The Sexual Violence Prevention Plan

ALABAMA | 2010 - 2016

The Alabama Department of Public Health

The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public's health, to provide caring, quality services and serve the people of Alabama by assuring conditions in which they can be healthy.

Injury Prevention Branch
Alabama Department of Public Health

The Injury Prevention Division of the Alabama Department of Public Health

The mission of the Injury Prevention Branch is to reduce death and disability from intentional and unintentional injury through coordination and implementation of health promotion and education programs and special events.

ADPH
ALABAMA DEPARTMENT OF PUBLIC HEALTH

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The Alabama Coalition Against Rape

The Alabama Coalition Against Rape (ACAR) was founded in 1995. ACAR, comprised of 15 member rape crisis centers, conducts prevention activities and empowers centers to facilitate the humane, consistent, and compassionate care of victims of sexual violence and their families. These are accomplished through community awareness, standardization of member services, education, research, and advocacy activities. ACAR endeavors to continually improve the treatment of sexual violence survivors and to ultimately end sexual violence.

Services:

- Training for allied professionals such as through workshops and conferences.
- Community education programs about sexual violence, websites, quarterly newsletters, and other materials.
- Advocacy for sexual assault survivors with statewide agencies and in the formation of public policy.
- Support for sexual assault program staff through training, technical assistance, and a resource library of books, videos, and training materials.
- Networking with other statewide agencies that address issues of violence against women.
- Providing information, technical assistance, and resources to everyone seeking to learn more about the prevalence and prevention of sexual violence.

The fifteen (15) rape crisis centers serve all counties in Alabama except: Choctaw, Conecuh, Covington, and Monroe.

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Alabama Coalition Against Rape

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VISION STATEMENT

To significantly reduce and ultimately end sexual violence in Alabama.

MISSION STATEMENT

To develop and implement a comprehensive sexual violence prevention plan that will change attitudes, norms, and behaviors that condone, support, or promote sexual violence.

Letter from the Assistant State Health Officer

Dear Friends:

In 2007 the Alabama Department of Public Health and the Alabama Coalition Against Rape formed the Sexual Violence Prevention Committee (SVPC) to address sexual violence within our state. The SVPC defines sexual violence as a sex act completed or attempted against a victim's will or when a victim is unable to consent due to age, illness, disability or the influence of alcohol or other drugs. It includes rape, attempted rape, child molestation, incest, and sexual harassment. Assailants can be strangers, acquaintances, friends, dates, or family members.

Alabama, in comparison to other states, ranks 13th in violent criminal offenses. In 2007 there were 19,808 violent crimes reported to law enforcement, a four percent increase over 2006. Violent crimes make up 10% of the total indexed offenses collected by the Alabama Criminal Justice Information Center. Rape accounts for 7% (1,408) of these crimes. Rape crisis centers reported 1,173 victims of rape during the same year. During 2007 there were 2,576 combined cases of rape reported to law enforcement and rape crisis centers.

The SVPC has applied a systems thinking approach to reduce the initial occurrence of sexual violence. The systems thinking approach is a planning method used to access and choose the best activities that optimize interventions. Community organizations using system thinking can strategically identify specific actions to address access to care, education, and quality of life. The systems approach increases opportunities for capacity building to improve the health status of communities.

We encourage Alabamians to read the Sexual Violence Strategic Plan and try to implement health systems changes, community interventions, and health communication programs to improve sexual violence prevention activities within their communities.

For additional information, visit the Alabama Department of Public Health website at http://www.adph.org/injuryprevention.

Sincerely,

Thomas M. Miller, M.D.
Assistant State Health Office
Personal and Community Health

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Executive Summary

Sexual violence is a crime that leaves in its wake a terrible toll. The trauma caused by sexual assault, rape, sexual harassment and other forms of sexual violence is deep and long-lasting. Victims of sexual violence often suffer long-term psychological after-effects, including post-traumatic stress disorder, as a result of this crime. These effects impact a much wider segment of society than just the individuals who have been victimized; they also impact family, friends, and employers.

In 2007, the U.S. Department of Justice reported 248,300 sexual assault cases. Looking strictly at economics, sexual violence is the most costly of all crimes. Total costs are estimated to be $127 billion a year in the United States. When considering mental health services, short-term medical care, lost productivity and pain and suffering, each episode of sexual violence costs approximately $87,000. As sexual assault often occurs on more than one occasion, the total cost is roughly $110,000 per person.

On July 18, 2007, the Sexual Violence Prevention Committee (SVPC) was formed to devote much needed attention to the problem of sexual violence in Alabama. Under the leadership of the Alabama Department of Public Health and the Alabama Coalition Against Rape, representatives of multiple disciplines joined forces to develop a comprehensive sexual violence prevention plan that will change attitudes, norms and behaviors that condone, support or promote sexual violence. While the SVPC acknowledges the significance of providing the highest quality of compassionate service to victims of sexual violence, the committee also recognizes that the most effective form of victim service is stopping rape before it happens, sparing potential victims the broad array of emotional after effects of this trauma.

Over a two year period, committee members were carefully guided through the public health approach to prevention, a four step process:

Step 1: Define the Problem;

Step 2: Identify Risk and Protective Factors;

Step 3: Develop and Test Prevention Strategies;

and Step 4: Ensure Widespread Adoption.

This plan is a result of extensive research and discussion of current trends, environmental challenges, and existing public health issues affecting individuals, families, and communities in Alabama and aims to contribute to the prevention and reduction of sexual violence perpetration and victimization. The SVPC is committed to working collaboratively with each other and to adding new partners, as they become available, to lead the state of Alabama to a place where sexual violence exists only in history books.

Criminal Victimization , 2007. www.ojp.usdoj.gov/bjs/abstract/cv07.htm

2 Ted Miller, Mark Cohen, & Brian Wiersema, U.S. Department of Justice, Victim Cost & Consequences: A New Look (1996). Full text at www.ncjrs.org/txtfiles/victcost/pdf.

The Rape Prevention and Education Program

In 1994, Congress passed the Violence Against Women Act which established the Centers for Disease Control and Prevention's (CDC) Rape Prevention and Education Program (RPE.) The RPE program furnished states with the funding to devote strictly to rape prevention efforts. Congress reauthorized $80 million for the RPE program in the Violence Against Women Act of 2000.

The current national RPE budget is approximately $40 million which supports 50 states, the District of Columbia, Puerto Rico, and seven U.S. territories. From fiscal years 2002 – 2006, RPE recipients were authorized to implement several legislatively approved prevention activities which included educational seminars (for professionals, schools, colleges/universities, and the general public); operation of crisis hotlines; and development of informational/educational materials.

The CDC RPE funds now support cooperative efforts to not only implement the legislatively approved activities, but to develop and implement a plan to address the "primary" prevention of sexual violence in the states. Primary prevention, as defined by the CDC, "is individual, and/or relationship or family, and/or community, and/or environmental or system level programs, activities, or policies that prevent violence and first-time perpetration and victimization from initially occurring. Primary prevention efforts work to modify and/or eliminate the event, conditions, situations, or exposure to influences (risk factors) that are associated with the initiation of violence and subsequent injuries, disabilities, and deaths."

Alabama receives approximately $580,000 from the CDC to implement the RPE program. Prior to FY 2007, RPE funds were utilized to provide one-time prevention education programs to primarily female audiences. Presentations addressed secondary and tertiary topics like what to do if you are raped, how to respond to rape victims, and the stages of sexual assault. Prevention educators partnered with mostly high schools. Very few programs were directed to elementary and college students. There was no standard training available, therefore, no standard evaluation tool. Professional trainings targeted audiences who responded to victims of sexual violence (i.e. law enforcement officers, medical staff, judicial staff, and social workers).

Alabama has made its prevention programming more inclusive by expanding from risk reduction programs aimed at potential victims of sexual violence to a more comprehensive approach focused on preventing the initial occurrence of sexual violence (primary prevention education). RPE programs now target women, men, youth, and adults who work with these populations.

Organizations served have expanded beyond high schools to include elementary schools, colleges and universities, churches, YMCAs, youth detention centers, Girl and Boy Scouts, and other community organizations. A standardized, evidence-based, multi-session curriculum is being implemented that targets middle and high school-aged students. The Alabama Department of Public Health, in collaboration with the Alabama Coalition Against Rape, is also working to assess the effectiveness of these programs through the development of standard outcome evaluations.

Pre-Existing Gaps in Preventing Sexual Violence

- The actual magnitude of sexual violence in Alabama is unknown, but believed to be even higher than the national average. As Alabama is a rural state, underreporting is expected due to limited access to services. Additionally, law enforcement data is skewed due to variances in the methods of reporting from agency to agency.

- There is a stigma attached to sexual assault that is not attached to other violent crimes. More often blame is placed on the victim rather than on the perpetrator.

- Alabama does not require school systems to include sexual violence prevention education in its curricula. Therefore, entry into the schools is based on the individual school system.

- Although there is significant data that youth are sexually active in Alabama, the words “rape” and “sexual assault” cannot be mentioned in many schools.

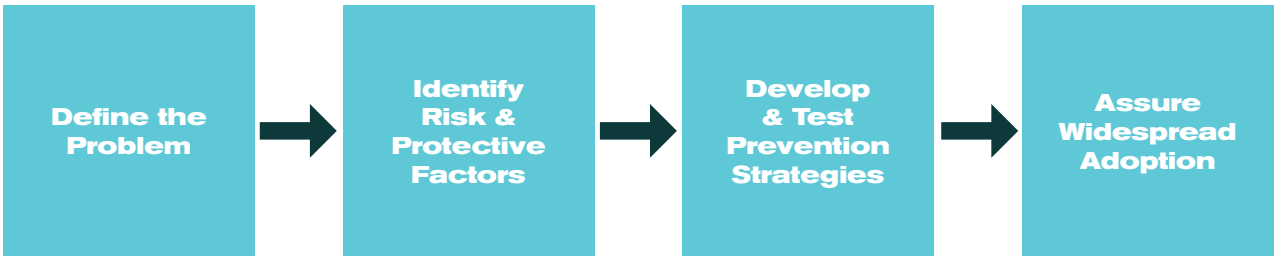
- Prevention education is not statewide.

