From OCADSV's (Oregon's coalition) "Prevention Through Liberation":* “Sexual violence is based in power differences, not only at an individual level but also structurally in systems of power, also known as oppression.” When we talk about oppression, we mean “a relationship of dominance and subordination between categories of people in which one benefits from the systematic abuse, exploitation, and injustice directed toward the other.”
- *From NSVRC/RSP publication "It Matters! How Defining Sexual Violence Defines*

*Advocacy Programs”:*

“Oppression shapes what is recognized as violence, how survivors are targeted, the healing and justice options available, and how those who commit violence are treated and held accountable. All survivors benefit when advocates recognize both the shared roots of domestic and sexual violence and the differences in the needs of survivors.”

- *From OCADSV’s (Oregon’s coalition) “Prevention Through Liberation”:* “Forms of violence and oppression... – such as genocide, racism, transphobia, or ableism – make sexual and domestic violence more likely to happen to people within [marginalized] communities. This is because 1) oppression creates conditions where people who are power-up are at increased risk of doing violence, 2) people who are power-down have increased vulnerability and increased exposure to those who could harm them, due to (often poverty-related) survival needs), and 3) because oppressive structures promote sexual and domestic violence and discourage cultural norms of healthy, collaborative, mutually-respectful relating and relationships.”
- Also from OCADSV: “Oppression interrupts the human capacity to be whole and healthy in relationships and in community, especially with regard to bodies, sex, and power.”
- Also from OCADSV: “To work through an example: genocide, violence, and racism against Indigenous people contributes to sexual violence by 1) encouraging white people, particularly men, to devalue the lives and sovereignty of Native people, particularly women, and normalizing sexual violence toward devalued people, 2) setting Native people, especially women, up to be vulnerable due to exploitation and lack of resources, as well as stripping of legal rights and sovereignty, and promoting reliance on state assistance that may put them in the path of more harm, and 3) destroying protective cultural norms of respectful relating, replacing them with dominant culture patriarchal and white supremacist norms of objectification, ownership, and sexualized violence”



## Value 3: Anti-oppression work is violence prevention and community-building work.

Anti-oppression values that promote violence prevention include trust, respect, intimacy, consent, honesty, shared power, self-determination, intergenerational community, shared responsibility, partnership, and interdependence.

Anti-oppression practices that promote violence prevention include shifting our focus upstream; valuing and uplifting positive relationships between youth and adults; deep listening and deep learning; understanding historical trauma and intergenerational woundedness and healing; prioritizing equity; grounded empowerment, in contrast to exploitative power over others; and reframing concepts of leadership, organizational structures, and outcomes; shifting from allyship to organizational and individual solidarity.

**Because oppression is a root cause of sexual violence and oppression discourages community-building, then anti-oppression work is sexual violence prevention and community building work.**

Anti-oppression values include trust, respect, intimacy, consent, honesty, mutuality, shared power, self-determination, intergenerational community, shared responsibility, partnership, and interdependence. These values decrease sexual and domestic violence and promote healthy relationships and communities.

Anti-oppression practices that promote violence prevention include shifting our focus upstream; valuing and uplifting positive relationships between youth and adults; deep listening and deep learning; understanding historical trauma and intergenerational woundedness and healing; prioritizing equity; grounded empowerment, in contrast to exploitative power over others; and reframing concepts of leadership, organizational structures, and outcomes; shifting from allyship to organizational and individual solidarity.


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- If, as we just covered, oppression is a root cause of sexual violence, then anti-oppression work *is* sexual violence prevention. From OCADSV, "Prevention through Liberation" (as are below info/quotes): "Any work that dismantles oppression and promotes liberation contributes, directly or indirectly, to sexual and domestic violence prevention and sexual health promotion."
- "Anti-oppression values include trust, respect, intimacy, consent, honesty, mutuality, shared power, self-determination, intergenerational community, shared

responsibility, partnership, and interdependence. These values, applied to both structural functions and to individual relationships, decrease sexual and domestic violence while promoting sexual and relationship health for all people.”

- “Conventional sexual and relationship violence prevention work, while it may achieve significant positive outcomes for young people and communities of dominant cultural groups (white, middle class, able-bodied, cisgender, etc.), typically falls short of addressing the oppression dynamics that so deeply affect power, violence, sexuality and relationships for marginalized communities.”
- “Social movements – generated and led by marginalized people, working to embody these values, and demanding change from powers that be – have contributed much to sexual and domestic violence prevention, in ways that may not be immediately apparent. The Civil Rights movement, Americans With Disabilities Act movement, Title IX, and more recently Water Is Life, Black Lives Matter, trans and nonbinary activism, and the Dreamers, have all contributed immensely to the prevention of sexual and relationship violence – because every group that gets a bit more free regains resilience against sexual, domestic, and other forms of harm, and people in those groups become less likely to enact violence on one another.”
- “Anti-oppression practices that promote violence prevention include: • Valuing and uplifting positive relationships between youth and adults • Restoring community norms and resiliency • Grounded empowerment, in contrast to exploitative power over others • Shoring up against exploitation and harm • Moving upstream • Deep listening and deep learning • Understanding of historical trauma, woundedness, and healing • Understanding of equity versus equality • Collaboration • Organizational and individual allyship [solidarity] • Reframing concepts of leadership, organizational structures, and outcomes • Navigating discomfort”
- “For example, a group working with incarcerated youth of color may contribute to sexual violence prevention by supporting youth connection with community elders outside the facility, promoting intergenerational sharing of positive and protective social norms, promoting a sense of grounded self-empowerment, decreasing youth inclination to use sex as a means to obtain power – all within an understanding that young people of color suffer from effects of intergenerational trauma and state violence, yet simultaneously can draw upon historical and current community resilience to generate wellbeing and empowerment.”





