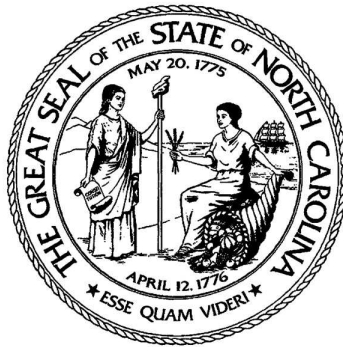


# **North Carolina**

## **Sexual Violence Prevention Plan**



**January 29, 2010**

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## **Executive Summary**

In 2005, North Carolina applied for, and received, funding from the Centers for Disease Control and Prevention (CDC) to participate in EMPOWER (Enhancing and Making Programs and Outcomes Work to End Rape). The six states that are involved with EMPOWER work intensively with one another and the CDC, with the goal of building capacity for the primary prevention of sexual violence. In this collaborative learning environment, each state is tasked with working through a multi-step process that focuses on planning, implementation, evaluation and sustainability. The major outcome of this process is an eight-year statewide plan for preventing sexual violence.

A team of stakeholders from across North Carolina, collectively known as the NC Sexual Violence Prevention Team (NCSVPT), has worked together over the past three years to develop the NC Sexual Violence Prevention Plan. The team followed a process called *Getting to Outcomes*, which involved, among other things, conducting a needs and assets assessment, developing goals and outcomes, researching and assessing existing prevention strategies, and examining the capacity and contextual factors in North Carolina that are likely to impact sexual violence prevention efforts. The product of this process, the NC Sexual Violence Prevention Plan, includes goals, outcome statements and strategies, along with timelines for completing the work. The focus of the Plan is the primary prevention of sexual violence in North Carolina.

As part of the *Getting to Outcomes* process, the NCSVPT identified three populations on which to focus. These populations include: 1) College and University Students, Administrators, Faculty and Staff; 2) Adolescents; and 3) People with Intellectual Disabilities and Their Support Providers. The NCSVPT also identified gaps and areas for improvement in sexual violence prevention system capacity in North Carolina. The goals and outcomes developed by the Team address either one of the focus populations or an aspect of prevention system capacity.

The NCSVPT will spend the next 8 years working toward accomplishing the goals that are set forth in the NC Sexual Violence Prevention Plan. These goals include:

- Increase the number of state-level organizations whose programming includes sexual violence prevention content and/or strategies
- Increase the capacity of North Carolina public school districts to address sexual violence prevention in the school setting
- Increase bystander intervention skills of college students, administrators, faculty, and staff who encounter sexually aggressive males
- Increase the capacity of public and private colleges, universities, and community colleges to address sexual violence prevention in their settings
- Increase understanding of strengths and gaps of current North Carolina laws, policies, and procedures related to sexual violence within organizations and agencies that work with people with intellectual disabilities
- Change attitudes and beliefs that support prevention of sexual violence against people with intellectual disabilities
- Strengthen laws and policies in order to increase societal and systemic safeguards to reduce rates of sexual violence perpetrated against people with intellectual disabilities

- Enhance the state level data collection system
- Increase sustainability of sexual violence prevention efforts
- Strengthen local and state capacity

By working toward these goals, North Carolina will be one step closer to achieving the vision that the NCSVPT crafted to guide its work:

***We seek to create individual, community and societal norms that promote equitable and respectful interactions that empower all people to live free of sexual violence.***

Ultimately, the NCSVPT aims to involve other individuals, agencies and organizations in the primary prevention of sexual violence. The problem of sexual violence requires a coordinated, collaborative effort of many people and groups working together to develop solutions.

The purpose of this document is to present the North Carolina Sexual Violence Prevention Plan, and to explain the thorough process that the NCSVPT followed to develop the Plan

## **Background Information**

### **I. The Problem of Sexual Violence**

Sexual violence is a serious public health problem that takes a large toll on health and well-being. National data indicate that as many as 1 in 6 women and 1 in 33 men experience rape or attempted rape at least once in their lifetimes,<sup>1</sup> while many more experience some other form of sexual violence such as harassment, peeping, threats, and other behaviors. In North Carolina, approximately ten percent of women report experiencing sexual violence after the age of 18.<sup>2</sup> Of these, 38% reported being assaulted by partners or spouses, 15% by acquaintances, and 16% by strangers. According to the NC Council for Women and Domestic Violence Commission, the 75 rape crisis centers across North Carolina served 6,527 victims of sexual assault, and received 22,671 crisis calls between April 2007 and March 2008.<sup>3</sup> The number of North Carolinians who actually experience sexual violence is likely much higher than these figures indicate, since a number of factors (fear, self-blame, social stigma, etc.) associated with sexual violence lead to significant under-reporting, and data collection systems often do not include some of the most vulnerable populations. The prevalence of sexual violence and its consequences for victims, families, friends and society make sexual violence a serious public health problem in North Carolina.

### **II. North Carolina's Response to the Problem of Sexual Violence**

The problem of sexual violence requires a coordinated, collaborative effort of many different agencies and organizations working together to develop solutions. In North Carolina, the NC Coalition Against Sexual Assault (NCCASA)\* and 75 rape crisis centers throughout the state are all focusing on the issue. The North Carolina Division of Public Health's Injury and Violence

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\* A list of all acronyms used in this document is included as Appendix A.

Prevention Branch (IVPB) is also a leader in statewide efforts to prevent sexual violence, with a long history of addressing all forms of violence against women. In 2005, IVPB applied for, and received, funding from the Centers for Disease Control and Prevention (CDC) to participate in EMPOWER (Enhancing and Making Programs and Outcomes Work to End Rape). The six states that are involved with EMPOWER work intensively with one another and the CDC, with the goal of building capacity for the primary prevention of sexual violence. In this collaborative learning environment, each state is tasked with working through a process called *Getting to Outcomes* (GTO), which focuses on planning, implementation, evaluation and sustainability. The major outcome of this process is a five-to-eight year statewide plan for preventing sexual violence in North Carolina.

### **III. State Prevention Team History**

#### **A. The North Carolina State Capacity Building Team**

The EMPOWER process requires each state to convene a small working group known as the State Capacity Building Team (SCBT). The SCBT functions as a planning group for the various tasks necessary to build statewide capacity in the primary prevention of sexual violence, and to engage stakeholders in the process. The role of the SCBT is to interact with the CDC via regular conference calls, in-person meetings, and frequent electronic communications for the purpose of adapting and applying the lessons, tools, and processes shared by the CDC and other grantees for use in North Carolina.

The NC SCBT consists of the Coordinator of the Rape Prevention and Education (RPE) and EMPOWER Programs, the Empowerment Evaluation team, and a staff member from the NC Coalition against Sexual Assault. The SCBT is working collaboratively with the CDC and other

grantees to follow the GTO process, culminating in the development of a statewide plan for sexual violence prevention.

## **B. The North Carolina Sexual Violence Prevention Team**

### **1. NCSVPT Recruitment**

One of the first tasks of the SCBT was to select and invite a group of stakeholders to join the North Carolina Sexual Violence Prevention Team (NCSVPT), a team that has served as the primary architect of the NC State Plan to Prevent Sexual Violence. During the first year of the EMPOWER process, the SCBT brainstormed the skills and perspectives that would be needed to develop a statewide comprehensive plan. With input from a few key state-level individuals, as well as consultations with the CDC and their contractors, the SCBT developed a list of state and local agencies, “sectors” (e.g., substance abuse, the faith community) and individuals to invite to participate on the NCSVPT. The SCBT also developed a document highlighting the “Opportunities and Commitments” for potential Team members and assembled an informational packet highlighting the key concepts of EMPOWER, the *Getting to Outcomes* process, empowerment evaluation (the philosophical underpinnings of the EMPOWER process), and the role of the NCSVPT in developing a state plan. This document is included as Appendix B. Each member of the SCBT made personal contact with potential NCSVPT members and met face-to-face with each person to explain the project and the process, and to extend an invitation to join. Only two of the initial invitees declined the invitation, citing overloaded schedules. There have been a few changes in membership during the first three years of EMPOWER, as individuals changed jobs or new individuals were identified as key stakeholders to the process. In each case, new members had an initial face-to-face meeting (individually or in a group orientation) to learn



more about the process and their roles. A list of current and former NCSVPT members is included in Appendix C.

## **2. NCSVPT Representation**

The NCSVPT team members represent a variety of organizations, including statewide public health agencies, universities, local rape crisis centers, domestic violence organizations and law enforcement agencies. Several team members hold leadership roles within their organizations. The team includes Executive Directors of local rape crisis centers, the Executive Director of the North Carolina Coalition Against Sexual Assault (NCCASA), and the Executive Director of the NC Child Maltreatment Leadership Team. The Associate Director of the North Carolina Coalition Against Domestic Violence, who is also the leader of NC's DELTA project, is an active member of the team. DELTA (Domestic Violence Prevention Enhancement and Leadership Through Alliance) is the sister project of EMPOWER that focuses on issues around intimate partner violence. Many of the organizations that are represented on the NCSVPT, including the local rape crisis centers and the statewide public health agencies, not only have had a critical role in developing the state plan, but also will be assisting with various aspects of its implementation.

The NCSVPT is a diverse group with respect to gender, ethnicity, sexual orientation and ability. The team members also contribute a wide array of skills, perspectives and experiences. During the first two NCSVPT meetings in October and December 2006, 23 NCSVPT members participated in an interactive activity wherein they self-identified the various perspectives and skills they possess. The activity resulted in a visual demonstration of the team's exceptionally diverse backgrounds and experiences. For example, team members reported working, either currently or in the past, with the following populations and sectors:

- |                                |                     |                         |
|--------------------------------|---------------------|-------------------------|
| ▪ Racial and ethnic minorities | ▪ Mental health     | ▪ Immigrants / refugees |
| ▪ Children/adolescents         | ▪ Substance abuse   | ▪ Local government      |
| ▪ Women                        | ▪ Domestic violence | ▪ State government      |
| ▪ Men                          | ▪ Sexual violence   | ▪ Law enforcement       |
| ▪ LGBT groups                  | ▪ Rural communities | ▪ Business              |
| ▪ People with disabilities     | ▪ Urban communities | ▪ Education             |

The interactive activity also highlighted a range of skills that team members self-identified. Several members are skilled in primary prevention related to pregnancy and sexually transmitted infections, substance abuse and child maltreatment. Other relevant skills that members self-identified include: program planning, training, advocacy or lobbying, community mobilization, research, cultural competency, policy development, writing and editing, and capacity building, just to name a few. A complete list of members' self-identified skills and perspectives is included in Appendix D. Clearly, the NCSVPT is a group of professionals who, as a team, possess the diversity of perspectives and skills necessary for examining the complicated issue of sexual violence prevention.

### **3. NCSVPT Process**

The first meeting of the NCSVPT was held in October 2006. In-person meetings have been scheduled every other month for a full day (usually 9:30AM – 3:30 PM). Meetings have been planned by the SCBT and facilitated by the Empowerment Evaluator. There have been a total of 16 meetings between October 2006 and October 2009. Meetings are deliberately interactive and apply adult learning principles to the greatest extent possible. When appropriate, the larger team is broken out into smaller task-oriented workgroups whose work is then presented to the larger team for refinement and adoption. Workgroups often meet either in-person or via conference calls to accomplish specific tasks between the larger group meetings.

