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Community Conversations on Preventing Sexual Violence, Domestic Violence, and Sex Trafficking

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“Community Conversations on Preventing Sexual Violence, Domestic Violence, and Sex Trafficking”

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Contents

Acknowledgments.....	ii
Introduction	1
Project background.....	1
Roundtable methodology	2
Sampling and recruitment	4
Analysis methodology.....	5
Participants	5
Design thinking process	8
Adaptations to design thinking for public health prevention of sexual violence, domestic violence, and sex trafficking	10
Upstream prevention.....	10
Design thinking findings: Main themes of prototype solutions and problem statements	11
Problem statement themes	12
Prototype solutions.....	13
Solution modalities	15
Examples of upstream prevention solutions	18
Feedback from key findings	19
Conclusion.....	21
Limitations.....	22

Introduction

This report presents findings from a series of roundtables using an adapted design thinking process to elicit community-based solutions for primary prevention of sexual violence, domestic violence, and sex trafficking.¹ The issues of sexual violence, domestic violence, and sex trafficking are pressing, urgent, and yet seemingly insurmountable. The application of data to action plays a critical role in addressing these issues.

From November 2018 through April 2019, the Minnesota Department of Health's Sexual Violence Prevention Program (MDH SVPP) and the University of Minnesota's Urban Research and Outreach-Engagement Center (UROC) hosted data to practice community roundtables. These roundtables were based on principles of evaluation, action research, and emergent strategy.² Together, MDH SVPP and UROC approached these roundtables with a belief that prevention solutions can and should be generated through community wisdom and lived realities. Prevention is not a one-size-fits-all model, and communities have great insight on what they need to survive, thrive, and prevent harm.

The goals of the roundtables were to 1) share data findings regarding the intersection of sexual and domestic violence with sex trafficking, 2) provide educational material around upstream primary prevention, and 3) engage participants in a creative design thinking process to envision and develop prevention solutions. Over 200 people participated in these roundtables held in regions across the state, including rural communities, college campus communities, and the Twin Cities metropolitan area.

This report includes findings from the design thinking process. There are three key phases of data from this process analyzed here: the problem statement (i.e., root cause of the issue); the solution (the "what" needs to be changed); and the solution modality (the "how" it should be changed). The data did not identify major differences in themes across rural or urban communities. This would imply that the *core* of prevention work may be consistent across communities, but the difference lies in the *details* of each community's contexts.

These findings shed light on some common ground for prevention across the state. Additionally, UROC and MDH SVPP found interest in and enthusiasm for using the design thinking for prototyping model and hope that others may be able to adapt this model for their prevention work.

Project background

In this collaboration, MDH contracted with UROC to conduct a secondary data analysis of UROC's qualitative interview data from two previous studies on sex trafficking in Minnesota.

¹ Design thinking is described in the section on Design Thinking, pages 10-13. This process was developed by Stanford University's Hasso Plattner Institute of Design. See the Design Thinking Bootleg available at <https://dschool.stanford.edu/resources-collections/a-virtual-crash-course-in-design-thinking>.

² See, for example: Stringer, E. (2014). *Action research* (4th ed.). Sage Publications; and brown, a.m. (2017). *Emergent strategy: Shaping change, changing worlds*. AK Press.

The purpose of the secondary data analysis was to identify interconnections between sexual violence, domestic violence, and sex trafficking, and then use these findings to work with communities to explore opportunities and pathways for upstream prevention. Upstream primary prevention means taking action to address causes and conditions so that the harmful actions do not occur at all. UROC conducted a secondary data analysis of qualitative interview data collected from: *Mapping the Market for Sex with Trafficked Minors* and *Mapping the Demand: Sex Buyers in Minnesota*.³ Together, there were 174 interviews with 246 key systems professionals who have in-depth knowledge on operations of sex trafficking and commercial sex. Interviewees included social service advocates, youth workers, health care professionals, prosecutors, attorneys, and more. Some of these people held multiple forms of knowledge including personal lived experience as a survivor of exploitation or trafficking. The UROC team created a codebook to identify themes related to domestic and sexual violence based on definitions from the Centers for Disease Control and Prevention (CDC)'s National Intimate Partner and Sexual Violence Survey (NISVS) and the National Sexual Violence Resource Center (NSVRC). Data were coded and analyzed using NVivo Pro 11 software by a team of four assistants. Findings from this project are summarized in data brief [Intersections of sexual violence, domestic violence, and sex trafficking: Research overview for community roundtable presentation \(https://conservancy.umn.edu/handle/11299/229965\)](https://conservancy.umn.edu/handle/11299/229965).⁴

Findings from the secondary data analysis included the following topics:

1. Survival sex and its connection to sex trafficking, including social contexts and circumstances surrounding survival sex
2. Intimate partner trafficking: different trajectories for those trafficked by an intimate partner, and the use of coercive control in intimate partner trafficking
3. Family-based trafficking: contexts and circumstances