## **Value 4: Effectively addressing vicarious trauma requires care and support at multiple levels: individual, organizational, and community.**

When we talk about “vicarious trauma,” we mean experiencing trauma symptoms that can result from being repeatedly exposed to or bearing witness to the traumatic experiences of another.

Vicarious trauma has become an important point of discussion in our field. We have noticed it come up in site visits, regional coalition meetings, and statewide meetings.

Many resources we’ve seen focus on self-care, which takes an individualized approach. We need to expand our view to include organizational and community care.

When we talk about “vicarious trauma,” we mean experiencing trauma symptoms that can result from being repeatedly exposed to or bearing witness to the traumatic experiences of another.

All six sites that participated in the national SADI became more aware of the secondary trauma, or vicarious trauma, that their staff experienced. They also realized that their organizations were not adequately supporting staff who experienced trauma—whether directly in their own lives or indirectly through their work.

Vicarious trauma became a common point of discussion within the programs and with their technical assistance providers, and we’ve seen this come up in site visits, regional coalition meetings, and statewide meetings.

Most of the resources we’ve seen about how to address vicarious trauma focus on self-care, which takes an individualized approach to managing stress and trauma exposure. This is important, but it’s not a complete picture and an individualized approach can’t solve structural issues that many program staff face, like systemic racism, sexism, and ableism; being overworked, underpaid, and understaffed; and lack of access to healthcare, childcare, food, and housing.

We need to expand our view to include organizational and community care. Throughout this initiative, we hope to envision opportunities to identify how we can support people who have experienced trauma on an individual level, organizational level, and community level.

- “All six SADI sites became more aware of the secondary trauma their staff were experiencing and that their organizations were not adequately supporting them. Vicarious trauma became a common point of discussion within the programs and with their technical assistance providers. Implementing strategies and policies to more effectively support staff was a goal of all of the sites’ plans. The extent to which programs support their own staff was seen as directly influencing the quality of services that could be provided to clients”
- From self-care ----> organizational/community care
  - A lot of the resources we’ve seen about vicarious trauma focuses on self-care. Self-care is great, but it also puts pressure on the individual to manage stress and trauma exposure on their own. And self-care alone can’t solve structural issues, like systemic racism, sexism, and ableism; being overworked, underpaid, and understaffed; and lack of access to healthcare, childcare, food, and housing.
  - We’d like to expand the view to include organizational and community care.



## SADI Cohort Period 1 Timeline



## Application Phase (Completed)

- NYSCASA SADI team identifies project needs.
- NYSCASA distributes application form and instructions, reviews applications received, and selects SADI sites.
- NYSCASA collects key census data for assessments.



## **Cohort Kick-off/Orientation (March 2021)**

- NYSCASA contacts selected SADI sites and announces cohort of SADI sites.
- NYSCASA creates census data summaries to share with sites.
- NYSCASA convenes cohort orientation meetings.
  - March 16: Welcome/Orientation Meeting (All three cohorts!)
  - March 22: Orientation Meeting for Cohort A - Enhancing Sexual Assault Services and Outreach
  - March 24: Orientation Meeting for Cohort C - Mitigating Vicarious Trauma
  - March 25: Orientation Meeting for Cohort B - Strengthening Prevention Efforts



## Assessment Phase (April–July 2021)

- NYSCASA provides census summaries and assessment tools to SADI sites.
  - Each SADI site will identify one or two populations to focus on for additional data collection.
  - NYSCASA will assist SADI sites in conducting interviews and/or focus groups with community members.
- Brief 1-on-1 check-in calls with NYSCASA. Sites should anticipate 4 check-in calls.
- In-depth calls with NYSCASA.
- At least 2 training sessions.
- At least 1 peer learning call.



## Plan Development Phase (August–December 2021)

- NYSCASA will help each SADI site identify areas of opportunity to strengthen their work internally and externally.
- Training, technical assistance, and resources will respond to issues identified in assessments.
  - Brief 1-on-1 check-in calls with NYSCASA. Sites should anticipate 5 check-in calls.
  - In-depth calls with NYSCASA. Sites should anticipate 2 in-depth calls.
  - At least 1 training session.
  - At least 2 peer learning calls.



## **Plan Implementation Phase (January–June 2022)**

- NYSCASA will assist sites with reviewing and updating organizational policies and practices related to sexual assault.
- Training, technical assistance, and resources will respond to issues identified in assessments and the plan development phase.
  - Brief 1-on-1 check-in calls with NYSCASA. Sites should anticipate 6 check-in calls.
  - In-depth calls with NYSCASA. Sites should anticipate 2 in-depth calls.
  - At least 1 training session.
  - At least 1 peer learning call.
- Conclude with a celebration of cohorts' achievements!





## **Lessons Learned Phase (July–August 2022)**

- NYSCASA collects data on lessons learned from participating sites.
- NYSCASA presents data on lessons learned.
- NYSCASA applies lessons learned to the next cohort.



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**Questions?**

# Thank you!

## Contact:

- Cohort A: Josie McPherson - [jmcpherson@nyscasa.org](mailto:jmcpherson@nyscasa.org)
- Cohort B: Sarah Podber - [spodber@nyscasa.org](mailto:spodber@nyscasa.org)
- Cohort C: Chrys Ballerano - [cballerano@nyscasa.org](mailto:cballerano@nyscasa.org)

## Join us next week:

- March 22: Orientation Meeting for Cohort A - Enhancing Sexual Assault Services and Outreach
- March 24: Orientation Meeting for Cohort C - Mitigating Vicarious Trauma
- March 25: Orientation Meeting for Cohort B - Strengthening Prevention Efforts

## Resources:

- [www.nyscasa.org/sadi/resources](http://www.nyscasa.org/sadi/resources)