The NCSVPT meetings are planned to incorporate the principles of empowerment evaluation, as described below:

Improvement: By bringing together a diverse team of professionals and community members to serve on the NCSVPT, the SCBT has worked to increase collaboration, enhance unified efforts and make a positive change in the sexual violence prevention system. The SCBT evaluates every team meeting and use the information to improve future meetings.

Community Ownership: The NCSVPT was carefully constructed to include members with clear, specific connections to diverse segments of the NC population. Team meetings are facilitated in an inclusive, empowerment based manner to increase member buy-in and incorporate the valued perspectives team members bring to the process.

Inclusion: NCSVPT members are encouraged to actively participate in meetings, to facilitate parts of Team meetings, and to lead or co-lead working groups. Team meetings are interactive and include small group activities to ensure members are comfortable participating. Team members include local contractors and people with a variety of skills and perspectives.

Democratic Participation: The SCBT has developed strategies to ensure that all stakeholders on the Team have the opportunity to participate in decision making, including voting with dots, sending out written drafts for feedback and input, and encouraging members to take on leadership roles. Most decisions are made by modified consensus.

Social Justice: The three focus populations of the state plan to prevent sexual violence are disproportionately affected by sexual violence. Additionally, the NCSVPT includes a workgroup that has focused on incorporating an “intersectionality of oppressions” perspective into every part of the GTO process. In May 2008 this group conducted a day-long training on the concept of intersectionality for NCSVPT members. They also adapted an “ethical lens” tool from the Montana DELTA team to ensure that decisions are made carefully and deliberately while doing

no harm to any population. The adapted ethical lens is included in Appendix E, and a complete record of the Intersectionality Workgroup's activities is in Appendix F.

Community Knowledge: The NCSVPT includes several local RPE contractors. They help provide a clear perspective on the feasibility of implementing particular strategies developed during the planning process.

Evidence-Based Strategies: The SCBT and NCSVPT have spent time cataloguing evidence-based and evidence-informed strategies from the violence prevention field and other prevention efforts as part of GTO Step 3.

Capacity Building: This principle has been an integral part of the work with the NCSVPT. Meetings include information sharing and education about the underpinning concepts, principles, and theories of EMPOWER. New members receive an extensive orientation before joining the Team.

Organizational Learning: The team uses an open and collaborative process to make decisions based on everyone's perspectives, including their organizational roles. The SCBT shares lessons learned from other EMPOWER states to help encourage new ways of thinking.

Accountability: The SCBT conducts process evaluations of every NCSVPT meeting. The SCBT has a willingness to be flexible and problem-solve to align the process with the team's needs and expectations.

#### **4. NCSVPT Accomplishments**

The NCSVPT has had a number of key accomplishments since first meeting in October of 2006. During the past two and a half years, the members of the team have actively engaged in capacity building activities and training provided by the State Capacity Building Team. From the time the NCSVPT was created and individuals were invited to serve as members, they have

had numerous opportunities to learn more about the field of sexual violence, the history of the anti-rape movement, and the importance of understanding the movement in the context of other social change movements. Members of the NCSVPT have enhanced their knowledge and skills related to several key concepts of public health, including the importance of using a public health model in sexual violence prevention and the application of public health principles. In the course of completing Step 1 of GTO, the team has come to better understand the importance of data to the planning process and to the development of a state plan to prevent sexual violence. The team also learned about the use of the socio-ecological model to understand the root causes of sexual violence and to develop effective and comprehensive prevention strategies. Members of the team learned about the Principles of Effective Prevention Programs and have a good understanding of how to apply those principles in the selection and adaptation of evidence-based strategies to prevent sexual violence. Most recently, the NCSVPT members have learned about the importance of logic models and how to use them to guide prevention strategy development and evaluation. Finally, the NCSVPT has prioritized incorporating concepts related to the intersectionality of oppressions and their relationship to sexual violence into the various steps of GTO to the greatest extent possible. As mentioned previously, the NCSVPT includes a workgroup focused on intersectionality to help teach the larger team about the concepts related to intersectionality, challenge team members to question their own assumptions, and to apply the concepts to various stages of developing a state plan to prevent sexual violence.

In addition to these capacity building accomplishments, the NCSVPT has also emphasized leadership development. The SCBT has provided several opportunities for team members to take on leadership roles, particularly on workgroups and for specific tasks at larger meetings. Team members have stepped up and thrived in these roles. Despite the turnover of

team members in the past three years, most often due to job changes, the team has continued forward momentum and has continued to grow as a cohesive group. The team members who have been able to continue with the process have been active participants both in larger NCSVPT meetings and on various workgroups, which is a testament to the dedication of the members and the value they have placed on the process the NCSVPT is undertaking.

#### **IV. NCSVPT Definition of Sexual Violence**

Before developing a plan to prevent sexual violence, it was critical for all members of the NCSVPT to reach agreement about the meaning of “sexual violence.” Members of the NCSVPT participated in an iterative and interactive process to reach consensus on the definition of sexual violence. At the December 2006 NCSVPT meeting, the group discussed the definition provided by the Centers for Disease Control and Prevention (CDC) EMPOWER/DELTA team and provided preliminary feedback. The State Capacity Building Team incorporated the feedback into a revised definition and presented it to a small working group at the February 2007 NCSVPT meeting. The workgroup provided additional feedback and suggestions, and crafted a revised definition. Following the meeting, the workgroup, along with the SCBT, further refined the definition via e-mail exchanges. The newly revised definition was sent out to the larger team, along with several questions, to ensure the team agreed that the definition is comprehensive, complete, and user-friendly. This iterative process resulted in the NCSVPT adopting the following definition:

The term “sexual violence” (SV) is a broad continuum of sexually violent and abusive behaviors that includes—but is not limited to—rape, sexual assault, drug facilitated sexual assault, stalking, sexual harassment, and sex trafficking (also known as commercial sexual exploitation).

Sexual violence can be perpetrated by current or former intimate partners, family members, persons in a position of power or trust, friends/acquaintances, non-strangers,

and strangers. Current and former intimate partners may be of any sex or gender and include current or former spouses (including common-law) and non-marital partners (including boyfriend and girlfriend relationships). Victims are women, men, children, and persons who are transgender, transsexual, or intersex. Anyone, regardless of ethnicity, race, socioeconomic status, gender identity, sexual orientation or disability, can be a victim. Perpetrators and victims may be of any sex or gender.

**The overall definition of SV is as follows:**

- “nonconsensual completed or attempted contact between the penis and the vulva, the penis and the anus, or the penis and the mouth involving penetration, however slight;
- nonconsensual contact between the mouth and the penis, vulva, or anus;
- nonconsensual penetration of the anus, genital opening, or mouth of another person by a hand, finger, or other object; nonconsensual intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks; or
- non-consensual non-contact acts of a sexual nature and/or for sexual gratification, such as voyeurism and verbal or behavioral sexual harassment.

All the above acts also qualify as sexual violence if they are committed against someone who is unable to consent or refuse.”<sup>4</sup>

**The definition of SV includes:**

- a completed or attempted (non-completed) sex act involving a victim who refused, did not consent, did not want sexual contact, did not know the act was committed, and/or the victim was unable to consent or refuse due to age, illness, disability, being asleep, or under the influence of alcohol or other drugs.

**Examples of completed or attempted (non-completed) sex acts include, but are not limited to:**

- abusive sexual contact which is defined as intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.
- non-contact sexual abuse. This includes acts such as internet sex crimes and luring people electronically for the purpose of committing a sex crime. This also includes “voyeurism; intentional exposure of an individual to exhibitionism; pornography; verbal or behavioral sexual harassment; threats of sexual violence to accomplish some other end; taking...photographs of a sexual nature,”<sup>5</sup> and/or

for sexual gratification, of another person without their knowledge; or forcing someone to commit an act upon themselves for the sexual gratification of the offender.

## **V. NCSVPT Vision for Sexual Violence Prevention in North Carolina**

The NCSVPT participated in a process to develop a shared vision of sexual violence prevention in North Carolina. The vision was developed over several weeks, beginning with a small group brainstorming session to elicit the core elements the groups believed should be part of the vision. These elements were then grouped into categories, which were named to describe the concepts they embodied. One small group of NCSVPT members then used those categories/overarching concepts to draft a vision statement. This draft was then further tweaked by the SCBT and sent back out to the entire NCSVPT for review. No further changes were made. The final vision statement for the NCSVPT is:

***“We seek to create individual, community and societal norms that promote equitable and respectful interactions that empower all people to live free of sexual violence.”***



## **VI. Development of the NC Sexual Violence Prevention Plan**

### **A. Purpose of the Plan**

The North Carolina Sexual Violence Prevention Plan addresses sexual violence prevention for the next eight years. The Plan includes goals and outcome statements for addressing needs at both the state and local levels. There are evidence-supported strategies suggested for working with each of the focus populations prioritized by the NCSVPT. In addition, there are strategies for enhancing the sexual violence system capacity in North Carolina. The focus of the Plan is the primary prevention of sexual violence in North Carolina.

### **B. Process of Developing the Plan**

The North Carolina Sexual Violence Prevention Plan was written by members of the State Capacity Building Team. The Empowerment Evaluation Team drafted the Plan during the Summer and Fall of 2009, with input and feedback from members of the NCSVPT. To develop the plan, the NCSVPT followed the steps described in the *Getting to Outcomes* (GTO) framework. Both the process and outcomes of each of the first six steps of GTO are described in the following sections.

## **GTO Step One: Needs and Resource Assessment**

### **I. Overview of the Step One Process**

As with all EMPOWER activities, the SCBT worked to involve each member of the NCSVPT in the Needs and Resource Assessment process. Initially, the SCBT proposed the idea of having the larger group break into workgroups to research and compile data, and then write sections of the report. However, feedback from the NCSVPT made it clear that the team members strongly preferred for the SCBT take the lead on researching data and writing the report. The NCSVPT members' role then became focused on important activities such as helping the SCBT brainstorm ideas, reviewing drafts of the report, providing feedback about parts of the report that were missing or unclear, and suggesting additional sources of data. Although the majority of the researching and writing was done by the smaller SCBT, the larger group made significant and essential contributions to the process, including:

- Revising a survey instrument (provided by the CDC) for collecting information about current prevention efforts in North Carolina
- Participating in the asset-mapping process, which resulted in a list of potential partners for the NCSVPT to engage in the state plan
- Conducting the Prevention System Capacity Assessment (via separate ad hoc workgroup), which enabled the SCBT to draft goals and outcomes for enhancing the prevention system capacity (The assessment tool is included in Appendix G, and a record of the workgroup's discussion is in Appendix H)
- Participating in the "Cultural Context of Sexual Violence Prevention in NC" activity, which resulted in a list of factors that have impacted or will likely impact prevention efforts in North Carolina in the past ten years, the present, and the next ten years. The list is included in Appendix I.
- Reviewing a summary table of national and state-level data about the magnitude of sexual violence that described several populations and providing feedback about elements of the table that were missing, incomplete or unclear.
- Developing criteria for selecting focus populations
- Using the criteria and the information presented in the data summary table to vote on focus populations
- Reviewing drafts of the report, making suggestions, and providing feedback about missing elements via a gap analysis

## **II. Profile of North Carolina**

### **A. Description**

North Carolina stretches from the Appalachian Mountains in the west to the Atlantic Ocean in the east. Its population of 8.86 million makes it the 10<sup>th</sup> most populated state, while it's geographic size of 52,669 square miles ranks 28<sup>th</sup> in the nation.<sup>6</sup> The central region of North Carolina, known as the Piedmont, is home to the state's five largest cities. Much of the state's population resides in these urban areas, which are the primary centers of commerce and industry, though slightly more than half the population lives in rural areas. Population projections for 2010 indicate the balance will shift with slightly more than half of the population residing in urban areas, which are growing at a faster rate than the rural counties. The mountains and coastal areas, though not as densely populated, are significant areas of recreation and tourism.