Roundtable methodology

Data findings may never make their way back to those whose knowledge, expertise, and lived experience created the inspiration for the analyses. In evaluation and action research, it is imperative to thoughtfully consider the dissemination of data findings as part of the process itself.⁵ At the conclusion of the secondary data analysis, the UROC and MDH SVPP teams crafted a presentation of the findings geared towards systems professionals and community members. The UROC team prepared materials for dissemination with the assumption that people with lived experience with trading sex, commercial sexual exploitation, or trafficking will be present when findings are presented or may read materials. Thus, care is taken to be respectful, non-judgmental, and trauma-informed in all communications. The purpose of this presentation was twofold: first, to disseminate the data findings to systems professionals and community members who had participated in the data collection in the first place; and second

³ Reports available at: <https://uroc.umn.edu/research/sex-trading-trafficking-and-community-well-being-initiative>

⁴ Data brief available at: <https://hdl.handle.net/11299/229965>

⁵ Stringer, E. (2014). *Action research* (4th ed.). Sage Publications

COMMUNITY CONVERSATIONS ON PREVENTING SEXUAL VIOLENCE, DOMESTIC VIOLENCE, AND SEX TRAFFICKING

to engage systems professionals and community members in a design thinking process to develop prevention solutions.

In addition to the data findings, and in alignment with the project's goal of identifying upstream prevention solutions, content on upstream prevention was included, as well as a hands-on workshop-style activity for brainstorming prevention solutions. The roundtable team explained the concept of upstream prevention through the [Three Siblings Story](#). The workshop-style activity adapted design thinking processes for a focus on upstream prevention along the intersections of sexual violence, domestic violence, and sex trafficking. In alignment with evaluation and action research principles and the project's goals, this hands-on activity sought to surface prevention solutions from systems professionals and community members based in community lived realities by prototyping prevention solutions in teams (further details are described below in the [Design Thinking](#) section of this report).



The roundtables in Greater Minnesota lasted 2.5 hours, with roughly one hour dedicated to presenting data findings and one hour dedicated to the prevention and design thinking activity. Based upon participant feedback from Greater Minnesota attendees, a longer 3.5 hour roundtable was developed and delivered twice in the Twin Cities metropolitan area. UROC and MDH SVPP also developed shortened 90-minute versions of this material that were presented for one campus event in Morris and a networking event of prevention specialists. Finally, UROC and MDH SVPP worked closely with a faith community in North Minneapolis to develop a three-day roundtable, two hours per day, for youth workers.

A total of 10 roundtables were delivered from November 2018 through April 2019: six (6) roundtables in five cities in Greater Minnesota; and four (4) in the Twin Cities metropolitan area. Data analyzed in this report come from all roundtables except for the campus presentation.

Sampling and recruitment

The UROC and MDH SVPP team identified five sites to host roundtables in five of the Safe Harbor Greater Minnesota regions: southwest, southeast, northeast, northwest, and west central. Due to time and resource limitations, UROC and MDH SVPP were unable to host roundtables in the remaining two Greater Minnesota regions, south central and east central; therefore, some people from these regions traveled to attend a roundtable in a nearby region. Additional sites were invited and selected to host roundtables in the Twin Cities east and west metropolitan areas. Sites were identified regionally based upon the hosts' leadership on issues of sexual exploitation and trafficking. Safe Harbor Regional Navigators in the identified sites served as primary co-sponsors for the roundtables and provided consultation about other key organizations to include for planning and sponsorship.



The roundtables were free, open to the public, and held in spaces such as public libraries, non-profit organizations, and community meeting rooms. The roundtables were geared for systems professionals working in sectors that bring them into contact with victim/survivors, traffickers, and others involved in sexual exploitation. This included domestic violence advocates, sexual assault advocates, youth workers, child protection workers, educators, nurses, public health workers, criminal legal system personnel, attorneys, faith leaders, and more.



The roundtables were promoted via newsletters and listservs within the target population and through individual outreach. Co-sponsors were asked to invite community stakeholders.

Analysis methodology

Data from the design thinking processes were analyzed for themes using NVivo Pro Version 11, a qualitative analysis software. Data were analyzed using a grounded theory approach to determine themes, with a focus on finding commonalities across prototype teams and communities in the problem statements, the content of the prototype solutions (the “what” needs to be changed), and the solution modality (the “how” it should be changed).

The participant demographic form and feedback form (described below) included qualitative and quantitative data. These data were analyzed using Microsoft Excel. Qualitative data were analyzed using a grounded theory approach to determine themes. Analyses of these forms was performed by the MDH SVPP evaluator and a graduate student worker. Coding of each qualitative data set was performed by one MDH SVPP staff member and reviewed by the team for content validity.

Participants

Over 220 people participated in the roundtables, with an average of 22 people each and a range of 7 - 40 people per roundtable. Participants of all roundtables were invited to complete an anonymous demographics form and there was a 66% completion rate of the form. Participants reported a multi-disciplinary array of sectors and came from many backgrounds and identities.

Table 1: Roundtable Locations and Participant Counts

Roundtable	Participants
Morris- Community	13
Morris- University	22
Red Wing	20
Worthington	16
Duluth	32
Bemidji	28
Minneapolis 1	40

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Roundtable	Participants
Minneapolis 2	18
Prevention Network (Saint Paul)	24
Organization-specific (Minneapolis)	7
Total	220

The sectors represented were as follows, in order from most to least represented (Table 2): Social services, public health, education, medical/health care, students, mental health, legal services, prevention, community members, faith-based, government, law enforcement, non-profit, research, victim/survivors, in addition to a few people from unspecified sectors.