- The inherent data collection, entry techniques, and high turnover within rape crisis centers compromise the accuracy of data imputed in the RPE database.

Preliminary Efforts of the Sexual Violence Prevention Committee

Recognizing the importance of diversity, varying backgrounds, and areas of expertise, the Alabama Department of Public Health and the Alabama Coalition Against Rape invited representatives from rape crisis centers, law enforcement agencies, universities, the attorney general's office, domestic violence coalition, Federal Bureau of Investigation, military, and other agencies to form the Sexual Violence Prevention Committee. Early on, the committee identified potential priority populations to be addressed in the plan. This list consisted of youth, men, media, people with disabilities, businesses, law enforcement, bystanders, churches, colleges and universities, parents, coaches and public policy makers. While the initial list was extensive, by following the steps of the public health approach to prevention, the committee would ultimately narrow the focus to specific universal and selected populations that would be most impacted by sexual violence prevention efforts.

The Public Health Approach to Prevention



The SVPC used the public health approach, also called the population-based approach, to guide the development of Alabama's comprehensive sexual violence prevention plan. The public health approach considers methods that address health issues of the public at large rather than those of one individual. Step one of the model uses a data-informed, evidence-based framework to assess and define the problem of sexual violence by determining the incidence of sexual violence, where it is occurring, and who are the victims and perpetrators of sexual violence. Step two identifies factors that increase or decrease risk of victimization in order to effectively guide prevention strategies and identify target populations. Step three incorporates the goals and objectives to be accomplished. These strategies are also evaluated to determine if they are successful in contributing to the reduction or improvement of the public health issue. In the fourth and final step, prevention strategies that are proven to be effective are adopted and implemented in various settings, replacing those ineffective strategies. This adoption includes training, networking, technical assistance, and process and outcome evaluation.

Step 1: Define the Problem

The SVPC defines sexual violence as any sexual activity, attempted or completed, against a victim's will or when a victim is unable to consent due to age, illness, disability, or the influence of alcohol or other drugs. It includes rape, attempted rape, child molestation, incest, and sexual harassment. Assailants can be strangers, acquaintances, friends, dates, or family members.
A sub-committee of the SVPC was formed to conduct a needs and resource assessment. Data were collected from the rape crisis center surveillance system, Alabama Criminal Justice Information Center, Youth Risk Behavioral Survey, U.S. Census Bureau, Alabama Center for Health Statistics and various other sources. The state profile is a compilation of the local and national data utilized by the committee to identify where the problem of sexual violence is occurring, community and environmental factors contributing to sexual violence, and populations most at risk for victimization or perpetration of sexual violence.

Alabama, also known as the Heart of Dixie, has a population of about 4,599,030. Alabama ranks 13th in size nationally and 23rd in total population. Approximately 50.7% of the population is female; 24.6% is ages 18 years and younger; 12.4% ages 65 and older; and 6.8% is under the age of five. There are about 1,230,451 total families, with an average of 2.59 persons per household.

Montgomery is the state capital. Birmingham is the largest city by population; Huntsville is the largest city by land area; and Mobile is the oldest city. Approximately, three-fifths of the state's land is plain, while the northern region is mostly mountains. The geographic make-up of the state has played a role in the distribution of resources, people and availability of services, potentially contributing to the United Health Foundation's ranking of Alabama as 40th in overall health. While the prevalence of chronic diseases like cardiovascular and diabetes plague communities, other public issues including violent crime, unemployment, racial disparities, poverty, and illicit drugs also significantly impact the overall health of the state.

Alabama in comparison to other states ranks 30th in violent criminal offenses. In 2007, there were 19,808 violent crimes reported to law enforcement, a 4% increase over 2006. Violent crimes make up 10% of the total indexed offenses collected by the Alabama Criminal Justice Information Center (ACJIC). Rape accounts for 7% (1,408) of these crimes. Rape crisis centers reported 1,173 victims of rape during the same year. There were 2,576 combined cases of rape reported to law enforcement and rape crisis centers. Nevertheless, the Bureau of Justice Statistics estimates that only 41.6% of the rapes committed were actually reported to law enforcement. In 72% of the cases, the victim knew or was related to the offender. Nationally, 64% of the victims knew or were related to the offender. Of the 19,808 violent crimes committed in 2007, 11% of the victims were juveniles (17 years of age or younger). There were 588 juvenile rapes reported to law enforcement, representing 42% of the total number of victims (1,408). Crisis centers reported 423 victims ages 19 and younger, representing 36% of the total number of rapes reported (1,173).

Violent crimes are most often committed in more highly populated areas. The five largest metropolitan cities in the state are Birmingham, Mobile, Huntsville, Montgomery and Tuscaloosa. Approximately 48% (670) of all of the rapes reported to law enforcement occurred within these regions. The same holds true for crisis centers, with these regions representing 57% (673) of all the victims.

According to the U.S. Census Bureau, Alabama's ethnic makeup varies from the U.S. population breakdown. Caucasians/Whites make up the largest percentage of the state's population at 71% (80%). African Americans/Blacks represent the second largest at 26% (12.8%). Hispanics of any race account for 1.7% (14.8%); Asians .7% (4.4%); Native Americans .5% (1%); Native Hawaiians and other Pacific Islanders <.1% (.2%); and mixed heritage or not reporting 1.6% (1.6%). While the Caucasian population is dispersed throughout the state, the largest concentrations of African Americans are in the metropolitan cities and central and southern counties.

Rape crosses all racial and ethnic groups, but the highest percentage of reported incidences occurred among African American and Caucasians. The ACJIC identified 558 (39%) African American and 785 (56%) Caucasian female rape victims. The victims and offenders were of the same race with the exception of 14% (198) of the cases. A total of 49% (288) of the juvenile victims were African American and 51% (300) were Caucasian. The rape crisis centers reported 386 (33%) African American and 706 (60%) Caucasian rape victims.

(CONTINUED ON NEXT PAGE)

Alabama – Wikipedia, free encyclopedia. http://en.wikipedia.org/wiki/Alabama

United Health Foundation. www.americashealthranking.org

Alabama Criminal Justice Information Center, 2007. www.acjic.state.al.us

While known for its agricultural outputs such as poultry, eggs, cattle, peanuts, cotton, grains, milk, and peaches; Alabama is also recognized for its industrial outputs including iron and steel, paper, lumber, mining, and wood and plastic products. Aerospace items and military and commercial technology are also produced in the state. In recent years, Alabama has experienced the largest growth in industry, ranking fourth in the nation in automobile output. Since 1993, the state has generated more than 67,800 jobs. The Alabama Labor Market reported that as of December 2008, 2,019,725 individuals were employed. However, economic hardship has resulted in a sharp increase in unemployment from 3.7% to 6.7% in 2008. According to the Center for Labor Market Studies at Northeastern University in Boston, unemployment reached the highest rates in six decades for all teens, especially among African American and Hispanic youth, low-income youth, and younger teens (16-17). The per capita income in the state is about $30,894, the tenth lowest of all the states and $5,820 lower than the national average.

Poverty or low-socioeconomic status, especially among youth, is one of many community and societal circumstances said to contribute to the incidence of violence. According to the U.S. Census Bureau, 9.8% of all the families and 15.1% of the families with children under age 18 are in poverty. In Alabama, 12.9% of the families and 20.3% of the families with children under age 18 are in poverty. About 27.1% of these families are African American, 24.3% Hispanics, and 8.1% Caucasian. The highest concentrations of these impoverished youth are found in Dale, Greene, Lowndes, Perry, Sumter, and Wilcox counties. This age group represents more than 40% of the total number of persons in poverty in these counties.

Drug availability within communities is highly correlated with the perpetration of violent crimes like rape. In Alabama, the accessibility of conventional drugs (i.e. marijuana, methamphetamine, and cocaine) and those drugs utilized in drug-facilitated rape (i.e. Ecstasy (MDMA), LSD, Ketamine and Gamma-Hydroxybutyric Acid (GHB)) is a widespread problem. The U.S. Drug Enforcement Administration (DEA) reports that marijuana is the most widely abused and available drug in the state. As Alabama is a relatively rural state with forests accounting for 67% of the land, large quantities of marijuana are produced. Methamphetamine has been identified by law enforcement as the number one drug threat in Alabama. Cocaine is the second threat. While alcohol is the most commonly used substance in drug-facilitated rape, the drugs of choice are GHB and MDMA. Users of these drugs are mostly young, Caucasians of all economic levels and college students. The Office of National Control Policy reported that drug use among males more than doubles that of females. In 2007, Alabama's law enforcement officers made 1,642 arrests for the sale and 16,223 arrests for possession of illegal drugs. The same year, 21 juveniles were arrested for the sale and 1,044 for possession of illegal drugs. At 9,386, more adult arrests were made for the possession of marijuana than cocaine (4,823). As with adults, more arrests were made for the possession of marijuana, at 855, than for cocaine (142).

The Sexual Violence Prevention Committee considered factors such as violent community environments, unemployment, poverty, and drug availability that contribute to sexual violence as a whole to develop strategies for prevention. As the economic crisis worsens, unemployment rates rise, resources deplete, and drug use and abuse increases, the incidences of violent crimes are expected to rise. This plan aims to combat sexual violence through primary prevention strategies designed to change attitudes and beliefs that condone this behavior.