### **B. Demographic Information**

North Carolina experienced a period of rapid population growth over the past decade. The Piedmont, Mountains, and Coastal Plain regions have all had significant growth, but the greatest numbers of new residents have moved into the Raleigh/Wake County and Charlotte/Mecklenburg County metro areas, which are the largest and most affluent in the state. North Carolina's population is growing faster than that of the nation (10.1% compared to 6.4% from 2000 to 2006).<sup>7</sup> Sixty percent of the population of North Carolina lives in its three major metropolitan areas (Raleigh/Durham/Chapel Hill - Research Triangle, Piedmont Triad, Charlotte/Mecklenburg).

The state's population make-up is similar to that of the nation with very similar proportions of young, adult and older adult populations.<sup>8</sup> However, the racial and ethnic make up of the population differs from the nation.

## **1. Racial and Ethnic Composition**

The racial make up of the population is similar to other Southeastern states. North Carolina has larger populations of American Indians and African Americans, and smaller populations of other non-white races, compared to most states. Fewer North Carolinians are foreign born and fewer speak languages other than English at home. Yet North Carolina has a significant and growing foreign born population. For the 2000 census, 430,000 residents reported being born outside the United States and 62% of them arrived here between 1990 and 2000. Most of the new arrivals reported not being U.S. citizens.<sup>9</sup>

North Carolina's American Indian population is one of the largest in the Eastern United States, and is in the top ten in the entire nation. According to the 2000 census, there were 99,551 American Indians living in North Carolina, which represents 1.2% of the state's total population.<sup>10</sup> American Indians live throughout the state, though there are large concentrations in two geographic areas. Almost half (47%) of the state's American Indians live in Robeson County. Most of these individuals are Lumbee, and make up 38% of Robeson County's population. An additional 7% of NC American Indians (mostly Cherokee) live in Swain and Jackson counties, which are located in the western mountains. In North Carolina there are eight recognized tribes: the Eastern Band of Cherokee, Coharie, Haliwa-Saponi, Meherrin, Occaneechi Band of Saponi Nation, Sappony, and Waccamaw-Souian. The Eastern Band of Cherokee is a federally-recognized tribe and the state's only tribe residing on a federal reservation. In 1956, the US Congress passed the Lumbee Act which provided federal recognition of the Lumbee tribe, but did not make its members eligible for federal Indian services.<sup>11</sup>

North Carolina's African American population numbers over 1.7 million, comprising twenty-one percent (21%) of the state's population. This is a significantly greater proportion of

the population as compared to the national average of 12.1%.<sup>12</sup> Most African Americans in North Carolina live in the largest metropolitan areas. However, the largest percentages of African Americans in the total population are found in the eastern part of the state, especially in the northeast. The state's African American population has increased significantly in recent years, and it remains a younger population than the white population.<sup>13</sup>

North Carolina has a Hispanic or Latino population that has grown rapidly over the past decade with most migrating from Mexico and other Latin American countries, though a significant number have moved here from other large cities in the United States.

Hispanics/Latinos accounted for 27.5 percent of the state's population growth from 1990 to 2004.<sup>14</sup> Despite the recent growth, this population is a smaller proportion of North Carolina's population (6.3%) than the nation as a whole (14.5%).<sup>15</sup> However, the Hispanic/Latino population in North Carolina is growing at a much faster rate than in the nation as a whole (1,066% increase in NC compared to a 355% increase in the US since 1970).<sup>16</sup> The greatest numbers of Hispanics/Latinos reside in the state's largest metropolitan areas, especially in Wake, Mecklenburg, Forsyth, and Durham counties. However, Hispanics/Latinos are a larger percentage of the total population in the more rural south central and southeastern areas of the state.<sup>17</sup>

## **2. People with Disabilities**

Attention is being cast both nationally and in North Carolina on eliminating health disparities among underserved populations, including persons with disabilities. Historically, people with disabilities have not been recognized as a distinct population, and there has been limited data on the health status and health-related needs experienced by this population. Monitoring the health behaviors and risks of individuals with disabilities can serve as the

foundation for public health action to promote the health of this population. One source of population-based prevalence of disability and functional activity limitation is through the NC Behavioral Risk Factor Surveillance System (BRFSS). According to the 2006 BRFSS, 31.7% of adults ages 18 and older in North Carolina were living with some type of disability. When looking across counties in NC, the percentage of disabilities varies greatly from 22% in Union County to 42.3% in Robeson County. A review of the NC BRFSS data since 1999 indicates an increasing trend in disability prevalence among the adult population. Data estimates for the state, as derived from the US Census and the BRFSS Survey, indicate that across the adult life span a substantial number of North Carolinians are living with some type of disability. It is clear that the occurrence of disability increases sharply among middle-aged adults (45-64 years) and continues to increase among the elderly population. The elderly population in North Carolina is on the rise. Between 2003 and 2010, the number of North Carolinians age 65 and over is expected to increase by about 22 percent. This is nearly twice the projected growth rate of the state. Also, individuals with chronic health conditions, developmental disabilities and acquired disabilities have higher survival rates now than they had in the past. Taken together, these demographic changes will certainly lead to an increase in the proportion of people in North Carolina who have disabilities.<sup>18</sup>

### **3. Military Population**

There is a significant military presence in the eastern half of North Carolina that impacts the economic and social structure of much of the region. Fort Bragg and Pope Air Force Base are located primarily in Cumberland and Hoke County. Fort Bragg is one of the largest military installations in the world, and is growing rapidly. An estimated 40,000 additional residents will move to the region surrounding Fort Bragg and Pope Air Force Base by 2013, due to the closing

and realignment of military establishments in other states. Also located in the eastern part of NC is Seymour Johnson Air Force Base. Near the coast is Camp Lejeune, a large Marine Corps base with the Cherry Point and New River Marine Corps Air Stations nearby. In the northeast, there is a U.S. Coast Guard Air Station at Elizabeth City. The armed forces labor force is significantly higher in North Carolina (1.4%) than the nation (0.5%).<sup>19</sup> Many of the troops stationed at these facilities are not North Carolina residents, resulting in a larger presence of military personnel in the state than implied by the 1.4% of the resident population. On the 2006 NC Behavioral Risk Factor Survey, twenty-six percent of males and 2.4% of females reported having served on active duty in the United States Armed Forces. Of those reporting active duty, 4.5% were ages 18 to 24 and 7.3% were ages 25 to 34 suggesting that most of these younger residents have served in recent years.<sup>20</sup>

## **C. Economic Characteristics**

### **1. Description of Economy**

North Carolina's economy is disparate and rapidly changing. The Forbes.com website's current ranking of the "best places for business and careers" lists five North Carolina cities in the top twenty-five: Raleigh (#1), Durham, Charlotte, Asheville, and Winston-Salem. No other state has as many cities in this top tier, yet much of the state does not share in this prosperity and opportunity. Even prior to the economic crisis that began in 2008, one-third of North Carolina's counties have unemployment rates over six percent<sup>21</sup> and 19.6% of North Carolina's children live in poverty.<sup>22</sup> Historically, many areas of the state have enjoyed strong manufacturing and agricultural economies. Textile and furniture manufacturing have traditionally been strong in the western and central parts of the state. Though most wages have been low, employment opportunities were plentiful until recent years when production has increasingly become

outsourced to other countries with cheaper labor. Electronics manufacturing, strong in recent years, is also experiencing outsourcing. In 2007, the state lost more than 16,000 industrial jobs, with the largest losses experienced in textiles and electronics.<sup>23</sup> According to the North Carolina Employment Security Commission, the manufacturing work force has not declined as significantly between 2005 and 2007. Manufacturing itself is changing with more jobs being created in meat and poultry processing which pay low wages and, on the other end of the spectrum, in the developing biotechnology industry which pays higher wages than those in furniture and textiles, but requires more education. North Carolina's community college system has initiated training opportunities for the biotech industry in recent years and many workers are benefiting, though those numbers will not match the job losses of recent years.

North Carolina has long had a strong agricultural economy in much of the state, especially in the east. For years many farmers prospered by supplementing their traditional crops with tobacco, a lucrative crop with production and prices controlled by an allotment system. The recent decline in tobacco production is only part of the changing agricultural economy. Though the number of farms and acreage dedicated to farming is declining,<sup>24</sup> corporate farming is increasing, particularly in poultry and hog production. North Carolina ranks high in the nation in farm assets, farm income, and market value of production.

## **2. Impact on Income and Poverty**

North Carolina's median family income (\$49,339) is below the national average of \$55,832. Residents in about half of North Carolina's counties have incomes near the state's average. The three major urban areas (Research Triangle, Piedmont Triad, and Charlotte/Mecklenburg and surrounding counties), the northeastern coast, and Moore County have median income levels well above the state average while there are large clusters of counties in the



northeastern and south central to southeastern regions of the state with much lower incomes. These low-income areas have the greatest proportions of minority populations that have substantially higher poverty levels than the white population (African Americans at 25.2%, American Indians at 19.4% compared to whites at 7.5%).<sup>25</sup> North Carolina ranks well above the national averages in the numbers of residents receiving governmental benefits including Temporary Assistance to Needy Families (TANF), the national school lunch program, and Supplemental Security Income.<sup>26</sup>

The North Carolina Interagency Council for Coordinating Homeless program sponsored a survey of over 80 counties in January of 2005 that provided a conservative, defensible, and unduplicated count of people who are homeless in North Carolina on one given night. This survey revealed that there were “11,165 people identified as homeless, including 3,523 people in families, 2,303 of whom were children.”<sup>27</sup>

Of the individuals who provided descriptive information, 29% of single individuals and 8% of family members identified themselves as being veterans of military service. Furthermore, “30 percent of single people and 15 percent of family members identified themselves as having been released from the criminal justice system; 27 percent of single people and 10 percent of families identified themselves as having been released from treatment programs; and 14 percent of single people and 4 percent of family members identified themselves as having been released from health care services.”<sup>28</sup>

In 2005 at least 10,000 students were identified as homeless by NC public schools. There are no shelter facilities in 20 counties, while 46 other counties only have short-term emergency shelters available. In 31 counties, shelters are reserved only for victims of domestic violence and sexual assault.<sup>29</sup>

Homelessness among youth includes cases in which the youth run away from home. In 2006, the National Runaway Switchboard logged 2,334 calls from North Carolina.<sup>30</sup> That same year, the NC Department of Juvenile Justice and Delinquency Prevention listed a total of 1,788 youth offenses that included the status of “run away.”<sup>31</sup>

#### **D. Education in North Carolina**

North Carolina is a state of disparities in education. The Raleigh-Durham area is consistently ranked near the top of the nation in educational attainment of the adult population, according to Forbes.com. In 2005, the state ranked only slightly lower than the nation in the percentage of adults who are high school graduates (84.0% to 85.2%) and adults who have a bachelor's degree or higher (25.4% to 27.6%).<sup>32</sup> North Carolina has a state university system of sixteen (16) campuses, a community college system of fifty-eight (58) comprehensive campuses that serve all 100 counties, eleven (11) historically black colleges and universities, and numerous private institutions that provide opportunities of post-high school education in close proximity to much of the state's population. Higher educational attainment is becoming critical in North Carolina's current economy, with shifts from manufacturing to jobs requiring increased knowledge and skills than jobs of the past. North Carolina has a number of initiatives in place to help at-risk students in all grade levels succeed and graduate.