Table 2: Participants by Sectors

Sector	Participants
Social Services	27.6%
Public Health	13.8%
Education	12.4%
Medical/health care	5.5%
Students	5.5%
Mental Health	4.8%
Legal Services	4.1%

COMMUNITY CONVERSATIONS ON PREVENTING SEXUAL VUOLENCE, DOMESTIC VIOLENCE, AND SEX TRAFFICKING

Sector	Participants
Prevention	3.5%
Community Member	3.5%
Faith-based	2.8%
Government	2.8%
Law Enforcement	2.8%
Non-profit	2.1%
Research	2.1%
Victims/survivors	1.4%

Most participants self-reported their gender identity as being female or a woman. Some participants reported being transgender or nonbinary. Gender identity was a write-in option.

- 85.5% Female and/or woman
- 11.7% Male and/or man
- 0.7% Nonbinary
- 1.4% Transgender

Most participants self-reported their racial and/or ethnic identity as being white, followed by Native American, Black, Asian, and Hispanic. Table 3 details the racial and ethnic identities of participants who completed the anonymous demographic form. Participants could write-in their race/ethnicity, therefore percentages add up to more than 100%, as some participants listed more than one racial and/or ethnic identity category.

Table 3: Participants by Racial and Ethnic Identities

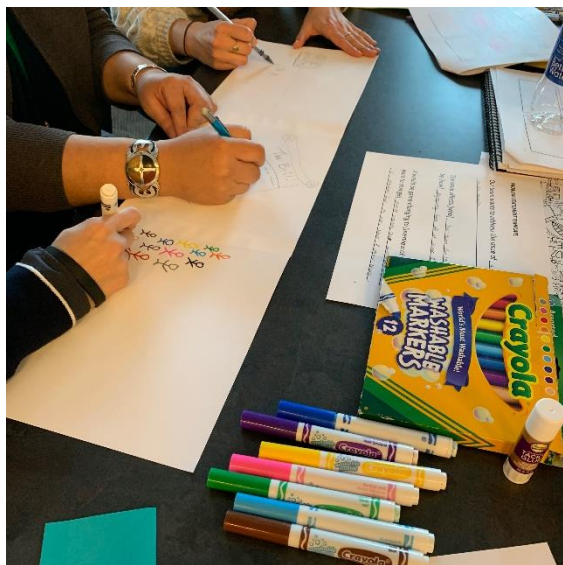
Racial and Ethnic Identities	Participants
White, Caucasian, White European	73.1%
Native American, Indigenous, American Indian, First Nations, Ojibwe	9.0%

COMMUNITY CONVERSATIONS ON PREVENTING SEXUAL VIOLENCE, DOMESTIC VIOLENCE, AND SEX TRAFFICKING

Racial and Ethnic Identities	Participants
Black, African American, African Immigrant, Sudanese	7.6%
Asian, Asian American, Hmong American	5.5%
Latinx, Chicanx, Hispanic	5.5%
Multi-racial or Multi-ethnic, unspecified	3.5%
Pacific Islander	0.7%

Design thinking process

This section describes the theoretical framework for design thinking processes as they were originally formulated, core strengths, and a description of adaptations by the project team to public health prevention around the intersections of sexual violence, domestic violence, and sex trafficking.



Design thinking is a collaborative brainstorming process for innovation developed by designers and planners.⁶ The creators of design thinking describe it as a fast pace guide for teams to work through different phases that alternate in a series of ideation with flaring out (i.e., thinking broadly, brainstorming) and narrowing in (focusing on one idea).⁷ There are two core purposes of design thinking: (1) ground the process of design in establishing empathy for the product's eventual end-users; and (2) move from the problem sphere to possible solutions without getting locked into practicality, feasibility, or perfectionism too early on. The phases are typically facilitated by the host. Creative materials are available throughout the process to enable a kinesthetic brainstorming process. The result of design thinking is a prototype solution. After testing, the process can be repeated as a cycle for improvement.

The phases are as follows:

1. **Empathize:** Immerse, observe, and engage with “users” to document their behaviors and needs for the product or space being developed. The term “users” refers to the people who will be served or reached by the product, solution, or service.
2. **Define:** Using insights from “Empathize” phase, develop an actionable *problem statement* that is responsive to the needs of users. This problem statement is key to creating a successful solution prototype.
3. **Ideate:** Brainstorm as many ideas for solutions that address the problem statement. This is not for evaluating ideas but generating them.
4. **Prototype:** Focus on one solution and develop a show-and-tell or interactive prototype of this solution. It can be a visual map, craft model, descriptions written on Post-It notes, etc.
5. **Test:** Receive feedback on your solutions to further develop and refine. The low-key prototype can be presented in an interactive way to spark additional conversation and could lead to more fine-tuned solutions.

The prevention of sexual violence, domestic violence, and sex trafficking requires community-driven strategies and multidisciplinary collaboration. Design thinking has two core strengths as a model for community-driven and multidisciplinary prevention solutions:

1. Teams can be created by a specific community to generate community-specific problem statements and solutions based on collective wisdom, shared values, and community lived realities.
2. Teams can be created from a multidisciplinary group of individuals who bring specific content knowledge and expertise.