Alabama – Wikipedia, free encyclopedia. http://en.wikipedia.org/wiki/Alabama

Youth Violence: A Report of the Surgeon General – Risk Factors in Adolescence. www.mentalhealth.samhsa.gov/youthviolence/surgeongeneral/SG_Site/chapter4/sec3.asp

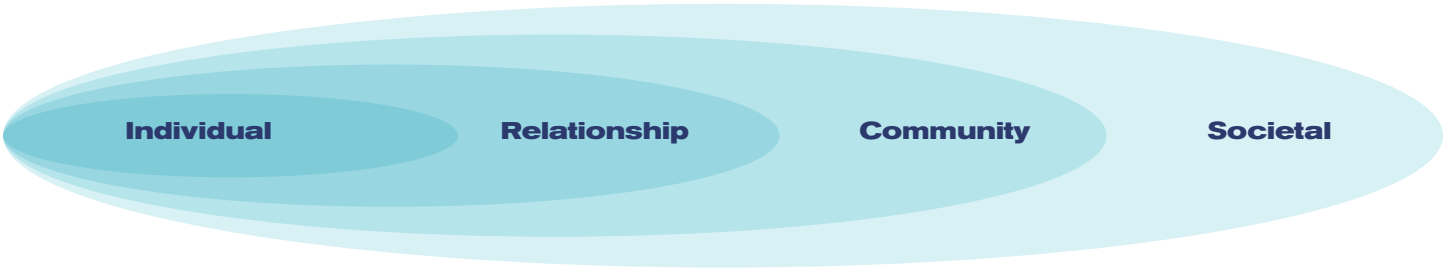
DEA Briefs & Background, Drugs and Drug Abuse, State Factsheets, Alabama. www.usdoj.gov/dea/pubs/state_factsheets/alabamap.html

Alabama Criminal Justice Information Center, 2007. www.acjic.state.al.us

Step 2: Identify Risk and Protective Factors

Identifying risk and protective factors help to guide the development of prevention strategies and define the target populations, both universal and selected.
A **risk factor** is anything that increases the likelihood of a person becoming a victim or perpetrator of violence. A **protective factor** is anything that decreases the likelihood of a person becoming a victim or perpetrator of violence. While protective factors are not proven to prevent sexual violence, they are believed to have positive influences on behavior. The social ecological model is a comprehensive approach that links both the risk and protective factors that influence behaviors at the individual, relationship, community and societal levels with appropriate prevention strategies.

The Social Ecological Model



Individual Level factors increase a person's risk of becoming a victim or perpetrator of sexual violence. History of childhood sexual abuse, alcohol and drug use, and negative attitudes toward women are a few examples. Individual level prevention strategies aim to increase knowledge, change attitudes, and modify behavior regarding sexual violence.

Relationship Level factors increase risk by relationships with peers, family members, and friends. Associations with violent peers, unsupportive family environment, and the lack of parental guidance are some examples. Relationship level strategies target social networks of potential victims or perpetrators.

Community Level factors increase risk as a result of social environments. Some examples include violent neighborhoods, unenforced school sexual harassment policies, availability of drugs, and high unemployment rates. Prevention strategies at the community level focus on systems within community and social environments.

Societal Level factors increase risk on a larger scale. These factors include beliefs, attitudes and behaviors that are supported by culture, systems and/or policies. Examples include: gender inequality, religious beliefs, and/or cultural attitudes. Strategies at the societal level are designed to address cultural mores and social norms that lead to sexual violence.

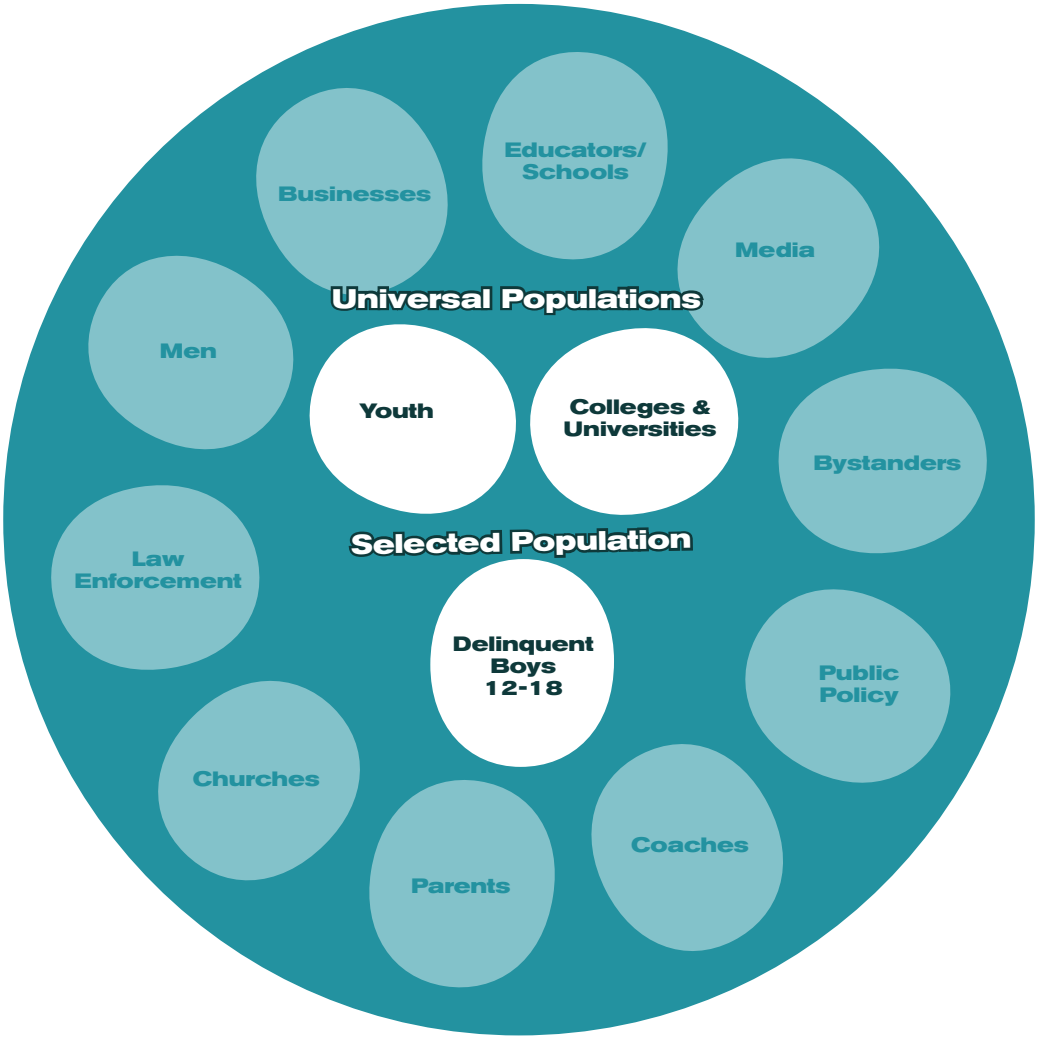
Universal and Selected Populations

Universal population is a population within a state or community that is defined without regard to individual risk for sexual violence perpetration or victimization (Krug et. al., 2002). This population may include persons with elevated or lowered risk for experiencing or perpetrating sexual violence and also those who have already experienced or perpetrated sexual violence. Strategies targeting universal populations aim to reduce sexual violence for the overall population.

The SVPC identified **youth** (ages 18 and under) and **college students** as the **universal populations**. Youth were selected because they are more receptive to new messages and more likely to affect change on a societal level. Youth are also at the age when sexual harassment and bullying most often occurs. College students were chosen as high percentages of both male and female students are participating in risky behaviors, resulting in increased risk of victimization and perpetration of sexual violence.

Selected population is a group or population within a universal population that is at elevated risk for experiencing or perpetrating sexual violence based on one or more modifiable risk factors (Krug et. al., 2002). Strategies developed for selected population are tailored to the needs of this population.

The SVPC chose delinquent boys between the ages of 12-18 as the selected population. This population is significant not only because of their vulnerability to violence, but because 98% of all perpetrators of sexual violence are male. Youth violence is often a precursor to adult violence; therefore, in order to stop the initial occurrence of sexual violence, prevention education should begin prior to adulthood. Additionally, to help prevent delinquent youths from committing more heinous sexual crimes following release from detention, prevention education should take place while these youths are incarcerated.



Youth

The majority of sexual violence is committed against adolescent and adult females. However, 15% of all sexual assault and rape victims are under age 12. According to the Alabama and United States Youth Risk Behavior Survey, 14% in Alabama and 7.5% in the U.S. of all the students surveyed, grades 9-12, reported being forced to have sexual intercourse. Overall, one in three sexual assault victims is under the age of 12 and two thirds of the victims are under the age of 18. The Alabama Criminal Justice Information Center reported that in 2007, of the 1,408 rapes reported to law enforcement, 588 (42%) were juveniles. About 32% of these victims were ages 13-16. Of the 398 males arrested for rape, 8% were juveniles.

Delinquent Boys Ages 12-18

Male perpetrators outnumber females ten to one. The Surgeon General's report on youth violence concluded that over half of all violent youth behavior begins in mid to late adolescence (Youth Violence: A Report of the Surgeon General). This report also notes that between the ages of 12-14, the greatest risk factors for violence are weak social ties, anti-social behavior, delinquent peers and gang membership, as well as a history of committing general offenses. Illicit drug use tends to follow the onset of violence. Likewise, youths who engage in violent behavior are at heightened risk for incarceration. In 2007, the Alabama Department of Youth Services reported the admission of 3,262 youths to the twelve detention facilities around the state. A total of 2,632 (81%) of these youths were male and 630 (19%) were female. The majority of these youths (86%) were between the ages of 14 and 17. The types of offenses included Child in Need of Supervision, Drug, Person, Property, and Public Order.

The committee created the matrix below which lists risk factors within the four levels of the social ecological model that increase the risk of youth becoming a victim or perpetrator of sexual violence.