#### **E. Health in North Carolina**

Health disparities in North Carolina are associated with a number of social and demographic factors. Low income, low educational attainment, and unemployment are all associated with a higher rate of health problems for certain racial minority populations and persons with disabilities. American Indians and those identified as “other minorities” in North Carolina are more likely to report their health status as "good," while whites are more inclined to

describe their health as "very good."<sup>33</sup> There are a number of health conditions that negatively impact our minority populations. African Americans are far more likely to die prematurely of heart disease, cancer, stroke and diabetes than whites. American Indians have higher rates of death from heart disease, stroke and diabetes than whites, and their rates are somewhat lower than those of African Americans. American Indian rates of HIV are more than double the rates for whites, but significantly lower than the rates for African Americans.<sup>34</sup> Persons with disabilities are more likely to be obese,<sup>35</sup> which can lead to other complications such as diabetes and hypertension. Access to health care is also a challenging and changing issue in North Carolina.

### III. Circumstances in North Carolina that Influence Sexual Violence Prevention

#### A. Opportunities and challenges identified in June 2007

At the June 2007 NCSVPT meeting, small groups discussed the cultural context of sexual violence prevention by brainstorming various trends over the past ten years, currently, and anticipated over the next ten years that might provide opportunities or pose challenges. The complete summary of this activity is included in Appendix I. Highlights of the themes discussed include the following opportunities and challenges:

##### Opportunities

- Changes in NCCASA over past 10 years: establishment as a non-profit; growth over a few short years; increasing staff, resources, capacity, influences, and sustainability
- The co-occurrence of other prevention efforts in NC (such as DELTA) affects EMPOWER work because:
  - Increased energy and resources for prevention, in general, may benefit SV prevention.
  - The overlapping issues of sexual violence, intimate partner violence, and child maltreatment produce fertile ground for collaboration.
  - Strong working relationships between leaders of prevention programs produces consolidation of efforts and effective use of time and resources.
- Some parts of NC have large concentrations of colleges and universities, which makes it possible to reach a large number of administrators, students, faculty and staff efficiently.
- There have been and will continue to be prominent sexual violence cases nationally and locally that are discussed in the media. These can serve to increase awareness, though we must be prepared to dispel myths and have prevention messages ready to go.
- There are some groups working on redefining masculinity, which has the possibility of creating social norms changes less supportive of sexual violence.
- There is an increased emphasis on demonstrating collaboration in most grants, which may be the incentive that helps bring new prevention partners to the table and may provide some additional resources to facilitate the process.
- There is hope that changes in administration and leadership at the state and national levels may increase support for prevention work.
- There is a possibility that North Carolina's schools are moving toward comprehensive sex education, rather than abstinence-only education. This change might include elements of healthy sexuality and be more supportive of the discussion of sexual violence prevention. **NOTE: see description of the Healthy Youth Act of 2009 in the "additional opportunities" section on page 30 for an update.**

### Challenges

- Widespread visibility of sexual abuse by clergy and educators (both nationally and in NC)
- Numerous military installations exist in NC plus the influence of repeat and extended deployments in several war zones
  - Sexual assault of military personnel who are deployed
  - Military personnel at increased stress, at increased risk for developing PTSD, and potentially increased risk of perpetrating sexual violence both overseas and upon returning home
- Shifting trends in migration; increasing Latino/a population; some anti-immigrant sentiment (both nationally and in NC)
- Aging population / increase in disability population
- Mental Health reform in NC has decentralized mental health services, creating a heavier burden on other community-based services, such as rape crisis centers and decreasing services to both victims and perpetrators of sexual violence.
- There is a statewide lack of funding for primary prevention, as most state and foundation funding sources focus on intervention services. In addition, the data gap about the effectiveness of prevention programs contributes to difficulty locating sources—it is difficult to document that a problem does not exist.
- Structures in NC tend to be very county-based. This makes cohesive statewide efforts more challenging, because it creates multiple systems to navigate. However, it can also increase the likelihood of additional support from local communities.
- Pop culture affects the ability to do prevention work, as well as the scope of work needed. The impact of some recent trends, such as social networking websites, is not sufficiently documented or reflected in available data sets. There is also a related sense of isolation as communication becomes more electronic with less focus on the human element, especially in developing relationships with others.
- Industry/economic changes: increasing unemployment in various sectors (tobacco, farming, textiles) affect some communities more than others
- There is a growth in gang culture and related violence perpetration, including sexual violence.

### **B. Additional opportunities and challenges identified since June 2007**

Additional opportunities and challenges have surfaced since the NCSVPT's initial brainstorming session. During an October 2009 meeting, the SCBT brainstormed additional

events and circumstances that may contribute to the cultural context of sexual violence prevention in our state. These are listed below.

#### Additional Opportunities

- The economic downturn that has occurred since 2008 has brought about drastic funding cuts and widespread reductions in staff and resources. While the new economy presents many challenges (listed in the following section), there may also be opportunities for agencies and organizations to engage in increased collaboration and sharing of resources.
- In July 2009, North Carolina's Governor signed legislation that provides free forensic medical examinations ("rape kits") to survivors of rape and sex offenses. The law also prohibits medical facilities or medical professionals from billing survivors' health insurance. The passing of this legislation ensures that North Carolina is in compliance with the federal Violence Against Women Act, and signifies a positive step in support of rape victims.
- In June 2009, the "Healthy Youth Act of 2009" was signed into law. The legislation requires school districts in North Carolina to offer two tracks for sex education for students in grades 7-9. Parents may choose to enroll their children in an "abstinence until marriage" track, or an "abstinence-based comprehensive sexuality education" track. The latter includes instruction about contraception, sexual assault and sexual abuse, and healthy relationships. The law states that "the instruction and materials shall:
  - a. Focus on healthy relationships;
  - b. Teach students what constitutes sexual assault and sexual abuse, the causes of those behaviors, and risk reduction;
  - c. Inform students about resources and reporting procedures if they experience sexual assault or sexual abuse; and
  - d. Examine common misconceptions and stereotypes about sexual assault and sexual abuse."

While most of these topics are not focused on primary prevention, they do provide increased opportunities for building relationships with school personnel, which may lay the foundation for future primary prevention efforts.

- In June 2009, the "School Violence Prevention Act" was signed by the Governor. With the passing of this law, all North Carolina school districts are required to adopt a policy prohibiting bullying or harassing behavior. The policies must include a definition of bullying or harassing behavior that is at least as inclusive as the definition provided in the Bill, which reads,

"Bullying or harassing behavior includes, but is not limited to, acts reasonably perceived as being motivated by any actual or perceived differentiating characteristic, such as race, color, religion, ancestry, national origin, gender, socioeconomic status, academic status, gender identity or expression, physical appearance, sexual orientation, or mental, physical, developmental, or sensory disability, or by association with a person who has or is perceived to have one or more of these characteristics."

This law is especially significant for lesbian, gay, bisexual, transgender, queer, questioning and intersexed (LGBTQQI) advocates in North Carolina because the

definition of bullying includes “gender identity or expression” and “sexual orientation.” This is the first statute in the state’s history to use either of these terms.

### Additional Challenges

The economic downturn that the nation has faced since 2008 presents major challenges to prevention work both within North Carolina and across the United States. Some of the consequences of the poor economy include:

- Funding cuts have forced organizations to restructure staffing and in some cases, dissolve positions. In North Carolina, this has led to turnover both on the NCSVPT and in health departments and other local agencies across the state, including RPE grantees.
- Local organizations’ capacity to provide prevention programming decreases as their funding decreases.
- Unemployment is a known risk factor for SV perpetration. North Carolina’s unemployment rate has soared from less than 6% in May 2008, to more than 11% one year later.
- Partner organizations who were willing to collaborate and dedicate staff time in a better economy may be less able to do so now that they are struggling to get their own work done with fewer staff and less funding.

## **IV. The Magnitude of Sexual Violence**

### **A. Challenges Associated with Magnitude Data**

In the United States, one out of every six women, and one out of every 33 men, report experiencing rape or attempted rape at some time in their lives.<sup>36</sup> Ideally, this same type of data would be available at the state level, but North Carolina, like many other states, faces challenges in accurately quantifying the magnitude of sexual violence. Self-report data gathered from surveys such as the Behavioral Risk Factor Surveillance System provide valuable information, but may not be representative of the entire population, since resources for collecting the data at the state level are limited. Agencies within the state that provide services to victims, such as local rape crisis centers, often do not collect personal or identifying information from their clients, which makes it impossible to tell whether the statistics from these agencies represent unique individuals, or duplicate cases. There are also differences in how the rape crisis centers report their data and how/whether all data is included in the final collective report. For instance, in some years, data that was reported by some local rape crisis centers was inadvertently left out of the final statistical report.

Furthermore, many victims of sexual violence never seek services from any agency, and therefore are not included in the statistics. Law enforcement agencies compile and report statistics, but they do not accurately portray the scope of the problem because the majority of sexual violence cases are never reported to law enforcement. In fact, rape and sexual assault are the least reported violent crimes, with only about one-third of the cases reported to law enforcement.<sup>37</sup> Another issue is that most of the sexual violence data that is available continues to describe patterns of victimization rather than perpetration. In order to understand SV perpetration, it is important to recognize that most studies dealing with perpetration only describe



those who have been caught. This leaves much to learn about sexual violence perpetrators who are not yet identified or detected.<sup>38</sup> Within the context of these limitations, data on the magnitude of sexual violence in North Carolina are presented below.

## **B. North Carolina Sexual Violence Data**

### **1. Data from North Carolina Rape Crisis Centers**

There are 75 local rape crisis centers in North Carolina. The centers collect and compile data to document the services they provide to clients each year.

#### Clients Served by Rape Crisis Centers

- In FY 2003-2004, the 75 local rape crisis centers in North Carolina served **7,265** clients.<sup>39</sup>
- In FY 2004-2005, the 75 local rape crisis centers in North Carolina served **8,438** clients. This is a **16% increase** in number of clients served from 2003-2004.<sup>40</sup>
- In FY 2005-2006, the 75 local rape crisis centers in North Carolina served **8,721** clients. This is a **2% increase** in number of clients served from 2004-2005.<sup>41</sup>

#### Crisis Calls Received by Rape Crisis Centers

- In FY 2004-2005, the 75 local rape crisis centers in North Carolina received **20,157** crisis calls.<sup>42</sup>
- In FY 2005-2006, the 75 local rape crisis centers in North Carolina received **25,849** crisis calls.<sup>43</sup> This is a **28% increase** in crisis calls received from 2004-2005.