⁶ Design thinking was developed by Stanford University's Hasso Plattner Institute of Design. The design thinking toolkit and guide is available at <https://dschool.stanford.edu/resources/design-thinking-bootleg>

⁷ Ibid.

Adaptations to design thinking for public health prevention of sexual violence, domestic violence, and sex trafficking

UROC lead the adaptation and refinement of the design thinking process for public health prevention, centered around the data findings of the intersections of sexual violence, domestic violence, and sex trafficking. The roundtables were exploratory in nature with the purpose of sharing back the data results and using a novel approach to gather feedback and build connections between stakeholders. The project tested this model and planted seeds of community-building around prevention of sexual violence, domestic violence, and sex trafficking across Minnesota.

The phases for the adapted design thinking model were nearly identical to the handbook on design thinking, with the exception of the “empathize” phase. The original design thinking model presumes the so-called “designers” have little to no knowledge of the “users.” However, design thinking processes for prevention are often more effective with a group of designers (or participants) who have prior knowledge of the issues and prior experience with the “users,” whether that is personal lived experience, professional experience, or a combination of the two. Therefore, the community roundtables specifically recruited systems professionals with advanced-level knowledge of these issues to act as “designers” for the roundtables. Because the core purpose of the “empathize” phase is to create proximity to and knowledge of the issue or community at hand, which the designers already had, this phase was adapted to instead focus on the data findings and time for personal reflection.

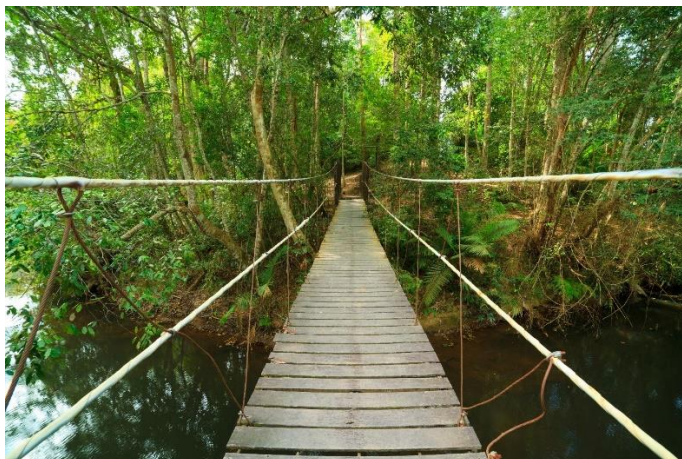
Additionally, UROC communications, reports, and presentations were written with the assumption that victims and survivors and others with lived experience will be among the audience. All language was crafted to make sure that the material is presented in a way that is trauma-sensitive and not offensive, stigmatizing, or stereotyping. For this project the presentation was created to be attentive to how each phase of the design thinking exercise might be experienced by people with lived experience and those who do not have lived experience.

The use of design thinking for these community roundtables was an innovative approach to both presenting data findings and to conducting community engagement work around prevention. A strength of this activity is that it is an experiential way to introduce systems professionals to primary prevention and an experiential way for multidisciplinary system professionals to begin to design and brainstorm these solutions for their communities. Additionally, the project brought multidisciplinary audiences together for a common goal and helped strengthen community connections. Limitations of this approach are described in the conclusion section.

Upstream prevention

Most sexual violence, domestic violence, and sex trafficking efforts currently focus on responding to crises and intervening to prevent further harm. The focus of this project was on upstream primary prevention; changing the causes and conditions that lead to violence before

harm occurs. To frame the discussion of primary prevention, the facilitators shared the Three Siblings Story, a public health parable which highlights the benefits of upstream prevention alongside crisis response and intervention.



In the story, three siblings discover people drowning in a river. The first sibling helps bring the drowning people to shore, which is analogous to crisis response or secondary prevention. Then another sibling coaches people to tread water (intervention and treatment, or tertiary prevention). Finally, the third sibling walks upstream to find the cause of the problem: a broken bridge. This sibling works to repair the broken bridge, so people no longer fall into the river (upstream primary prevention). This story and the broken bridge metaphor were meant to help participants think beyond the usual crisis or intervention solutions to explore root causes of sexual violence, domestic violence, and sex trafficking, and to focus instead on systems and environmental solutions. The purpose of framing the prevention activities was to encourage prevention ideas that target the root causes and conditions in communities that may lead to violence.

Design thinking findings: Main themes of prototype solutions and problem statements

This section summarizes qualitative analysis of the problem statements and prototype solutions created in the design thinking process. Problem statements were often complex and contained several interconnected social issues. Similarly, prototype solutions typically consisted of multiple solution areas and modalities. This was not incorrect or ill-conceived. Rather, the data indicates that participants were creative and identified multiple paths to accomplish a goal. They also recognized how deeply interconnected social issues are with each other. Many participants developed solutions that were “upstream” such as passing legislation, political organizing, coalition building, and identifying and removing oppressive policies. Some solutions focused on more “downstream” prevention such as mentorship programs, community awareness, staff training, and education for youth.