Youth and Delinquent Boys Ages 12-18

INDIVIDUAL LEVEL	RELATIONSHIP LEVEL	COMMUNITY LEVEL	SOCIETAL LEVEL
• Attitudes and beliefs that encourage violence	• Physically and sexually violent parents	• General tolerance of violence	• Young women discounted
• Personal or childhood history of sexual abuse	• Association with physically and sexualy agressive peers	• Low socio-economic status	• Media influnces (e.g. mogul role-models, music and television
• Agressive behavior or bullying	• Unsupportive family environment	• Presence and availability of drugs in the community	• Inequalities based on gender
• Exposure to violence	• Lack of parental guidance	• Limited resources	• Societal acceptance of violent behavior ("boys will be boys")
• Lack of knowledge	• Strongly patriarchal family environment	• Lack of sexual harassment policies in schools	• Unregulated internet access
• Poor grades	• Overbearing parents	• Violent Community environment	• Availability of violent technology
• Alcohol, drug and tobacco abuse		• Urban community	

The Search Institute has identified 40 Developmental Assets or building blocks for the development of healthy young people. The following matrix shows external assets believed to shape behavior. These assets are divided into four categories: Support, Empowerment, Boundaries and Expectations, and Constructive Use of Time. The committee discussed these categories because they are important in understanding positive influences on youth behavior and can provide support to awareness campaigns and the youth curricula selection process proposed in the plan.

External Assets			
SUPPORT	**EMPOWERMENT**	**BOUNDARIES AND EXPECTATIONS**	**CONSTRUCTIVE USE OF TIME**
Family Support	Community Values Youth	Family Boundaries	Creative Activities
Positive Family Communication	Youth as Resources	School Boundaries	Youth Programs
Older Adult Realtionships	Service to Others	Neighborhood Boundaries	Religious Community
Caring Neigborhood	Safety	Adult Role Models	Time at Home
Caring School Climate		Positive Peer Influence	
Parent Involvement in Schooling		High Expectation	

College Students

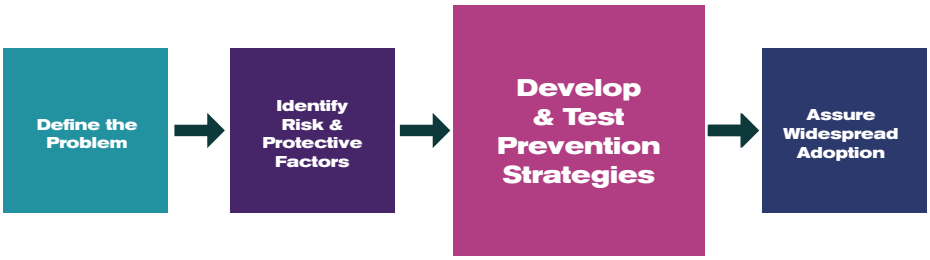
While being a college student does not intrinsically increase an individual's risk of becoming a victim or perpetrator of sexual violence, the risky behaviors that take place on college campuses do. Alcohol use and abuse is commonly associated with college rapes. According to the Harvard College Alcohol Study, rape occurred most often on campuses with higher binge drinking rates. Nearly three quarters (72%) of the women in the study reported being raped while intoxicated. In addition, date rape drugs like Gamma-Hydroxybutyric Acid (GHB) and Ecstasy (MDMA) are most often abused on college campuses. The National Institute of Justice concluded that a woman has between a one and four and one and five chance of being raped during her college career (Fisher et. al., 2000).

The committee created the following matrix identifying risk factors that influence the perpetration of sexual violence at the individual, relationship, community and societal levels among Alabama's college students.

College Students			
INDIVIDUAL LEVEL	**RELATIONSHIP LEVEL**	**COMMUNITY LEVEL**	**SOCIETAL LEVEL**
• Hostility towards women • Alcohol and drug abuse • Personal/childhood history of sexual violence of perpetration • Isolated in location • BEing a Freshman or Sophomore • Newly acquired independence or freedom	• School athlete or member of a fraternity • Peer support of sexual violence • Physically and sexually violent parents • Association with physically agressive peers • Unsupportive family environment • Lack of parental guidance	• General tolerance of violent behavior • Unsupervised parties on/off campuses • Lack of policies and/or policies not enforced • Lack of support from law enforcement • Lack of reporting from campus administration	• Young women discounted • Media influences • Inequalities based on gender, etc. • Attitudes that condone sexually violent behavior

Transitioning from adolescence to adulthood adds unique challenges on college students, making them more vulnerable to peer pressure and more likely to engage in risky behaviors. Possible protective factors at the college level include the availability of peer support groups and counselors; positive family environment; monitoring of college parties; bystander education; and orienting incoming freshmen on the risks associated with binge drinking on college campuses.

Step 3: Develop and Test Prevention Strategies



The Rape Prevention and Education Program (RPE) will take a more comprehensive approach to sexual violence prevention. Within the next five years, all youth RPE programs will be standardized, primary prevention-focused, and multi-session. Resources will be utilized to target populations that are most vulnerable to sexual violence perpetration. Currently, RPE program funds primarily support the salaries of rape crisis center prevention education staff to provide extensive education and training to school-aged youth, professionals, colleges and universities, as well as the public at large through health fairs, media appearances, and local awareness campaigns. However, as funding has depleted and staff responsibilities have expanded, it is no longer feasible to continue "sprinkling" sexual violence prevention education throughout all populations. Rather, concentrated efforts will be channeled toward youth, college students, and delinquent boys ages 12-18 in hopes of yielding a greater impact. Additionally, potential partners experienced in working with these populations will be identified to conduct and/or implement the prevention education programs. The SVPC developed the following goals, strategies, and objectives. Over the next eight years, sexual violence prevention activities will be evaluated to determine if they were successful in contributing to the reduction of negative attitudes and beliefs that condone sexually violent behavior.

Universal Populations

Goal 1: To increase the number of primary prevention, multi-session sexual violence prevention programs among youth to encourage healthy relationships.

Strategies/Activities:

1. Review primary prevention, evidence-based curricula available for youth.
2. Adopt and/or adapt a curriculum as needed for implementation.
3. Provide training and technical assistance for trainers.
4. Assess effectiveness of the trainers and curriculum.

Objectives:

1. Develop or adopt a standardized curriculum with an evaluation tool by 2011.
2. All RPE prevention programs will be multi-session by 2012.
3. Identify prevalent attitudes and beliefs among the youth that receive primary prevention education, based on evaluation results by 2013.

Evaluation Measures:

- Pre and post tests results
- Attitude and belief assessment results
- Number of primary prevention, multi-session programs presented

Goal 2: Enhance sexual violence prevention efforts among college students between the ages of 18-21.

Strategies/Activities:

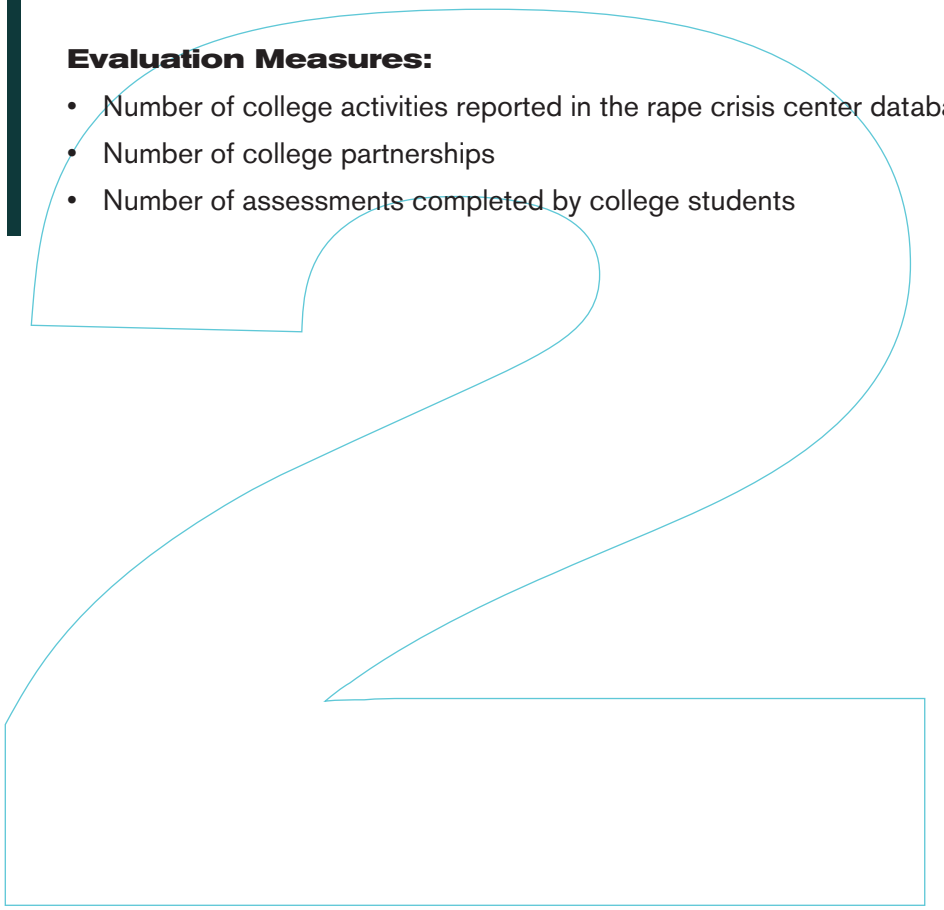
1. Identify all colleges and universities in the state.
2. Form collaborative partnerships with colleges and universities.
3. Create an assessment to identify the risky behaviors taking place on college campuses.
4. Distribute the assessment among college students.
5. Collect and compile the assessment data.
6. Develop and promote a campaign designed to address specific behaviors found in the assessment results.
7. Evaluate the effectiveness of the campaign.