#### Offender Relationship Reported in Rape Crisis Center Calls

- In FY 2004-2005, **76% of offenders** were known to the survivors, 7% of offenders were strangers, and 15% of offenders did not report the relationship of the offender.”<sup>44</sup> However, these percentages are slightly off, as the total for category of “offender relationship” when added together, are less than the number of survivors assisted during FY 2004-2005.
- In FY 2005-2006, **77% of offenders** were known to the survivors, 7% of offenders were strangers, and 16% of survivors were “unknown.”<sup>45</sup>

### **2. Data from the North Carolina Behavioral Risk Factor Surveillance System**

An analysis of the 1997 North Carolina Behavioral Risk Factor Surveillance System (BRFSS) revealed that of the 2,109 women who answered the sexual assault questions of the

BRFSS, “the (lifetime) prevalence of history of sexual assault among women in North Carolina was estimated to be **19%**.”<sup>46</sup> This analysis of the North Carolina 1997 BRFSS also revealed that victims of sexual assault were more likely to report having suffered from poor physical or mental health in the past month compared with non-victims.<sup>47</sup>

In a more recent analysis of the North Carolina 2000-2002 BRFSS,<sup>48</sup> the questions about sexual violence were asked differently than in 1997 and the results indicate that:

- 3% of NC women reported sexual abuse only (without physical abuse) and 7% reported both physical and sexual abuse since they turned 18. The women reported the perpetrator was a current or ex-intimate partners (38%), an acquaintance (15%), or a stranger (16%).
- In this same analysis, 1% of NC men reported sexual violence and 1% reported both physical and sexual violence. The reported perpetrators were current or ex-intimate partners (27%), an acquaintance (20%), or a stranger (32%).

### **3. Data from North Carolina Law Enforcement Sources**

According to the North Carolina Uniform Crime Reports, in 2003, **2,069** rapes were reported to law enforcement.<sup>49</sup> In 2004, **2,248** rapes were reported to law enforcement<sup>50</sup> and in 2005, **2,265** rapes were reported to law enforcement.<sup>51</sup> According to the Preliminary Data from the 2006 North Carolina Uniform Crime Reports, each North Carolina city with a population of 100,000 and over had an increase in the number of rapes reported to law enforcement,<sup>52</sup> as shown in the following table.

<b>City</b>	<b>Year</b>	<b># Rapes reported to Law Enforcement</b>
Cary	2005	13
	2006	14
Charlotte-Mecklenburg	2005	323
	2006	349
Durham <sup>53</sup>	2005	89
	2006	98
Fayetteville	2005	47
	2006	63
Greensboro	2005	85
	2006	86
Raleigh	2005	88
	2006	104
Winston-Salem	2005	118
	2006	147

The following are complaints that were filed against juveniles (17-years-old and younger) in North Carolina in 2004.

<b>Description of Offense (G.S. Number), Felony A-E</b>	<b># of complaints</b>
First degree sex offense child (14-27.4(a)(1))	116
Second degree sexual offense (14-27.5(a))	91
First degree sexual offense (14-27.4(a))	69
First degree rape (14-27.2(a))	44
First degree rape child (14-27.2(a)(1))	30
Second degree rape (14-27.3(a))	25
Statutory rape/sex offense defendant $\geq$ 6 Years (14-27.7A(a))	11
Statutory rape/sex offense defendant $>4$ - $<6$ Years (14-27.7a(b))	2

## **C. Magnitude of Sexual Violence among Specific Populations in North Carolina**

### **1. People with Disabilities in North Carolina**

Nationally, at least 76% of adults with cognitive disabilities have been sexually assaulted<sup>54</sup> and 95% of violent episodes against people with disabilities involve sexual violence.<sup>55</sup> Furthermore, women with disabilities report a larger number of perpetrators than women without disabilities, with the most commonly cited perpetrators being intimate partners

and family members. Compared to women without disabilities, women with disabilities report more intense experiences of abuse, including the combination of multiple incidents, multiple perpetrators, and longer duration.<sup>56</sup> In North Carolina, women with disabilities have more than 5 times the likelihood of experiencing sexual assault in the previous 12 months than women without disabilities.<sup>57</sup> The actual number of cases of sexual violence against people with disabilities is likely higher than the reported statistics, because data collection efforts are often not inclusive of all people with disabilities, particularly those who live in residential facilities.

## **2. College/University Students in North Carolina**

Women who attend college are more likely to experience rape and other forms of sexual assault than women who are in a similar age group but do not attend college.<sup>58, 59</sup> National data on sexual violence perpetration and victimization indicate that rape is the most common violent crime on American college campuses today.<sup>60</sup> In one study, 2.8 % of female students on college campuses reported experiencing rape or attempted rape in a single academic year.<sup>61</sup> When the study authors projected this victimization rate over the course of a 5-year college career, they estimated that one-fifth to one-quarter of women are likely to experience rape or attempted rape by the time the graduate. Because some women in the study were victimized more than once, the incident rate (35.3 incidents per 1,000 students) was higher than the victimization rate of 2.8%.

In North Carolina, very few rapes that occur on college campuses are reported to campus law enforcement. At one large public university, for example, 3 rapes were reported to campus police in 2008. A more accurate estimate of the number of rapes that likely occurred that year, however, can be obtained by extrapolating the national statistics cited above to the public university. In 2008, there were 14,464 women enrolled at the university. If the incident rate of

35.3 incidents of rape or attempted rape per 1,000 students is used, then one would expect 510 rapes or attempted rapes to occur that year, as compared to the 3 that were reported.

A survey conducted at UNC-Chapel Hill in Spring 2006 revealed that:

- 35% of female students knew another student who had been sexually assaulted
- 20% of female students would not immediately stop someone from touching them when they didn't want to be touched.
- When asked if someone they knew continued to make a pass at them even after they told him they were not interested, 24% of female students would let him continue even though they didn't like it.
- Twenty-two percent of female students believe that men are not capable of having sex with women who have not consented.
- When asked to write the definition of rape, female student respondents provided an average of 3.2 elements out of the 10 needed for an accurate definition of rape.

### **3. Adolescents in North Carolina**

According to a nationally representative survey, 60.4% of female and 69.2% of male rape victims were first raped before they turned 18 years old.<sup>62</sup> Females who are 12-18 years old experience a greater rate of sexual assault than any other age group.<sup>63</sup> In 2004, juveniles under 18 accounted for 16% of arrests for forcible rapes.<sup>64</sup> In a 2005 national survey of students in grades 9-12, 10.8% of girls and 4.2% of boys reported being forced to have sex at some time in their lives.<sup>65</sup> When the same question was asked in a 2007 North Carolina survey, the percentage of students who reported being forced to have sex was even higher, with 12.3% of girls and 6.4% of boys reporting forced intercourse.<sup>66</sup> Data regarding sexual offenses committed by North Carolina juveniles and reported to law enforcement are presented on page 35.

#### **D. Newly Collected Data - Magnitude of Sexual Violence in North Carolina**

The North Carolina State Capacity Building Team acknowledges that there is a lack of newly-collected data (surveys, focus groups, key informant interviews). This data collection effort is written into the Prevention System Capacity goals and outcomes, and will be an important part of North Carolina's 8-year state plan.

## V. Universal and Selected Focus Populations

During an NCSVPT meeting in December 2007, the team developed criteria for selecting focus populations for the Plan. The criteria that the team decided to consider included:

- Health disparities
- Magnitude of the problem
- Current level of service / attention
- Readiness/ability/willingness of population
- Disenfranchised communities
- Numbers of people affected
- Higher rates even if numbers are low
- Larger social conditions that might impact some populations more than others
- Perceived top priority for population itself
- Demographic trends in the state

The meeting facilitator asked the team members to consider the above criteria, as well as several findings from the Step One process (the analysis of the NC state profile, the “Cultural Context of Sexual Violence Prevention in NC,” the national and state data describing the magnitude of sexual violence among various populations, NC assets including potential prevention partners and other prevention efforts currently underway). Each team member considered all these things before they chose their top three choices. Ultimately, the NCSVPT selected three universal populations to be the focus of North Carolina’s eight-year plan:

- Adolescents;
- College and university students, administrators, faculty and staff with a special emphasis on reaching historically black colleges and universities (HBCUs) and individuals who identify as lesbian, gay, bisexual, transgender, queer, questioning, and intersexed (LGBTQQI); and
- People with intellectual disabilities and their support providers.  
**Note:** This focus population was initially “people with disabilities.” Later, when a workgroup was formed to focus on developing goals and outcomes for this population, one of their first decisions was to narrow the workgroup’s focus to “people with intellectual disabilities and their support providers.”

Within these focus populations, the team identified two select populations (those at heightened risk for sexual violence victimization or perpetration). The two select populations

are: adolescent males who have witnessed family violence; and sexually aggressive males on college/university campuses.

## **VI. Risk and Protective Factors**

In order to help identify populations on which to focus and to help develop prevention interventions that have a higher likelihood of succeeding, it is important to identify risk and protective factors for sexual violence perpetration. The NC State Capacity Building Team used the compiled “risk factors for the perpetration of sexual violence” found in the World Health Organization’s *World Report on Violence and Health* as a starting point, then added other risk factors based on a review of the literature. The results are summarized the table on the next page, with the risk factors added by the NC SCBT presented in italics.

There is little if any documentation of protective factors specific to sexual violence prevention. Thus, it was necessary to refer to protective factors for violence in general. These are listed in the table entitled “Protective Factors for Violence.” Additionally, the adolescent workgroup considered the 40 Developmental Assets for Adolescents developed by the Search Institute.<sup>67</sup>

## Risk Factors for Sexual Violence Perpetration\*

Individual	Relationship	Community	Societal
<ul style="list-style-type: none"> <li>• Alcohol &amp; drug use</li> <li>• Coercive sexual fantasies</li> <li>• Other attitudes and beliefs supportive of SV, such as acceptance of rape myths, need to control and dominate women</li> <li>• Impulsive &amp; antisocial tendencies</li> <li>• Preference for impersonal sex</li> <li>• Hostility towards women</li> <li>• History of sexual abuse as a child</li> <li>• Witness family violence as a child</li> <li>• Holding traditional attitudes about sex roles</li> <li>• Low empathy</li> <li>• Low self-esteem</li> <li>• Poor emotional health</li> </ul>	<ul style="list-style-type: none"> <li>• Associate w/ sexually aggressive and delinquent peers</li> <li>• <i>Perceived peer approval of forced sex</i></li> <li>• Family environment characterized by physical violence &amp; few resources</li> <li>• Strongly patriarchal relationship or family environment</li> <li>• Emotionally unsupportive family environment</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of employment opportunities</li> <li>• Lack of institutional support from police and judicial system</li> <li>• General tolerance of SV w/in community</li> <li>• Weak community sanctions against perpetrators of SV</li> <li>• <i>Emotionally unsupportive community</i></li> </ul>	<ul style="list-style-type: none"> <li>• Societal norms supportive of SV</li> <li>• Societal norms supportive of male superiority &amp; sexual entitlement</li> <li>• Weak laws &amp; policies related to SV</li> <li>• Weak laws &amp; policies related to gender equality</li> <li>• High levels of crime &amp; other forms of violence</li> </ul>

\*Italicized items are from literature review conducted by NC SCBT.