Common themes across groups and regions strengthen the findings around root causes and social norms that perpetuate sexual violence, domestic violence, and sex trafficking. Furthermore, commonalities in prevention solutions shed light on potential next steps. Design thinking is intended to be an iterative process where prototype solutions are continually refined over time through testing, piloting, and developing with multiple groups of stakeholders.

These findings are divided into three sections: 1) the problem statement (what groups chose as their area of focus); 2) the solution themes (what groups believed would address this issue); and 3) the solution modalities (how groups envisioned getting there). There were 37 groups from a total of nine presentations across Minnesota.

Problem statement themes

In moving towards prevention solutions, facilitators began the design thinking roundtables with a brief large group discussion of root causes and environmental conditions that perpetuate or allow multiple forms of violence to take place. Once in small groups, participants were facilitated through a first round of brainstorming around specific root causes with the goal of developing a “problem statement.” This statement would help groups tailor their prevention solutions, with the additional intention that the group would focus on social issues within their community context.

Groups were instructed to brainstorm and agree on a “problem statement” from which to build their prevention solutions. Thirty-five (35) of the 37 groups wrote or verbally shared their problem statements. Themes were developed by identifying the main topic(s) of each group’s problem statement. Several groups’ problem statements included multiple topics. Each topic that was identified in a problem statement was counted, so there were more total topics than there were groups. Five meta-themes emerged in this analysis: social values and cultural beliefs; structural inequalities; intersectional oppressions and racism; adverse life experiences; and lack of community awareness/community response. A list and description of the themes as identified by the groups’ problem statements is as follows below.

Five problem statement themes

1. Social values and cultural beliefs
2. Structural inequalities
3. Intersectional oppressions and racism
4. Adverse life experiences
5. Lack of community awareness and community response

Social values and cultural beliefs

Sixteen (16) groups identified their problem statement as related to societal values and cultural beliefs. These included social norms that perpetuate rape culture, harmful gender norms and stereotypes, desensitization to and normalization of violence, social norms of individualism and isolation from community, and a lack of community awareness or community response to the issues.

Structural inequalities

Fourteen (14) groups identified their problem statement as various community-level risk factors related to structural inequalities. These included poverty, lack of living wages, lack of basic needs, lack of safety nets, housing instability, lack of access to education and educational opportunities, and disparities in system supports. These participants described how these structural inequalities are often embedded within risk factors for situations of sexual violence, domestic violence, and sex trafficking.

Intersectional oppressions and racism

Five (5) groups specifically identified intersectional oppressions as their problem statement. These included statements related to major “isms” of oppression as they intersect with each other, namely racism and sexism. These groups wanted to focus on how these intersectional oppressions create disparities in who experiences harm and violence. Problem statements included the issue of murdered and missing indigenous women (MMIW), disproportionate rates of violence against women of color, stigma, and community-wide “dehumanization” of certain people based on their identity.

Adverse life experiences

Four (4) groups identified adverse life experiences and their impacts as their problem statement. These problem statements included topics such as adverse childhood experiences (ACEs), trafficking within families, trauma, and mental health. These topics focused more on the experiences of individuals people and families.

Lack of community awareness and community response

Four (4) groups identified the specific lack of community awareness and lack of community response to issues of sexual violence, domestic violence, and human trafficking. These groups shared that inadequate systemic responses to these issues stemmed directly from a lack of community buy-in, even simply a lack of community knowledge, of these realities.

Prototype solutions

Prototype solutions refer to *what* needs to be changed. After groups developed their “problem statement,” facilitators instructed groups to brainstorm what potential solutions would address their identified issue. Groups were encouraged to think “upstream” and choose solutions that addressed root causes and environmental conditions of their issue. In addition, the groups were encouraged to think creatively and not be limited to their professional field.

Prototype solutions ranged from innovative, high-impact, and game-changing to others focused on secondary or tertiary prevention solutions. Within this range, the findings demonstrate community wisdom on *what could be*. This visioning activity in and of itself plants the seeds to begin systems and environmental change work.

Prototype solutions reflect the problem statements identified above. Five themes were identified: access to basic needs and opportunity; changing social norms and behaviors;

increased community awareness and community response; access to victim services and healing modalities; and the eradication of systemic and structural oppressions. These themes are listed and further described below.

Five prototype solution themes

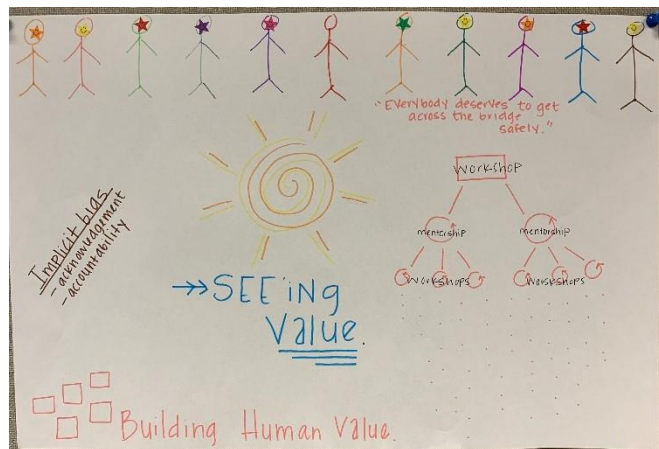
1. Access to basic needs and opportunity
2. Changing social norms and behaviors
3. Increased community awareness and community responses
4. Access to victim services and healing modalities
5. Eradication of systemic oppression

Access to basic needs and opportunity

Many groups (15) identified access to basic needs and access to opportunity as their prevention solution. The most common example of this theme was housing-related solutions. This included increased transitional housing, emergency shelter beds, development of affordable housing, and increased enforcement or protection of the civil rights for tenants. Groups also named economic stability, such as living wage jobs, access to basic needs, and safety nets for families as their solution. Finally, groups identified access to opportunity as their prevention solution, such as quality public education and reforming policies that perpetuate school segregation, access to job training programs, and creating more accessible educational opportunities. The core of these prevention solutions is reforming structural inequalities.