Objectives:

1. Adopt assessment tool to identify attitudes and beliefs that condone sexual violence by 2011.
2. Form collaborative partnerships with colleges and universities within the state by 2012.
3. Distribute assessment tool, collect and analyze data to determine the attitudes and beliefs that exist among college students by 2013.
4. Implement an awareness campaign designed to reduce risky behaviors and negative attitudes that condone sexually violent behavior by 2014.
5. Distribute a follow-up survey to evaluate the effectiveness of the campaign by 2015.

Evaluation Measures:

- Number of college activities reported in the rape crisis center database
- Number of college partnerships
- Number of assessments completed by college students



Goal 3: To encourage societal norms and attitudes that promote respect and to decrease the attitudes that condone sexual violence.

Strategies/Activities:

1. Create a survey to identify community social norms that condone sexual violence.
2. Recruit potential community partners and role models to participate in distribution of the survey.
3. Develop print and broadcast media to promote awareness of sexual violence.

Objectives:

1. Compile results from the community social norms surveys by 2012.
2. Implement social norms awareness campaign statewide by 2013.
3. Distribute educational material addressing the social norms that condone sexual violence statewide by 2013.

Evaluation Measures:

- A community social norms survey
- Number of community agencies recruited
- Number and types of prevention programs/activities taking place
- List of the role models participating in prevention activities
- List of cities and counties where activities took place

Goal 4: To increase awareness and participation of community stakeholders in sexual violence prevention efforts.

Strategies/Activities:

1. Identify community stakeholders.
2. Form partnerships with community agencies to support sexual violence prevention efforts.
3. Identify policies that condone or allow sexual violence.
4. Collaborate with social marketing experts to develop educational materials and the community tool-kit designed to prevent sexual violence.

Objectives:

1. Create and distribute educational materials that discourage sexual violence and encourage respect and safety to 150 organizations other than schools (e.g. businesses, social service agencies, etc.) by 2013.
2. Develop a community tool-kit to increase community capacity to implement primary prevention strategies through the development and distribution of a community tool-kit by 2014.
3. Distribute the community tool-kit to 150 organizations and agencies statewide by 2015.
4. Increase community participation in sexual violence prevention activities by 10% statewide by 2016.

Evaluation Measures:

- List of stakeholders and community partners
- Copy of promotional materials
- Sample community tool-kit
- Number of tool-kits distributed
- Number and types of community activities taking place

Selected Population

Goal 5: Decrease negative attitudes and beliefs regarding sexual violence among delinquent boys between the ages of 12-18.

Strategies/Activities:

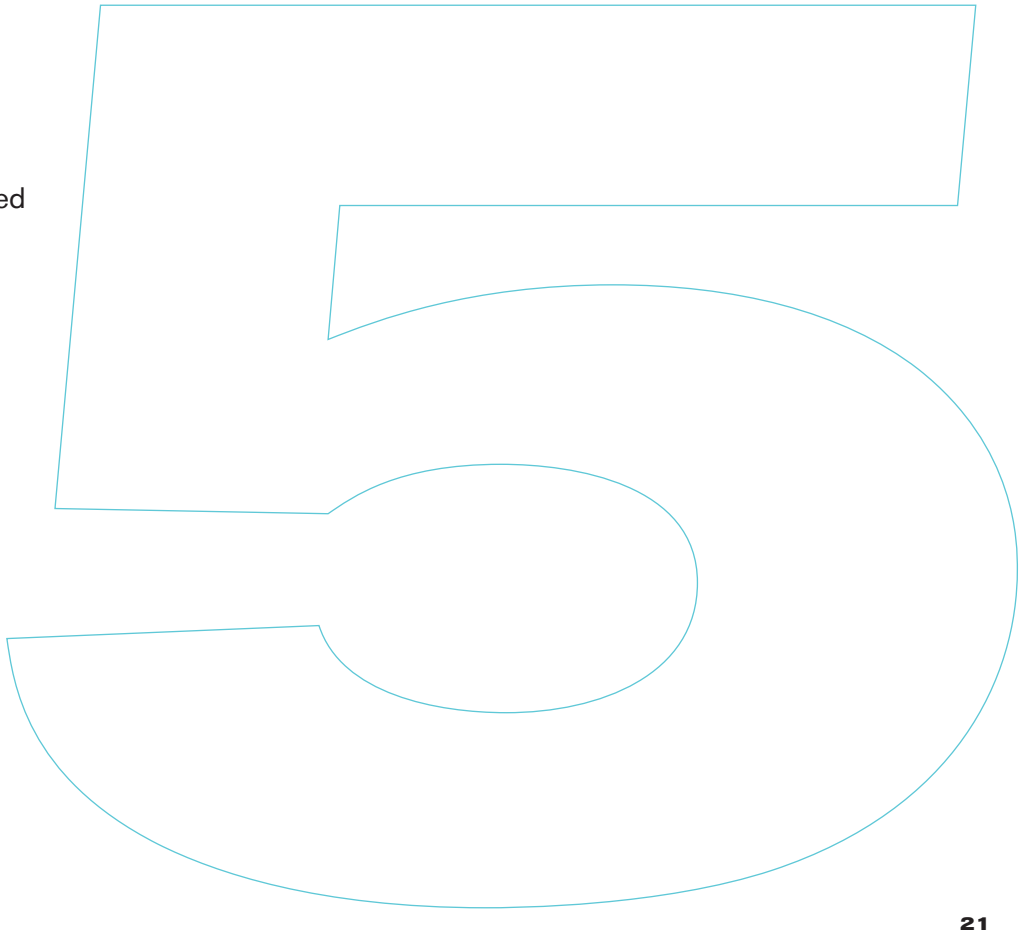
1. Identify youth detention centers, alternative schools and other agencies that work with delinquent boys.
2. Form collaborative partnerships with youth detention centers, alternative schools and other agencies that work with delinquent boys.
3. Develop or adapt an assessment tool to identify the attitudes, behaviors and beliefs among delinquent boys to guide the selection of an evidence-based curriculum.
4. Review and identify primary prevention, evidence-based curricula available to present to boys 12-18.
5. Select or adapt curriculum for statewide use.
6. Identify potential trainers.
7. Provide training and technical assistance for trainers.
8. Evaluate prevention programs to determine the effectiveness of the trainers and the curriculum.

Objectives:

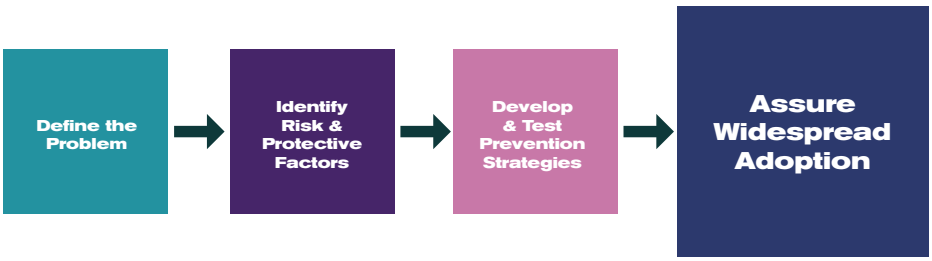
1. Implementation of primary prevention, multi-session curriculum by all RPE funded agencies by 2012.
2. Increase the number of qualified trainers to present to delinquent boys ages 12-18 by 10% by 2012.
3. Measure the effectiveness of all the multi-session programs presented by compiling and analyzing the curriculum evaluation results before and after the programs beginning in 2012.

Evaluation Measures:

- Assessment results
- Pre and post test results
- Number of programs presented
- Locations of the trainings
- List of trainers trained



Step 4: Assure Widespread Adoption



This Sexual Violence Prevention Plan is designed to reduce the perpetration of sexual violence over time. As there is no guarantee that the plan will have immediate results, it aims to combat the societal norms that condone violence by beginning primary prevention education as young as kindergarten and continuing to late adolescence in hopes of increasing positive behaviors and reducing the general tolerance of violence among youth and college students.

To ensure successful implementation of the plan, the Alabama Department of Public Health and Alabama Coalition Against Rape in collaboration with the SVPC, will continue to provide primary prevention training and technical assistance. The committee will be expanded to include agencies that are not represented and current partnerships will be strengthened by conducting monthly, quarterly, and/or annual meetings, conference calls, and site visits. The effectiveness of programs will be measured using process evaluations to assess the delivery of prevention programs and outcome evaluations to determine short-term results (increases in knowledge regarding sexual violence) and long-term results (changes in attitudes and beliefs that condone sexual violence). Educators will present standardized, primary prevention-focused multi-session programs and will utilize standardized evaluation tools (e.g. pre and post tests and attitude and belief assessments). The committee will monitor the implementation process and reevaluate components of the plan as needed.

Timeline for Objectives in Sexual Violence Prevention Plan

2011

- Develop or adopt a standardized curriculum with evaluation tool by 2011.
- Adopt assessment tool to identify attitudes and beliefs that condone sexual violence by 2011.

2012

- All RPE prevention programs will be multi-session by 2012.
- Form collaborative partnerships with all colleges and universities within the state by 2012.
- Compile results from the community social norms surveys by 2012.
- Implementation of primary prevention, multi-session curriculum by all RPE funded agencies by 2012.
- Increase the number of qualified trainers to present to delinquent boys ages 12-18 by 10% by 2012.
- Measure the effectiveness of all the multi-session programs presented by compiling and analyzing the curriculum evaluation results before and after the programs beginning in 2012.

2013

- Identify prevalent negative attitudes and beliefs among the youth that receive primary prevention education, based on assessment/evaluation results by 2013.
- Distribute assessment tool, collect and analyze data to determine the attitudes and beliefs that exist among college students by 2013.
- Implement social norms awareness campaign statewide by 2013.
- Distribute educational material addressing the social norms that condone sexual violence statewide by 2013.
- Create and distribute educational materials that discourage sexual violence and encourage respect and safety to 150 organizations other than schools (i.e. businesses, social service agencies, etc) by 2013.