## Protective Factors for Violence

Individual	Relationship	Community	Society
<ul style="list-style-type: none"> <li>• Problem solving skills</li> <li>• Sense of self-efficacy</li> <li>• Good emotional health</li> <li>• High academic performance</li> <li>• Media literacy</li> <li>• Positive youth development</li> </ul>	<ul style="list-style-type: none"> <li>• Good peer relationships/connectedness to friends</li> <li>• Attachment /healthy parenting</li> <li>• Parental supervision</li> <li>• Parent-family connectedness</li> <li>• Caring/respectful relationships</li> <li>• Social support</li> <li>• Healthy sexual relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Support/belonging</li> <li>• Availability of services</li> <li>• Connectedness to community</li> <li>• Connections to places of worship</li> <li>• Collective efficacy</li> </ul>	<ul style="list-style-type: none"> <li>• Status of women</li> <li>• Gender equality</li> <li>• Economic, political and legal equity</li> </ul>

## **VII. Assets and Resources in North Carolina**

### **1. Prevention System Capacity**

In order to effect change most effectively across North Carolina, it is important to consider the broad sexual violence prevention system, which includes a wide array of stakeholders as defined below, as well as various dimensions necessary to carry out sexual violence prevention work (e.g., leadership, strategic planning, information (data), community and constituency focus, human resources, and systems operations such as collaboration and sustainability). These dimensions were captured in an assessment tool developed by Mathematica Policy Research (MPR) and tested by two states in the EMPOWER collaborative.

The NC State Capacity Building Team (SCBT) convened a meeting on January 9, 2008 with selected members of the NCSVPT whose jobs or experiences provide them with a statewide perspective of prevention in North Carolina. The group conducted a statewide sexual violence prevention system capacity (SVPSC) assessment. Each of the ten participants received the SVPSC tool developed by MPR and completed it before the meeting. The group spent the in-person time determining which key individuals and agencies or other entities comprised the “sexual violence prevention system” in NC, reviewing each item on the tool, discussing individuals’ ratings and reasons for their ratings, and then coming to consensus on one group rating for each item. The group agreed that the sexual violence prevention system in NC includes the people and programs connected with the Rape Prevention and Education (RPE) funding stream, both currently funded and non-funded programs, as well as agencies that are stakeholders in sexual violence prevention (such as NC rape crisis centers, the NC Coalition Against Sexual Assault, the Division of Public Health, Prevent Child Abuse North Carolina, campus women’s centers, etc.).

The SCBT members took detailed notes of the discussion and shared a summary of the results with the project lead at MPR. The SCBT then determined key themes that emerged from the SVPSC assessment (e.g., legislation, data, leadership development, diversified funding, sustainability, and increasing ownership of sexual violence as an issue). An overarching theme was increasing state and local capacity. The SCBT used the information gathered with the tool and the emergent themes from the group discussion to craft goals and outcome statements for enhancing the SVPSC. These goals and outcome statements were vetted with the workgroup that completed the assessment, modified based on their input, and then shared with the larger NCSVPT.

## **2. Local Efforts to Prevent Sexual Violence in North Carolina**

Local rape crisis centers have been key players in carrying out sexual violence prevention efforts since the RPE Program began in the mid-1990s. Prevention efforts for the first decade of the RPE program often occurred through one-time programs or events that highlighted what sexual violence is and how a victim and his/her loved ones can access help and support. As the national priorities of the program shifted toward primary prevention carried out with the same individuals over multiple sessions, efforts in NC changed to this new approach beginning with the 2006 funding cycle. Before 2006, almost every rape crisis center in NC received an equal share of the state's RPE allotment (typically ~\$14,000 per year). After the shift to primary prevention, funding also changed to better support the programs in meeting these new requirements. Fewer programs received funding, but at a much higher level (~\$35,000 to \$50,000/year).

Primary prevention requires a unique set of skills and capacities. In order to capture baseline information about the types of activities local programs were carrying out and the array

of skills and capacity levels housed at both RPE funded and unfunded programs, the NCSVPT decided to conduct a survey of NC rape crisis centers. Questionnaires that were developed by the CDC were modified by the EMPOWER State Capacity Building Team with input from the NC Sexual Violence Prevention Team to learn about local efforts to prevent sexual violence. The questionnaires were administered using Survey Monkey, an internet-based survey and analysis program. The information gathered through this survey will help the NCSVPT gain insight into existing local capacity to carry out primary prevention programming, as well as to plan for increasing capacity over the coming years.

The electronic survey was administered to local rape crisis/sexual violence prevention programs that are currently funded by the Rape Prevention and Education Program. The responses to this survey are labeled "RPE funded" in the tables in Appendix J. All seventeen "RPE funded" agencies received the survey and sixteen completed it (94% response rate). Most were completed by the Prevention Coordinator. A separate and slightly different survey was administered to all other agency members of the NC Coalition Against Sexual Assault, and their responses are labeled "Not RPE Funded" in the tables in Appendix J. One hundred twenty surveys were sent to the NCCASA membership list. They were received by 104 of the agencies, and 31 completed the survey (for a response rate of 30% among agencies that received the survey). Most of these surveys were completed by the agency's Executive Director.

Most agencies that responded, regardless of funding status, are either a stand-alone rape crisis center or a combined rape crisis and domestic violence agency. Information was gathered regarding the types of programming provided by staff; agency and staff support for focusing efforts on the primary prevention of sexual violence; the agency's approach to balancing primary prevention of sexual violence and intervention work, such as assisting survivors of sexual

violence; and other topics relevant to assessing the respondents' capacity to shift towards the primary prevention of sexual violence. Detailed results of these surveys are located in tables in Appendix J.

### **3. Potential Partners for SV Prevention Efforts**

Part of the purpose of developing a state plan for the prevention of sexual violence is to identify new potential partners who may or may not have previously identified sexual violence as an issue related to their own missions. By building relationships with these agencies, grassroots efforts, and community groups, it may be possible to work together for mutual benefit, which could increase the capacity of the overall "prevention system" in North Carolina to appropriately address and prevent sexual violence. During one of the NCSVPT meetings, team members engaged in an interactive assets mapping activity to brainstorm potential partners at both the local and state levels. The list of potential partners that resulted from this activity is presented below.

#### **Local**

- Colleges/universities
- Sororities/fraternities
- Bar/restaurant owners
- After school programs
- Community resource centers
- Local rape crisis centers
- Teen pregnancy prevention programs
- HIV prevention programs
- Adolescent health centers
- Planned Parenthood
- Women's centers
- Housing coalitions
- Schools (guidance counselors, teachers, coaches)
- Parent Teacher Association/Organization (PTA/PTO) of local schools
- Boys and Girls Clubs
- Boy/Girl Scouts
- Health departments
- Community policing programs
- Mentors in Violence Prevention
- Neighborhood crime associations

- Community theater
- YMCA/YWCA
- Community based organizations serving minority communities
- Gang task forces

### **Statewide**

- North Carolina Coalition Against Sexual Assault (NCCASA)
- North Carolina Coalition Against Domestic Violence (NCCADV)
- DELTA, the NCCADV program equivalent to EMPOWER
- Division of Public Health (Injury and Violence Prevention Branch, Women's and Children's Health, HIV/Sexually Transmitted Diseases, Tobacco Control, Adolescent Pregnancy Prevention, and Adolescent Parenting)
- Division of Mental Health, Developmental Disabilities, and Substance Abuse Services
- Office on Disability and Health
- Office of Minority Health and Health Disparities
- Department of Public Instruction
- Juvenile Crime Prevention Council
- Men Against Rape Culture
- Governor's Advisory Council on Aging and/or the NC Healthy Aging Coalition
- Department of Juvenile Justice and Delinquency Prevention, Center for the Prevention of School Violence (DJJDP-CPSV)
- NC Women United
- Funders:
  - Z Smith Reynolds
  - Sisters of Mercy
  - Duke Endowment
  - Governor's Crime Commission

## **VIII. Critical Assessment of Step One**

### **1. Strengths**

- There are a number of good and reliable state and county level demographic data and general health data sources
- The Step One Report was collectively developed in a group process that pulled in a great deal of expertise and experience
- There was excellent participation in the Survey Monkey poll of local RPE funded programs and a moderate response among non-RPE funded programs
- The partnership with the NC DELTA Program led to important contributions to the state demographic profile, as well as shared information regarding statewide trends that might affect prevention programming, potential prevention partners, and other shared resources.
- The NCSVPT has good diversity in terms of skills and perspectives

## **2. Limitations**

- It was difficult to access data on the magnitude of sexual violence among particular population groups
- State level data on the magnitude of sexual violence is very limited
- Community and regional data on sexual violence is limited; and data that exist are often limited by small sample sizes and less reliable research methodologies
- The team did not gather data about prevention strategies from other non-sexual violence prevention providers
- There has been limited primary data collection, and none collected around specific populations
- There is limited representation on the NCSVPT from many of the potential priority populations
- The purpose of this report is to develop a state plan for the primary prevention of sexual violence perpetration, yet most of the available data is about victimization

## **3. Gap Analysis**

As in any prevention system, there are gaps in the data which make developing a statewide plan challenging. The NCSVPT identified the following gaps in the data system:

- Limited data on perpetration of sexual violence. There is much more data on victimization.
- Limited North Carolina specific data on certain populations, especially communities of color, LGBTQQI , the military, people with disabilities, and adolescents.
- More information and a better understanding are needed about the role that risk and protective factors play in sexual violence perpetration.
- BRFSS data specific to sexual violence are limited by the fact that questions related to this topic are irregularly placed on the NC BRFSS. This makes comparisons and trend data difficult to obtain and interpret.

## **GTO Step Two: Setting Goals**

### **I. Developing Goals and Outcome Statements for the Three Focus Populations**

Once the focus populations for the NC Sexual Violence Prevention Plan were identified and refined, members of the NCSVPT who had experience and expertise working with each of the focus populations gave an hour-long presentation to the larger group. These presentations highlighted the magnitude of sexual violence in the focus population, the special needs and strengths of the population, and strategies or programs that have been successful in primary prevention of sexual violence in the population. NCSVPT members listened to the presentations, asked questions and participated in valuable discussions that added to the understanding of the unique characteristics of each focus population.

Following the presentations, NCSVPT members self-selected into one of three workgroups, which were organized around the three focus populations. Team members were told the workgroups would have the responsibility of drafting and making decisions about the goals, outcome statements and activities for their designated focus population. During a meeting in February 2008, the Empowerment Evaluator conducted a presentation to the large group on crafting needs statements and developing goals and outcome statements. The group then discussed the information that was presented, and brainstormed criteria that would be used to craft goals and later prioritize them. The following criteria were brainstormed by the NCSVPT. The goals must:

- address primary prevention;
- describe something that is changeable;
- be feasible;
- address an important issue;
- address at least one risk or protective factor;
- have community acceptance;
- address health disparities;
- address intersectionality.



Furthermore, the NCSVPT specified that the goals must relate to work that the NCSVPT or the statewide sexual violence prevention system can do something about and must be within the purview of the larger sexual violence prevention system. The sexual violence prevention system includes: people and programs connected with the RPE funding stream; currently funded and other non-funded rape crisis centers; and other agencies that are stakeholders in sexual violence prevention at either the state or local level. Therefore, they decided, each goal must be in alignment with the mission and vision of the NCSVPT and build on the team's assets and/or current work.

Once the criteria were established, the population-based workgroups spent time developing needs statements and crafting goals and outcome statements. These are presented on the following pages.