Changing social norms and behaviors

Some groups (11) described changing social norms, values, and behaviors as their prevention solution. These groups typically identified social norms as their problem statement and wanted to disrupt the acceptance and normalization of violence, survival sex, rape culture, and toxic masculinity. In addition, some groups named establishing or building social values of shared humanity and interconnectedness as their solution. Trauma education was mentioned by one group as their solution.



Increased community awareness and community responses

Just under one quarter of groups (7) had prevention solutions related to community awareness of these issues and community or systems response. These solutions ranged from awareness raising to coordinated community responses, yet all contained the threads of community accountability and ownership over issues of sexual violence, domestic violence, and sex trafficking. While it follows that any of these prevention solutions would need a coordinated systems response, these groups described the community action as the solution itself.

Access to victim services and healing modalities

A few groups (6) described increased and equitable access to services and supports as their prevention solution. These included access to victim services, mental health care, trauma care, mentorship connections, and tools for sustaining healthy communities.



Eradication of systemic oppression

Four groups created prevention solutions themed around the eradication of systemic oppressions. The majority of these solutions were centered on oppression, generally speaking, while one group focused on the issue of missing and murdered indigenous women more specifically.

Solution modalities

Solution modalities are *how* a solution is intended to be crafted, delivered, or implemented. Prevention solutions with a broader more population-level impact target the causes and contributing factors to the problem via high impact systems-level, societal-level, and/or community-level change. Prevention solutions that focus solely or primarily on individual-level change (such as educating individuals about healthy relationships, training service providers, or raising community awareness) may be highly impactful to the people involved but will have less impact at the population-level. Groups were encouraged to focus on the former, i.e. prevention solutions to address population-level impact.

As the data illuminates below, participants identified a broad variety of modalities for their solutions. About half of the groups identified multiple modalities for their solution, whereas the other half of the groups narrowed to one solution modality. Below is a list and description of the solution modality themes identified.

Eight solution modality themes

1. Legislation and funding
2. Education for youth, adults, and families
3. Programming and social services
4. Coalitions and task forces
5. Changing organizational practices, procedures, and policies
6. Training for systems professionals and others
7. Awareness raising, campaigns, and social media
8. Criminal justice approach

Legislation and funding

About one third of the groups (13) described passing legislation to either change laws and/or distribute funding as a component of their solution modality. Below are four main themes pertaining to legislation and funding:

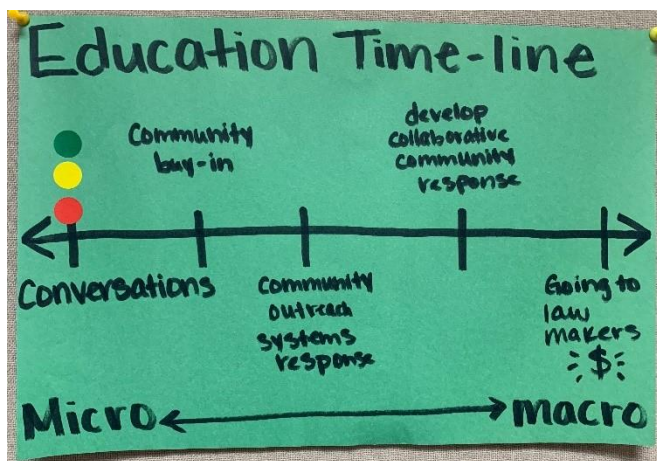
- Basic needs - Legislation focused around improving access to basic needs, increasing wages, and other factors that influence economic stability (5)
- Education - Legislation to implement statewide K-12 standardized education on comprehensive sexual education including content on sexual violence, consent, gender norms (4)
- Housing - Legislation focused on housing stability, including affordable housing, emergency and transitional shelters, and tenants' rights (3)
- Indigenous women's issues - Legislation to allocate funding to investigate and address the issue of Murdered and Missing Indigenous Women (MMIW) (1)



Education for youth, adults, and families

About one third of groups (12) identified education as the solution modality, with the majority focusing on educating youth and families around healthy social norms. Other ideas for education included financial literacy, education on trauma and its impacts, anti-oppression education, and education on resources for victims.

- Educate youth and families about healthy/positive social and gender norms (5)
- Educate families on financial literacy (2)
- Educate all ages about trauma (1)
- Educate all ages about oppression (1)
- Educate community members about resources for victims (1)



Programming and social services

Groups (9) described using programs and social services as their solution modality. These solution modalities often called for an increase in resources or services, or the implementation of certain practices within social services. At the core of these solution modalities is the delivery of social goods and services to address issues of sexual violence, domestic violence, and sex trafficking.