2014

- Implement an awareness campaign designed to reduce risky behaviors and negative attitudes that condone sexually violent behavior by 2014.
- Develop a community tool-kit to increase community capacity to implement primary prevention strategies through the development and distribution of a community tool-kit by 2014.

2015

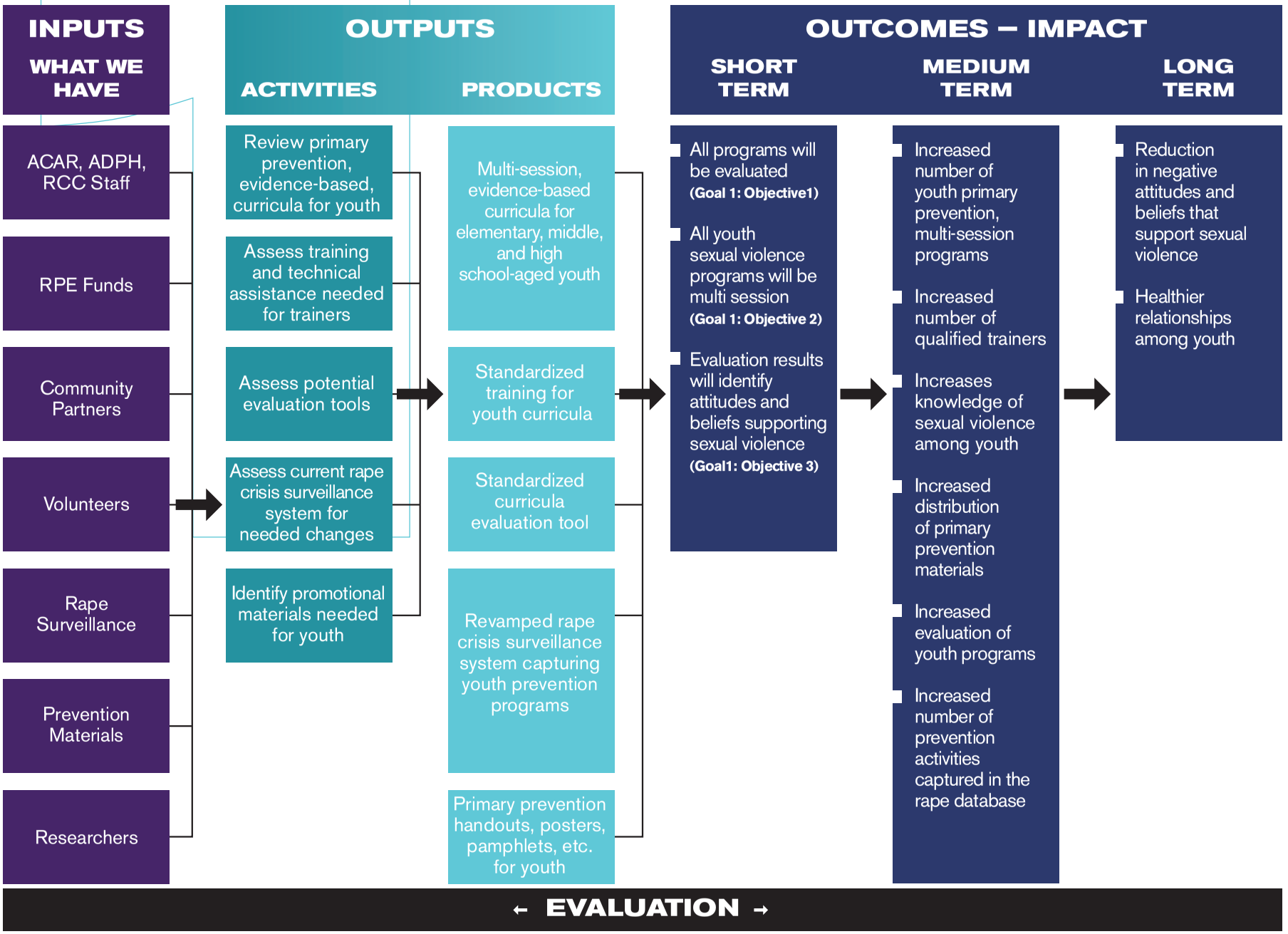
- Distribute a follow-up survey to evaluate the effectiveness of the campaign by 2015.
- Distribute the community tool-kit to organizations and agencies statewide by 2015.

2016

- Increase community participation in sexual violence prevention activities by 10% statewide by 2016.
- Measure the effectiveness of all the multi-session programs presented by compiling and analyzing the evaluation results before and after the programs by 2016.

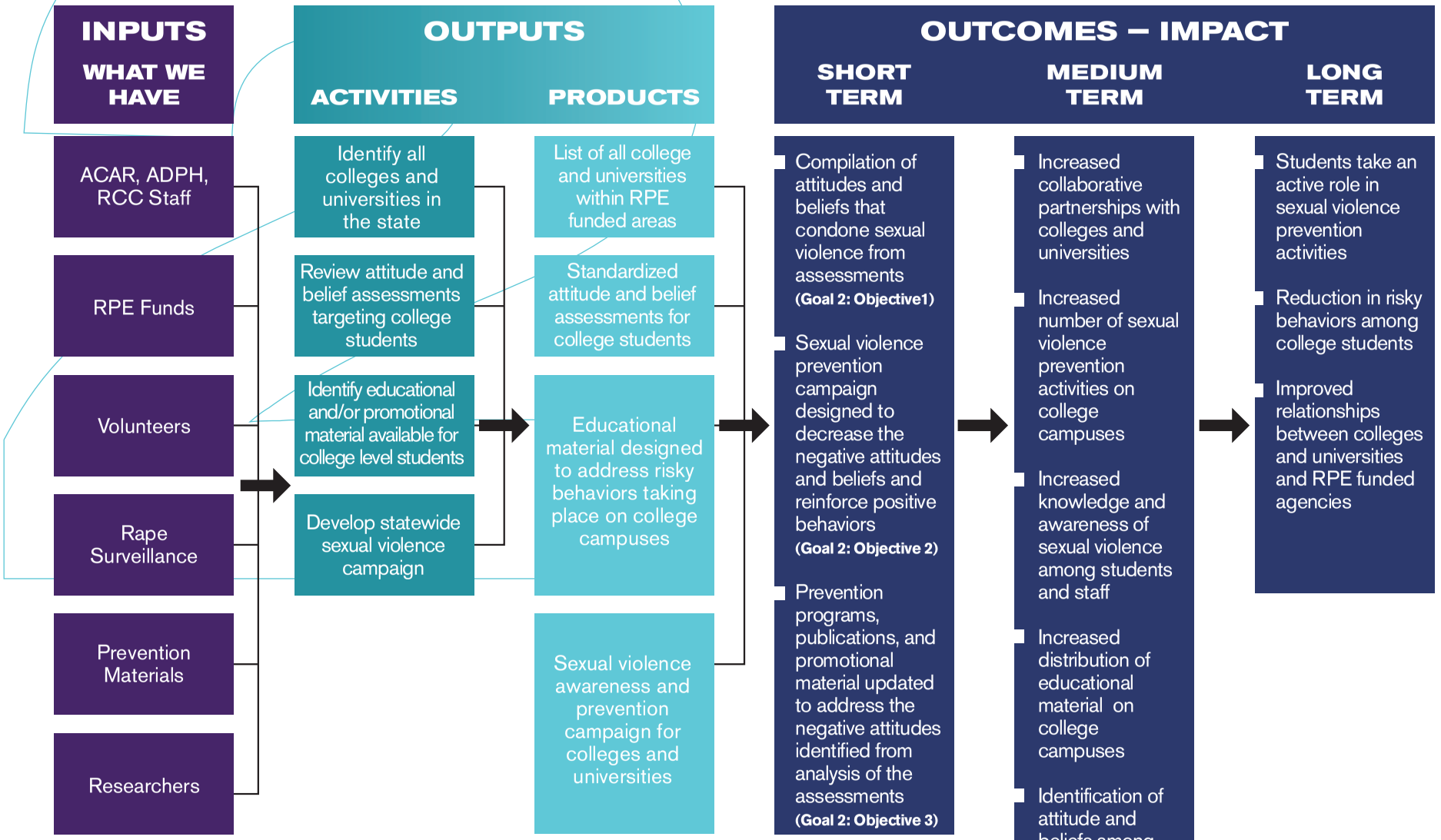
LOGIC MODEL

GOAL 1: To increase the number of primary prevention, multi-session sexual violence prevent programs among youth to encourage healthy relationships.