## **Goals and Outcomes: College and University Students, Administrators, Faculty, and Staff**

**Needs Statement:** National data on sexual violence perpetration and victimization indicate that rape is the most common violent crime on American college campuses today.<sup>68</sup> An estimated 2.8% of female students on a college campus experience rape or attempted rape each academic year, and between one-fifth and one-quarter of women will likely survive rape or attempted rape by the time they graduate.<sup>69</sup> Studies of college students indicate that 1 in twelve (or 8%) men readily admit to behaviors that are legally considered rape,<sup>70</sup> and over a third of male college students (35%) surveyed responded that they would force sexual acts on a woman if they knew they would not be caught.<sup>71</sup> Due to recognition of this increased risk for campus violence, there seems to be a readiness for education and discussion regarding this issue.

**Goal 1:** Increase the capacity of public and private colleges, universities, and community colleges to address sexual violence prevention in their settings

### **Outcomes:**

- A.** By December 2011, IVPB will provide funding opportunities for at least one college or university to address sexual violence either alone or in collaboration with their local RPE program as evidenced by an enacted contract with at least one college or university.
- B.** By December 2013, IVPB will collaborate with NCCASA to increase the understanding of college and university administrators, faculty, staff, and students related to intersectionality and its influences on sexual violence as evidenced by a series of developed curricula, pre/post test results, organizational intersectionality assessment and data from a longitudinal follow up 3-6 months after the training.
- C.** By December 2014, IVPB will collaborate with 2-4 LGBTQQI groups, initiatives or projects on college/university campuses and their sexual violence prevention staff (if present) to develop educational strategies to work with LGBTQQI on college and university campuses as evidenced by a list of strategies that are based on promising practices and meeting notes.
- D.** By December 2013, IVPB will collaborate with at least one HBCU to build its capacity to address sexual violence prevention on its campus as evidenced by increased faculty and staff attention devoted to sexual violence prevention efforts as evidenced by a written plan and completed capacity assessment tools.
- E.** By December 2013, NCCASA and the campus consortium will increase the number of campuses that have sexual violence prevention policies, procedures, and protocols that are based on best practices by 10% over baseline.
- F.** By December 2014, IVPB will collaborate with NCCASA, NCCADV and other partners (to be identified) to develop a plan to build the capacity of North Carolina's community colleges to address sexual violence prevention in their setting as evidenced by a written plan.

**Goal 2:** Increase bystander intervention skills of college students, administrators, faculty, and staff who encounter sexually aggressive males

### **Outcome:**

By December 2011, IVPB will increase the number of RPE grantees that implement bystander intervention programs reaching college and university students, administrators, faculty, and staff as evidenced by enacted contracts for at least two programs.

## **Goals and Outcomes: Adolescents**

**Needs Statement:** Results of the 2007 North Carolina Youth Risk Behavior Survey indicate that 12.3% of girls and 6.4% of boys in high school have been physically forced to have sex when they did not want to. National data indicate that adolescents and young women are 4 times more likely to be sexually assaulted than women in other age groups, and have a lifetime prevalence of rape/attempted rape as high as 42% (Ricket et al., 2004). Adolescence is a time of ongoing cognitive, physical, and behavioral development. As such, the likelihood is high that sexual violence (SV) primary prevention strategies implemented during this life stage will result in healthy sexuality, gender norms, and respect. In addition to increasing sexual violence protective factors, strategies implemented during this life stage that target behavioral and environmental determinants that may lead to perpetration of sexual violence are also likely to be successful. Moreover, environmental supports such as improved school and community policies are needed to sustain strategies and programs for adolescents and to make programs more comprehensive, and thus more effective.

**Goal 1:** Increase the capacity of North Carolina public school districts to address sexual violence prevention in the school setting

**Outcomes:**

- C.** By 2013, the IVPB will work with at least one Rape Prevention and Education (RPE) grantee to implement a sexual violence prevention policy in the grantee's local school-district, as evidenced by a written policy and training agenda for the school's faculty/staff.
- D.** By 2013, the IVPB will increase the number of RPE grantees that implement evidence-informed SV primary prevention strategies in the school setting, as evidenced by grantee progress reports that document the interventions.

**Goal 2:** Increase the number of state-level organizations whose programming includes sexual violence prevention content and/or strategies

**Outcomes:**

- A.** By 2014, the North Carolina Sexual Violence Prevention Team will identify and collaborate with at least one adolescent-serving state level organization to incorporate sexual violence prevention components into their programming, as evidenced by meeting notes, training agendas and modified curricula.
- B.** By 2016, the North Carolina Sexual Violence Prevention Team will identify and collaborate with at least one state-level organization that works with parents of adolescents to incorporate sexual violence prevention components into their programming, as evidenced by meeting notes, training agendas and modified curricula.
- C.** By 2014 the North Carolina Sexual Violence Prevention Team will work with at least one state-level organization to increase opportunities for adolescent males who have witnessed family violence to be more connected to their communities, as evidenced by meeting agendas and notes, written procedures, and the number of state and local organizations that provide opportunities for these adolescents to increase their community connectedness.

## **Goals and Outcomes: People with Intellectual Disabilities and Their Support Providers**

**Needs Statement:** National studies show that approximately **95%** of violent episodes against people with disabilities involve **sexual violence**.<sup>72</sup> Furthermore, as many as 76% of adults with intellectual disabilities are survivors/victims of sexual violence<sup>73</sup>. North Carolina data on sexual violence perpetration and victimization indicate that people with disabilities experience sexual violence at a rate 5 times higher than people without disabilities.<sup>74</sup> In North Carolina there is a need to collect information on current laws, policies, and practices; increase understanding of people living with intellectual disabilities and their increased risk of sexual violence; and create safer environments for people with intellectual disabilities.

**Goal 1:** Increase the understanding about the strengths and gaps of current North Carolina laws, policies, and procedures related to sexual violence of organizations and agencies working with people with intellectual disabilities, through establishing baseline information.

### **Outcomes:**

- A. By 03/2010, the NCSVPT, partnering with 2 legal experts, will identify laws regarding sexual violence against people with intellectual disabilities, as evidenced by an executive summary.
- B. By 05/2010, a UNC student intern will identify residential facility policies about responding to and preventing sexual violence against people with intellectual disabilities, as evidenced by a white paper.
- C. By 12/2010, workgroup members will review personnel procedures for residential facilities that could impact sexual violence prevention, as evidenced by a compiled “promising personnel procedures” matrix.

**Goal 2:** Change attitudes and beliefs that support prevention of sexual violence against people with intellectual disabilities

### **Outcomes:**

- A. By 08/2010, the NCSVPT PWID small group, with assistance from students, other staff, and partners, will establish baseline data regarding providers’ attitudes and beliefs about preventing sexual violence against people with intellectual disabilities, as evidenced by compiled Qualtrics results.
- B. By 12/2014, NCSVPT will carry out at least 5 awareness-raising activities related to prevention of sexual violence against people with intellectual disabilities, as evidenced by multi-media campaigns.
- C. By 12/2015, NCCASA and a disability services agency will conduct at least 6 “train-the-trainer” trainings about preventing sexual violence with organizations that serve people with intellectual disabilities, as evidenced by training agendas, rosters, and completed evaluations.

**Goal 3:** Strengthen laws and policies in order to increase societal and systemic safeguards to reduce rates of sexual violence perpetrated against people with intellectual disabilities

### **Outcomes:**

- A. By 12/2015, a workgroup of the NCSVPT will collaborate with residential services licensing organizations to require that group homes develop written policies requiring national background checks (e.g., if person is an offender, this is grounds for termination), as evidenced by updated policy manuals

- B.** By 12/2015, 5-10% of residential facilities will incorporate written zero tolerance policies into their organizational governing principles, as evidenced by updated organizational handbooks.
- C.** By 12/2015, a coalition of organizations will explore the feasibility of introducing legislation detailing that support providers cannot have relations with residents (patterned after school personnel law in that the presence or not of consent is irrelevant), as evidenced by the convening of a study group/task force.

## **II. Developing Goals and Outcome Statements for Prevention System Capacity**

As mentioned in a previous section, the State Capacity Building Team met with select members of the NCSVPT in January 2008 to conduct an assessment of North Carolina's sexual violence prevention system capacity. The SCBT used the information gathered with the tool and the emergent themes from the group discussion to craft goals and outcome statements for enhancing the sexual violence prevention system capacity. These goals and outcome statements were vetted with the workgroup who completed the assessment, modified based on their input, and then shared with the larger NCSVPT. The goals and outcome statements that resulted from this process are presented below.

## **Goals and Outcomes: Prevention System Capacity**

### **Goal 1: Enhance the state level data collection system.**

#### **Outcomes:**

- A.** By December 2017, the Injury and Violence Prevention Branch will collaborate with 1-2 state level partners to convene a work group to determine data sources and select common variables with shared definitions, as evidenced by a work group report.
- B.** By December 2012, the Injury and Violence Prevention Branch will collaborate with 2-3 state level partners to collect and compile the magnitude of sexual violence data about specific populations—such as LGBTQQI, people with intellectual disabilities and their support providers, adolescents, and university and college students—as evidenced by data collection tools, surveillance systems and a data report.
- C.** By December 2012, the Injury and Violence Prevention Branch will collect primary data on the focus populations (i.e., college students/faculty/administrators/staff; people with intellectual disabilities and their support providers; adolescents) through a combination of the following: focus groups, surveys, key informant interviews, etc., as evidenced by a report detailing the summaries of the findings.
- D.** By December 2015, the Injury and Violence Prevention Branch will collaborate with 2-3 state level partners to collect and compile the magnitude of sexual violence data about specific populations—such as older adults, African Americans, Native Americans and First Nations people, and Latinas/os—as evidenced by data collection tools, surveillance systems, and a data report.
- E.** By December 2017, the Injury and Violence Prevention Branch will collaborate with 2-3 state level partners to collect and compile the magnitude of sexual violence data about specific populations—such as the military, people experiencing homelessness, and people in prisons and correctional facilities—as evidenced by data collection tools, surveillance systems and a data report.

### **Goal 2: Increase sustainability of sexual violence prevention efforts**

#### **Outcomes:**

- A.** By April 2017, the Division of Public Health will collaborate with 1-2 other state level partners to diversify the funding base for sexual violence prevention by exploring additional funding opportunities, as evidenced by joint applications.
- B.** By December 2010, the Injury and Violence Prevention Branch will increase organizational ownership of sexual violence prevention by collaborating with 2-3 other Division of Public Health programs to ensure that sexual violence prevention is incorporated into their program priorities, as evidenced by one of the following: meeting agendas, presentations, strategic plans, RFAs, and/or grantee contracts.
- C.** By April 2011, the Injury and Violence Prevention Branch will increase community ownership of sexual violence prevention by reaching out to 2-3 other state level partners to ensure that sexual violence prevention is incorporated into their program priorities, as evidenced by two to three of the following: meeting agendas, presentations, strategic plans, RFAs, and/or grantee contracts.

- D.** By April 2015, the North Carolina Coalition Against Sexual Assault (NCCASA) will explore the feasibility of developing legislative priorities that reflect the state prevention plan goals, as evidenced by a report of the NCCASA Legislative Committee.

**Goal 3:** Strengthen local and state capacity

**Outcomes:**

- A.** By December 2012, the Injury and Violence Prevention Branch (IVPB) will collaborate with 2-3 other state level partners to provide local and state level training and technical assistance related to sexual violence primary prevention, as evidenced by one of the following: joint training agendas, joint curricula, and/or joint site visits.
- B.** By December 2013, the North Carolina Sexual Violence Prevention Team will collaborate with NCCASA to promote and enhance leadership development and professional development opportunities for staff at agencies that work in the field of sexual violence. Progress toward meeting this outcome will be evidenced by work group meeting agendas and minutes and a plan to promote and enhance leadership and professional development at the state and local levels.