- Increase resources, services, or implement certain practices within social services (7) (delivery of goods)
- Mentorship programs for victims (2)

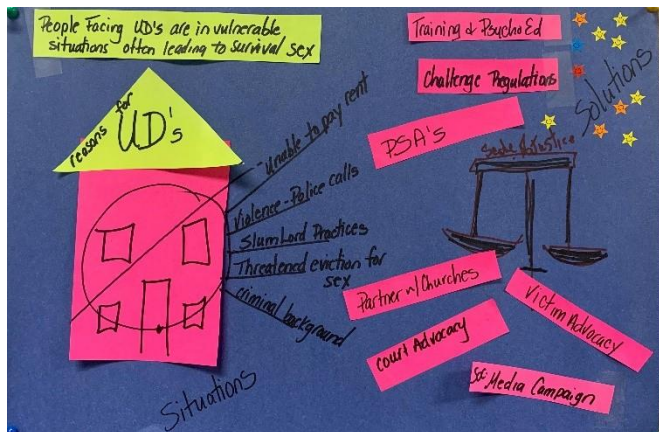
Coalitions and task forces

Several groups (6) identified the creation of coalitions, task forces, and community responses as their solution modality. These modalities often centered on the expressed need for multi-sector collaboration and community buy-in for effective problem solving.

Changing organizational practices, procedures, or policies

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Several groups (6) identified changing general or specific practices, procedures, or policies at an organizational or sector level. These included increasing access to court advocates, changing rental housing eligibility, reducing barriers to access services, including more marginalized groups in organizational policy creation and monitoring, and addressing impacts of systems of oppression on policies and procedures.



Training for systems professionals and more

Several groups (5) identified training as a solution modality. These primarily focused on training for systems professionals to identify trafficking and exploitation, and how to best serve this population. Other groups mentioned training for educators around healthy social norms, training for landlords, bystander-intervention training, and training geared for community members.

Awareness raising, campaigns, and social media

Four groups described using campaigns and social media for political organizing, awareness raising and general mass communication strategies. This solution modality was focused around leveraging mass communications toward advancing community awareness, social movement generation, and policy education.

Criminal justice approach

One group identified the criminal justice system as a main component of the solution modality. They described higher penalties and more enforcement around sex buyers and traffickers.

Examples of upstream prevention solutions

Below are a few examples from the roundtable participants. Examples 1 and 2 also demonstrate the use of multiple modalities for a solution.

Example #1: Living wage “umbrella”

Problem statement: “Our team wants to address the issue of living wage. The issue affects all those making below minimum household income by limiting their ability to obtain safe housing, pay for childcare, or plan for their future. It would be game changing to have a ‘livable wage’ for everyone.”

Solutions:

- Pass legislation
- Provide tax breaks for businesses providing a living wage to employees
- Expand affordable educational opportunities (access to higher-paying job opportunities)
- Expand job training and internship programs (access to job skills)

Example #2: Fund and expand access to affordable housing

Problem statement: “Our team wants to address exploitative housing. This issue affects people who experience unsafe housing by being pushed into exploitative situations. It would be game changing if we could create safe and affordable housing for all.”

Solutions:

- Tax breaks to companies building and operating affordable housing
- Emancipation statutes
- Provide living wages
- Increase stock of subsidized housing

Example #3: Welfare reform / universal basic income

Problem statement: “The problem we want to address is lack of resources and support for families. We want to address this because families who do not have resources and support are at risk for becoming engaged in survival sex.”

Solution: “Engage politicians to create policy for a living stipend for community members with no strings attached. Stipends can be used for anything – groceries, bills, personal day, etc. The welfare system often shames families receiving benefits, but this solution does not shame families.”

Feedback form key findings

Participants were asked to complete an anonymous feedback form at the end of the roundtables, except for the organization-specific roundtable who preferred to provide verbal feedback. Participants completed the feedback forms in person, with the exception of one roundtable where participants were asked to complete the feedback form electronically if they had not already completed the form in person (this was done due to a low response rate for the in-person feedback forms at that particular roundtable).

The feedback forms gathered information about their knowledge and understanding due to attending the roundtable, future prevention collaboration plans, and intentions around upstream prevention work in the future. Overall, 67.6% of participants completed feedback forms. The majority of participants experienced increases in understanding about upstream prevention and about interconnections between sexual violence, domestic violence, and sex trafficking. Additionally, the majority of participants indicated that they intend to collaborate with others and engage in upstream prevention.