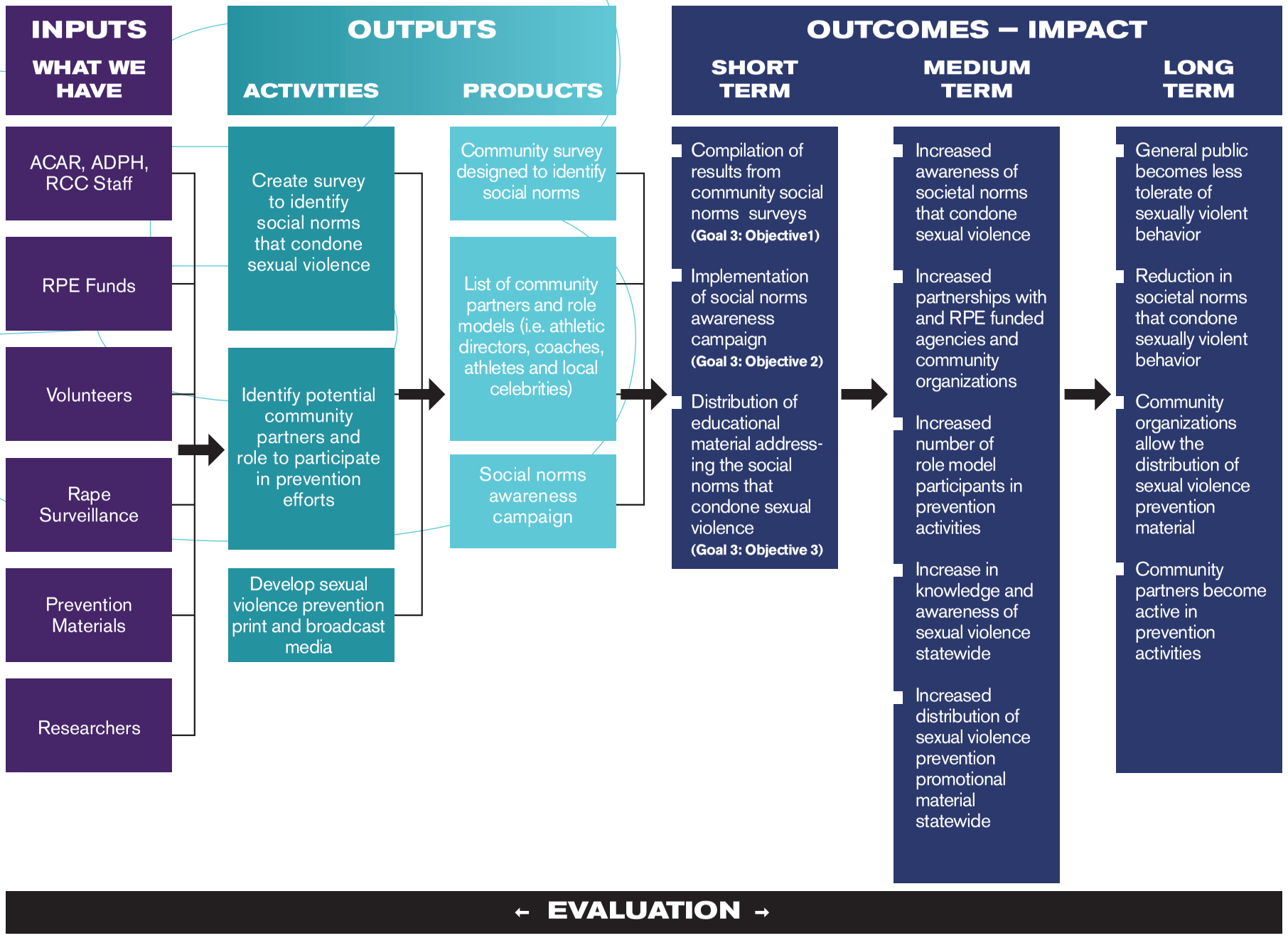
LOGIC MODEL

GOAL 2: Enhance sexual violence prevention efforts among college students between the ages of 18-21.

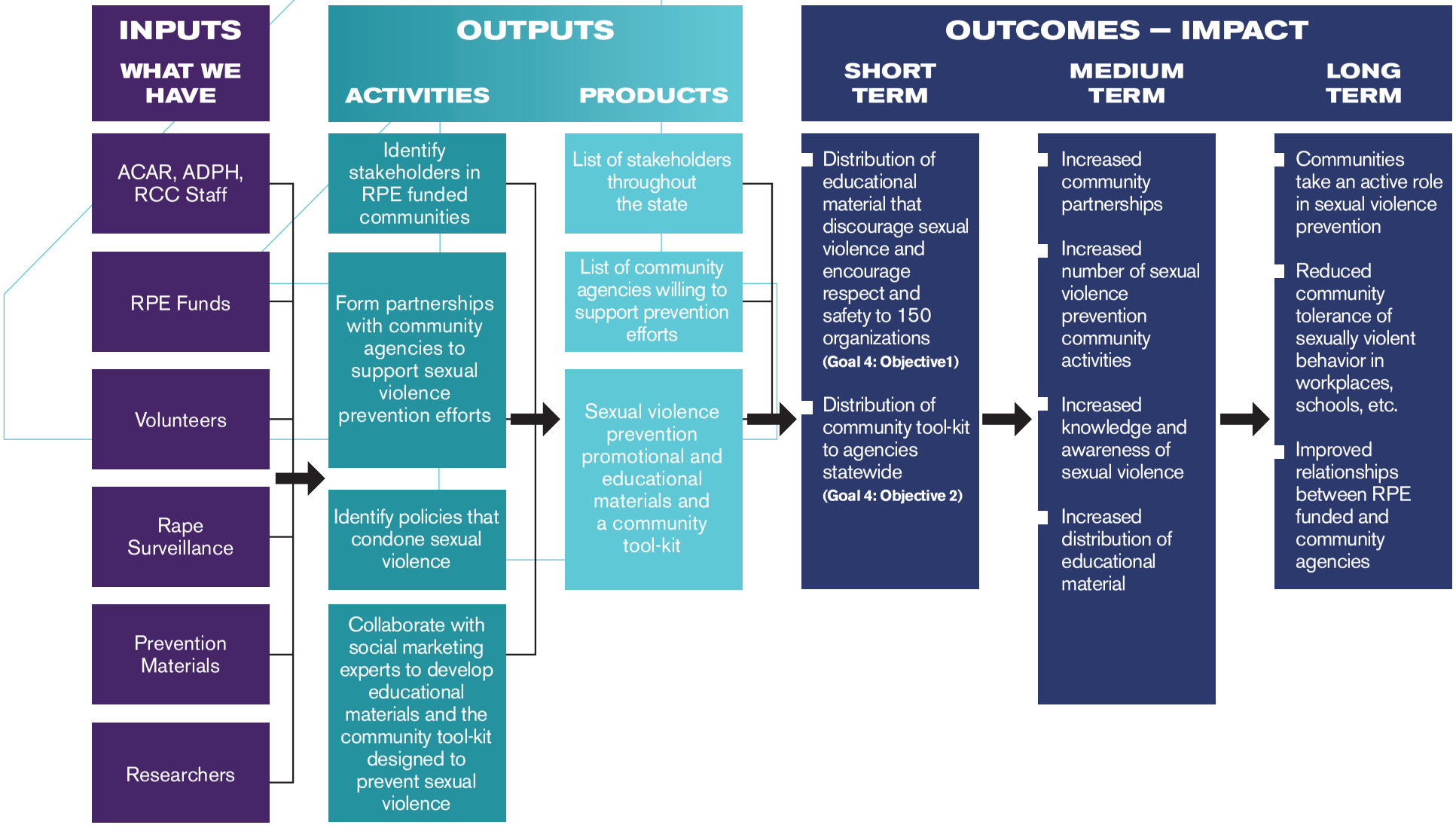


LOGIC MODEL

Goal 3: To encourage societal norms and attitudes that promote respect and to challenge attitudes that condone sexual violence.

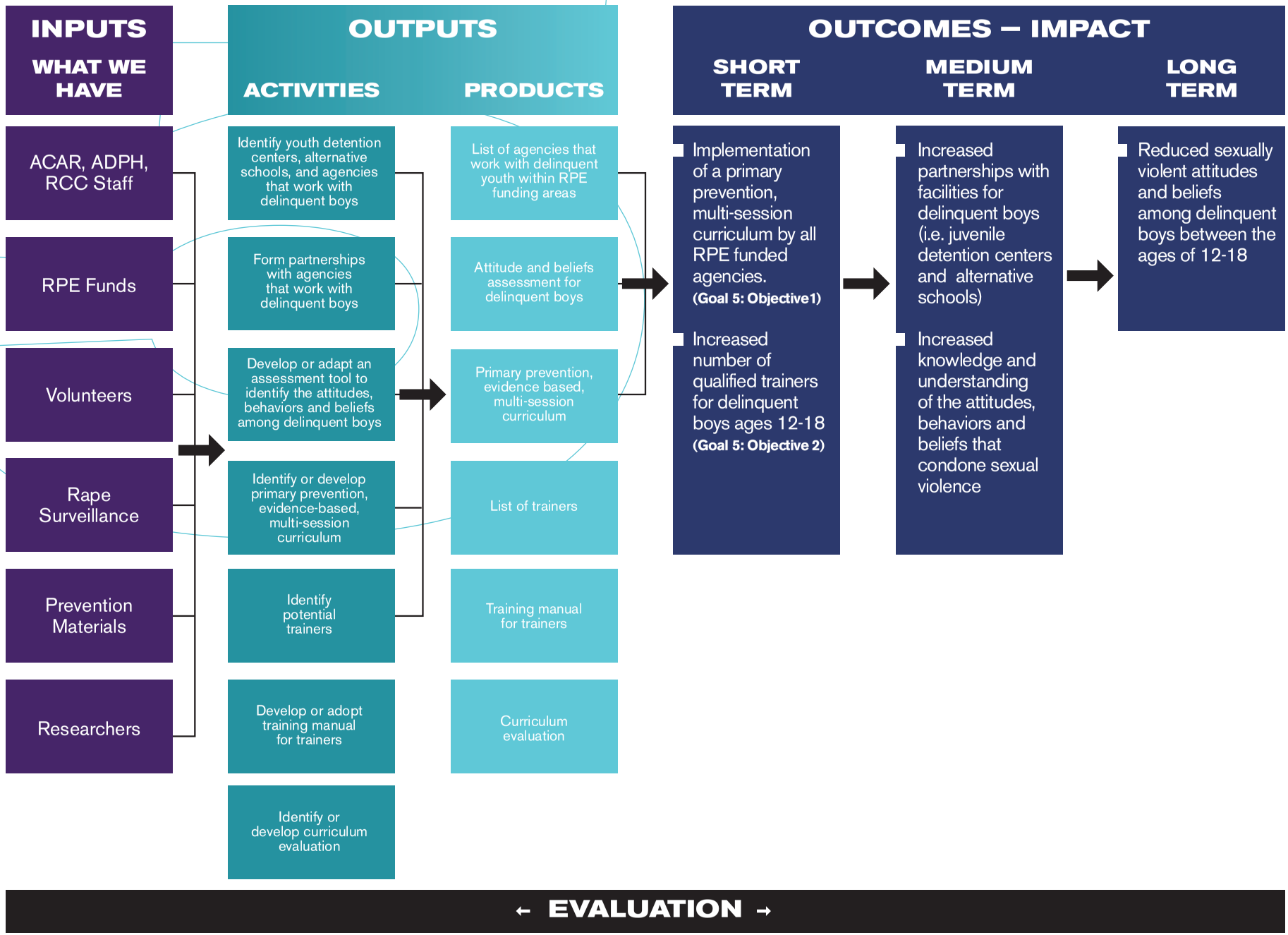


LOGIC MODEL
Goal 4: To increase awareness and participation of community stakeholders in sexual violence prevention efforts.



LOGIC MODEL

Goal 5: To decrease negative attitudes and beliefs regarding sexual violence among delinquent boys between ages 12-18.



Goal 1: To increase the number of primary prevention, multi-session sexual violence prevention programs among youth to encourage healthy relationship.

Objectives/Outcome Statements:

1. Develop or adopt a standardized curriculum with an evaluation tool by 2011.
2. All RPE prevention programs will be multi-session by 2012.
3. Identify prevalent attitudes and beliefs among the youth that receive primary prevention education, based on evaluation results by 2013.

Personnel	Activities/Strategies	Timeframe	Evaluation Measures
1. Prevention education curriculum review committee 2. ACAR & Prevention Education Committee 3. ACAR 4. Researcher/Evaluator	1. Review primary prevention, evidence-based curricula available for youth. 2. Adopt and/or adapt a curriculum as needed for implementation. 3. Provide training and technical assistance for trainers. 4. Assess effectiveness of the trainers and curriculum.	1. Jan 2009 – May 2009 2. Jan 2009 – May 2009 3. June 2009 – Aug 2010 4. Nov 2009 – Ongoing	• Pre and post test results • Attitude and belief assessments • Number of primary prevention, multi-session programs presented

Products

- List of primary prevention curricula
- Multi-session, evidence-based curricula for elementary, middle, and high school-aged youth
- Standardized training for youth curricula
- Standard curricula evaluation tool
- Revamped rape crisis surveillance system capturing youth prevention programs
- Primary prevention handouts, poster, pamphlets, etc. for youth

Goal 2. Enhance sexual violence prevention efforts among college students between the ages of 18-21.

Objectives/Outcome Statements:

1. Adopt assessment tool to identify attitudes and beliefs that condone sexual violence by 2011.
2. Form collaborative partnerships with colleges and universities within the state by 2012.
3. Distribute assessment tool, collect and analyze data to determine the attitudes and beliefs that exist among college students by 2013.
4. Implement an awareness campaign designed to reduce risky behaviors and negative attitudes that condone sexually violent behavior by 2014.
5. Distribute a follow-up survey to evaluate the effectiveness of the campaign by 2015.

Personnel	Activities/Strategies	Timeframe	Evaluation Measures
1. ACAR and RPE funded agencies (RFA) 2. ACAR and RFA 3. Researcher/Evaluator 4. ACAR & RFA 5. Researcher/Evaluator 6. ADPH, ACAR, & Prevention Education Committee 7. Researcher/Evaluator, ADPH and ACAR	1. Identify all colleges and universities in the state. 2. Form collaborative partnerships with colleges and universities. 3. Create an assessment to identify the risky behaviors taking place on college campuses. 4. Distribute the assessment among college students. 5. Collect and compile the assessment data. 6. Develop and promote a campaign designed to address specific behaviors found in the assessment results. 7. Evaluate the effectiveness of the campaign.	1. Jan 2010 – Mar 2010 2. Mar 2010 – Jun 2011 3. Nov 2011 – Mar 2012 4. Nov 2012 – Jul 2013 5. Aug 2013 – Dec 2013 6. Jan 2014 – Mar 2014 7. Apr 2014 – Oct 2014	• Number of college activities reported in the rape crisis center database • Number of college partnerships • Number of assessments completed by college students

Products

- List of all college and universities within RPE funded areas
- Standardized attitude and belief assessments for college students
- Educational material designed to address risky behaviors taking place on college campuses
- Sexual violence awareness and prevention campaign for colleges and universities

Goal 3. To encourage societal norms and attitudes that promote respect and to decrease the attitudes that condone sexual violence.

Objectives/Outcome Statements:

1. Compile results from the community social norms surveys by 2012.
2. Implement social norms awareness campaign statewide by 2013.
3. Distribute educational material addressing the social norms that condone sexual violence statewide by 2013.

Personnel	Activities/Strategies	Timeframe	Evaluation Measures
1. Researcher/Evaluator 2. ADPH, ACAR, SVPC & RPE funded agencies 3. ADPH Social Marketing Division and ACAR	1. Create a survey to identify community social norms that condone sexual violence. 2. Recruit potential community partners and role models to participate in distribution of the survey. 3. Develop print and broadcast media to promote awareness of sexual violence.	1. May 2011 – Oct 2011 2. Nov 2011 – Apr 2012 3. Jun 2012 – Nov 2012	• A community social norms survey • Number of community agencies recruited • Number and types of prevention programs/ activities taking place • List of the role models participating in prevention activities • List of cities and counties where activities took place

Products

- Community survey designed to identify social norms
- List of community partners and role models (i.e. athletic directors, coaches, athletes and local celebrities)
- Social norms awareness campaign

Goal 4. To increase awareness and participation of community stakeholders in sexual violence prevention efforts.

Objectives/Outcome Statements:

1. Create and distribute educational materials that discourage sexual violence and encourage respect and safety to 150 organizations other than schools (e.g. businesses, social service agencies, etc.) by 2013.
2. Develop a community tool-kit to increase community capacity to implement primary prevention strategies through the development and distribution of a community tool-kit by 2014.
3. Distribute the community tool-kit to 150 organizations and agencies statewide by 2015.
4. Increase community participation in sexual violence prevention activities by 10% statewide by 2016.

Personnel	Activities/Strategies	Timeframe	Evaluation Measures
1. ADPH, ACAR, SVPC, RFA 2. RFA 3. ADPH, ACAR, RFA 4. SVPC, ACAR, RFA	1. Identify community stakeholders. 2. Form partnerships with community agencies to support sexual violence prevention efforts. 3. Identify policies that condone or allow sexual violence. 4. Collaborate with social marketing experts to develop educational materials and the community tool-kit designed to prevent sexual violence.	1. Jul 2012 – Oct 2012 2. Nov 2012 – Nov 2013 3. Ongoing 4. Nov 2013 – Mar 2014	• List of stakeholders and community partners • Copy of promotional materials • Sample community tool-kit • Number of tool-kits distributed • Number and types of community activities taking place

Products

- List of stakeholders throughout the state
- List of community agencies willing to support prevention efforts
- Promotional materials that discourage sexual violence and encourage respect and safety
- Community tool-kit and policies designed to prevent sexual violence

Goal 5. Decrease negative attitudes and beliefs regarding sexual violence among delinquent boys between the ages of 12-18.

Objectives/Outcome Statements:

1. Implementation of primary prevention, multi-session curriculum by all RPE funded agencies by 2012.
2. Increase the number of qualified trainers to present to delinquent boys ages 12-18 by 10% by 2012.
3. Measure the effectiveness of all the multi-session programs presented by compiling and analyzing the curriculum evaluation results before and after the programs beginning in 2012.

Personnel	Activities/Strategies	Timeframe	Evaluation Measures
1. RFA 2. RFA, ACAR and ADPH 3. Researcher/Evaluator 4. Prevention Education Committee 5. Prevention Education Committee 6. ACAR, RFA 7. ACAR 8. RFA, Researcher/ Evaluator	1. Identify youth detention centers, alternative schools and other agencies that work with delinquent boys. 2. Form collaborative partnerships with youth detention centers, alternative schools and other agencies that work with delinquent boys. 3. Develop or adapt an assessment tool to identify the attitudes, behaviors and beliefs among delinquent boys to guide the selection of an evidence-based curriculum. 4. Distribute the assessment tool among delinquent boys. 5. Review and identify primary prevention, evidence-based curricula available to present to boys 12-18. 6. Select or adapt curriculum for statewide use. 7. Identify potential trainers. 8. Provide training and technical assistance for trainers. 9. Evaluate prevention programs to determine the effectiveness of the trainers and the curriculum.	1. Jan 2010 – Mar 2010 2. Mar 2010 – Jun 2010 3. Nov 2010 – Mar 2011 4. Apr 2011 – Oct 2011 5. Nov 2011 – Feb 2012 6. By Mar 2012 7. Mar 2012 – Apr 2012 8. May 2012 – Oct 2012 9. Nov 2012 – Ongoing	• Assessment results • Pre and post test results • Number of programs presented • Locations of the trainings • List of trainers trained

Products

- List of agencies that work with delinquent youth within RPE funding areas
- Attitude and beliefs assessment for delinquent boys
- Primary prevention, evidence based, multi-session curriculum
- List of trainers
- Training manual for trainers

RESOURCES

Alabama Criminal Justice Information Center, 2007
www.acjic.state.al.us

Alabama – Wikipedia, free encyclopedia
http://en.wikipedia.org/wiki/Alabama

Criminal Victimization, 2007
www.ojp.usdoj.gov/bjs/abstract/cv07.htm

DEA Briefs & Background, Drugs and Drug Abuse, State Factsheets, Alabama.
www.usdoj.gov/dea/pubs/state_factsheets/alabamap.html

Ted Miller, Mark Cohen, & Brian Wiersema, U.S. Department of Justice, Victim Cost & Consequences: A New Look (1996)
www.ncjrs.org/txtfiles/victcost/pdf.

United Health Foundation
www.americashealthranking.org

Youth Violence: A Report of the Surgeon General – Risk Factors in Adolescence
www.mentalhealth.samhsa.gov/youthviolence/surgeongeneral/SG_Site/chapter4/sec3.asp