Table 4: Participant Outcomes

Outcomes	Participants
Increased understanding about upstream prevention	82.6%
Increased understanding about interconnections between sexual violence, domestic violence, and sex trafficking	83.3%
Plan to collaborate with others around upstream prevention	72.9%
Intend to be engaged in upstream prevention in some way	86.8%

About 86% of respondents provided an answer to the question, “How do you intend to be engaged in upstream prevention?”. Responses to that question were categorized into the following most common themes and examples:

Educate and raise awareness with a variety of audiences and sectors around topics such as healthy relationships, sexual health, safety, sex trafficking, and sexual abuse

Examples of responses include:

- Providing sexual health education around coercion, consent, and emotional abuse
- Developing education/training for care teams (guardians, case managers, residential providers) on prevention
- Developing continuous, comprehensive prevention education

Connect, convene, collaborate, engage, and/or build partnerships with a variety of audiences and sectors

Examples of responses include:

- Organizing a task force with participants from group to begin developing ideas from different sectors to continue initial thoughts
- Connection, communication, conversation

- Continue to build trusting collaborative relationships across disciplines that engage the whole community to take actions that result in a healthy community for everyone

Create and/or implement policies and protocols

Examples of responses include:

- Engage with policy and work to secure funding for prevention
- Being more proactive in policy change, not just advocacy
- Helping to write protocols for our county

Additional responses that did not fit within a theme above included: engaging in strategic prevention planning; creating new resources; focusing on primary prevention; addressing demand; conducting research; building infrastructure related to housing and services; developing and/or implementing programming; interrupting and responding to situations of trafficking; supporting clients and victim/survivors; volunteering; using the resources provided through the training; and incorporating the information and resources from the roundtables into current work or programs.

Conclusion

The group work identifying problem statements as part of the design thinking roundtables demonstrates deep knowledge of what is not yet working well in communities across Minnesota. Participants identified a variety of root causes related to poverty, marginalization, and lack of education. But there is cause for hope. The roundtables highlight the energy and passion of leaders committed to prevention. Future work could build on the roundtables to deepen their solution strategies.

Through the roundtables it was also clear that upstream prevention is hard. Most people who work on the issues of sexual violence, domestic violence, and sex trafficking see firsthand the harms to individuals. It can be difficult to focus on upstream prevention when there is such great demand and need for immediate services and supports. The authors also identified a gap in knowledge about what upstream prevention efforts would truly entail.

Feedback from responses indicated a need to connect with others through partnerships, collaborations, and engagement as a key next step to develop, grow, and implement prevention solutions. Participants may not know what the exact solutions they undertake will be, because the solutions will emerge from further group planning.

The intent of the roundtables was to share both important data findings and plant seeds for further community collaboration around upstream prevention. Participants in the roundtables exhibited enthusiasm and a desire to continue the work of developing upstream prevention strategies that are community based. The feedback shared by participants demonstrated a strong commitment to this issue and to preventing sexual violence, domestic violence, and sex trafficking from occurring in the first place.

The prototype solutions provide a snapshot of community wisdom around prevention. But they are not a guidebook for prevention. The authors found that design thinking is a useful tool to elicit deep and creative thinking from knowledgeable stakeholders. More work needs to be done to tease out potential effective prevention efforts. The initial visioning rooted in community wisdom that emerged from the group work in the roundtables provides a fruitful foundation for future work on the prevention of sexual violence, domestic violence, and sex trafficking.

Prevention resources are helpful to guide the development of prevention strategies. For those interested in developing prevention solutions within their community, the coordinating team recommends:

- Convene ongoing multidisciplinary teams or engage existing teams
- Use a design thinking process
- Consider root causes and environmental conditions which contribute to sexual violence and exploitation, such as: poverty and economic conditions; racism, sexism, and other forms of oppression; and geographic factors, to define focus areas with broad impact solutions
- Engage with local or regional sexual/domestic violence programs
- Engage with statewide efforts, including the Minnesota Human Trafficking Prevention and Response Network (formerly the Minnesota Human Trafficking Task Force) and the MDH Sexual Violence Prevention Network
- Consult the Minnesota Department of Health's Sexual Violence Prevention Program for prevention resources and technical assistance

Limitations

There were several limitations to this project. The time allotted for design thinking (60 minutes and 90 minutes, with the exception of the three-day roundtable) may not have allowed groups enough time to fully explore various options or develop their prototypes. The short period of time did not allow for in-depth feedback or redevelopment of solution prototypes. Also, it is possible that group dynamics during the design thinking process may have led to preference of one group member's ideas over another due to their ability to articulate their ideas, their status or position of power, their age, race, gender, etc. Facilitators intentionally encouraged teams to be mindful of sharing space equitably in their groups. Future evaluation and research on design thinking could examine group or team dynamics and factors that influence effective team building in this context.

The team did not record the roundtables and develop verbatim transcripts. Instead, the team collected written problem statements, took pictures of the prototypes, and took notes of the large group verbal sharing. During the conversations, brief notes were documented about the design thinking process and the prototype solutions that participants verbally shared. Thus, there was limited information to determine how well the process of design thinking worked for participants. The budget did not support verbatim transcription. However, more importantly, UROC and MDH SVPP believed that audio recording the roundtables would have been

COMMUNITY CONVERSATIONS ON PREVENTING SEXUAL VIOLENCE, DOMESTIC
VIOLENCE, AND SEX TRAFFICKING

detrimental to the participants' freedom to express themselves and was ultimately unnecessary for this analysis.

The result of this University/Public Health data-to-action endeavor was invaluable. The opportunity to engage with communities, present data, and focus on action solutions is a strong model for community change. The takeaway for the project coordinating team was the necessity and power of a multidisciplinary community team engaged in developing creative, community-specific solutions. Champions within each community are also critical to lead the way and continue to convene and engage stakeholders in addressing this issue.