## **GTO Step Three: Selecting Evidence-Supported Strategies**

### **I. Description of the Process for Selecting Strategies**

Steps 3, 4 and 5 of GTO are described as an iterative process, and the NCSVPT approached the work in that manner. The work started with the identification of potential evidence-based programs. This process was greatly aided by the work of our sister NC DELTA project and their staff and graduate student intern who did an extensive search of the online and printed literature. CDC and others have acknowledged that there are few if any evidence-based programs in either IPV or SV. Thus, the search for evidence-based programs included a review of a number of other prevention fields including HIV, teen pregnancy, substance abuse, youth violence, gang violence and alcohol. The review focused on programs that had been evaluated and found to be effective in their respective fields and in specific locales with defined populations. Some of the databases used included PsychInfo, Education Resources Information Center (ERIC), Google Scholar, Pubmed, National Criminal Justice Reference Service (NCJRS), and Blueprints for Violence Prevention. A list of almost 100 programs were catalogued and synthesized into a series of tables. Each table described the target population, the setting, a brief summary of the intervention, the specific goals, the risk and/or protective factors addressed, the evaluated outcomes, the characteristics of the program implementers, and the level of the social ecological model that the program addresses (individual, relationship, community, society).

This work took place February –September 2008. From September 2008 until December 2008, a group of public health graduate students working with the Empowerment Evaluator and the NC DELTA intern reviewed each program to determine if and how it incorporates the principles of effective prevention<sup>75</sup> (e.g., uses a variety of teaching methods, is culturally competent, is theory based, is appropriately timed, focuses on relationships with positive adult

role models, etc). This information was added to the tables previously referenced. In addition to this extensive review and summary, another review of programs conducted by Research Triangle Institute provided several programs to consider that are specific to sexual violence<sup>76</sup>. See Appendix K for the list of potential programs that resulted from this review.

Members of the SCBT reviewed all the information that had been compiled and developed a list of criteria for evaluating the many potential programs. This list formed the basis for an evaluation tool (see Appendix L for the tool used by each NCSVPT member engaged in the process of evaluating potential programs). The SCBT developed a packet for each member of the adolescent and college workgroups which consisted of 5-15 programs and an equal number of assessment tools. Individual members reviewed their assigned programs and conducted an independent assessment of each program using the tool. Then, the population-specific workgroups convened and each member shared their findings. Each program was discussed and placed into one of three categories: definitely consider, definitely not appropriate, needs more information. Workgroup members then called or e-mailed program developers to get more information, as needed. The adolescent and college workgroups met several times and deliberated at length to select a recommended list of evidence-supported programs. The final lists are presented below.

**Evidence-supported practices/programs recommended by the *College and University Students, Administrators, Faculty, and Staff* workgroup:**

- Men Stopping Violence
- Mentors in Violence Prevention
- Fraternity Anti-Violence
- Bringing in the Bystanders
- Mpowerment
- Men's Group
- Green Dot
- Men of Strength Clubs (when college version developed)

**Evidence-supported practices/programs recommended by the *Adolescent* workgroup:**

- Men Can Stop Rape: Men of Strength Clubs
- Mentors in Violence Prevention
- Safe Dates
- Strengthening Families Program
- SAFE-T: Sexual Abuse Free Environment for Teens

Because there are very few programs identified that address sexual violence prevention for people with intellectual disabilities (PWID) or their support providers, the PWID workgroup followed a different process. The group decided it was judicious to concentrate their efforts on determining what data needed to be collected in order to understand more about sexual violence victimization of and perpetration against people with intellectual disabilities. Toward this end, two of the group members convened an in-person meeting of disability services providers to explain the work of the NCSVPT and to seek their input and feedback on potential survey questions. The feedback from this in-person meeting was invaluable and helped the People with Intellectual Disabilities and their Support Providers workgroup clarify survey questions, as well as ensure the language this workgroup was using was appropriate. The meeting also provided the PWID workgroup with a broader and more exhaustive list of potential agencies and organizations to whom the survey could be administered. Currently, the workgroup is in the last stages of finalizing the questions and the design of the survey, which will be administered to disability services agencies and organizations across North Carolina.

Recently, with the addition of several new members to the People with Intellectual Disabilities and Their Support Providers workgroup, and with further review of the literature, a number of sexual violence prevention programs have surfaced that warrant consideration. The workgroup members are in the process of gathering additional information and assessing these prevention programs, which are listed below.

**Evidence-supported practices/programs currently under review by the *People with Intellectual Disabilities and Their Support Providers* workgroup**

- Illumination
- Personal Space
- Taking Care of Me
- Living Safer Lives
- Increasing Independent Decision-Making Skills of Women With Mental Retardation in Simulated Interpersonal Situations of Abuse

## **II. Mapping Selected Strategies to Risk and Protective Factors**

The following table organizes relevant plan outcomes and strategies by the risk and/or protective factors each addresses. The third column of the table lists several strategies in addition to the evidence-supported strategies discussed on the previous pages. This table was created to facilitate collaboration with other EMPOWER states so that common risk and protective factors can be easily identified and information, resources, and lessons learned can be shared across states. While this table reorganizes most NC plan outcomes and strategies by risk/protective factor, it is important to note that many prevention system capacity outcomes are not included because they do not directly impact either a risk or a protective factor.

### Primary Risk/Protective Factors & Related Outcomes/Strategies

Risk/Protective Factor	Outcomes	Strategies
<ul style="list-style-type: none"> <li>• Risk – Witness family violence as a child</li> <li>• Protective – Connectedness to community</li> </ul>	<ul style="list-style-type: none"> <li>• Increase opportunities for adolescent males who have witnessed family violence to experience community connectedness</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with NCDSS and other organizations (e.g. Child Maltreatment Leadership Team, NCCADV) to identify adolescent males who have witnessed family violence and provide them with opportunities to become involved with community programming</li> </ul>
<ul style="list-style-type: none"> <li>• Risk - Attitudes and beliefs supportive of SV (such as acceptance of rape myths, need to control and dominate women)</li> <li>• Risk - Holding traditional attitudes about sex roles</li> <li>• Risk – General tolerance of SV within the community</li> <li>• Protective – Caring/respectful relationships</li> <li>• Protective – Media literacy</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the number of RPE grantees that implement evidence-informed strategies in the school setting</li> <li>• Increase the number of adolescent-serving state-level organizations that include SV prevention in their programming</li> <li>• Increase the number of colleges/universities that address sexual violence prevention</li> <li>• Increase awareness of prevention of sexual violence against people with intellectual disabilities</li> <li>• Increase skills of people who work with PWID to prevent SV</li> <li>• Increase understanding of college and university admin, faculty, staff and students related to intersectionality and its influences on SV</li> <li>• Increase collaboration with LGBTQQI groups, initiatives or projects on college/university campuses to address SV prevention</li> <li>• Increase capacity of HBCUs and community colleges to address sv prevention</li> <li>• Increase the number of RPE grantees that implement bystander intervention programs reaching college/universities</li> </ul>	<ul style="list-style-type: none"> <li>• Provide RPE grantees with information and ongoing technical assistance about the EBIs that are recommended by the NC SVPT Adolescent Workgroup <ul style="list-style-type: none"> <li>▪ Men Can Stop Rape: Men of Strength Clubs</li> <li>▪ Mentors in Violence Prevention</li> <li>▪ Safe Dates</li> <li>▪ Strengthening Families Program</li> <li>▪ SAFE-T: Sexual Abuse Free Environment for Teens</li> </ul> </li> <li>• Collaborate with both DPH and non-DPH organizations that have shared risk factors and assist them with incorporating SV prevention into their curricula or programming for adolescents</li> <li>• Provide funding opportunities for at least one college or university to address sv prevention either alone or in collaboration with their local RPE program. Recommended interventions include: <ul style="list-style-type: none"> <li>▪ Men Stopping Violence</li> <li>▪ Mentors in Violence Prevention</li> <li>▪ Fraternity Anti-violence</li> <li>▪ Bringing in the Bystanders</li> <li>▪ Mpowerment</li> <li>▪ Men's Group</li> <li>▪ Green Dot</li> <li>▪ Men of Strength Clubs (when college version developed)</li> </ul> </li> <li>• Conduct a series of at least 5 awareness-raising activities about SV against PWID</li> <li>• Conduct at least 6 train-the-trainer trainings about preventing SV with organizations that serve PWID</li> <li>• Develop curricula and provide trainings to college/univ admin, faculty, staff and students on intersectionality</li> <li>• Develop educational strategies to work with LGBTQQI groups on college and university campuses</li> <li>• Collaborate with partners to develop a plan to build the</li> </ul>

Risk/Protective Factor	Outcomes	Strategies
		capacity of NC's community colleges and HBCUs <ul style="list-style-type: none"> <li>Educate RPE grantees about importance of implementing evidence-supported bystander interventions, and provide support and technical assistance</li> </ul>
<ul style="list-style-type: none"> <li>Risk – Weak community sanctions against perpetrators of SV</li> <li>Risk - Weak laws and policies related to SV</li> <li>Risk - General tolerance of SV w/in community</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number of school districts in NC that have a sexual violence prevention policy in place</li> <li>Increase the number of college/university campuses that have sexual violence prevention policies, procedures and protocols that are based on best practices by 10% over baseline</li> <li>Increase knowledge about current laws and policies that address sv against people with intellectual disabilities</li> <li>Strengthen laws and policies in residential facilities that serve people with intellectual disabilities</li> <li>Increase understanding of the feasibility of developing legislative priorities that reflect the state prevention plan goals</li> </ul>	<ul style="list-style-type: none"> <li>Provide training and support to RPE grantees who choose policy implementation as a primary prevention strategy in the school setting</li> <li>Provide training and support to college/university campuses that choose to implement a SV prevention policy</li> <li>Establish baseline information for NC regarding the current laws, policies and procedures related to preventing SV against people with PWID</li> <li>Collaborate with residential facilities and their licensing organizations to require national background checks and zero tolerance policies</li> <li>Convene a study group/task force to explore the feasibility of introducing legislation detailing that support providers cannot have relations with residents</li> <li>Work collaboratively with NCCASA to explore the feasibility of introducing state legislation for prevention sexual violence</li> </ul>
<ul style="list-style-type: none"> <li>Risk – emotionally unsupportive family environment</li> <li>Protective – Attachment/healthy parenting</li> <li>Protective – Parent-family connectedness</li> <li>Protective – Parental supervision</li> </ul>	<ul style="list-style-type: none"> <li>Increase the number state-level organizations that provide parents of adolescents with information about sexual violence prevention</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate with state-level organizations that work with parents of adolescents and assist them with incorporating sv prevention content into their work.</li> </ul>
<ul style="list-style-type: none"> <li>Risk – Societal norms supportive of SV</li> </ul>	<ul style="list-style-type: none"> <li>Increase knowledge and positive change in attitudes/beliefs about preventing SV against PWID</li> </ul>	<ul style="list-style-type: none"> <li>Develop and conduct multi-media campaign consisting of at least 5 activities</li> </ul>

#### **GTO Step Four: Considering the Community and State Context**

Steps 3, 4 and 5 of GTO are an iterative process, so while the adolescent and college workgroup members were reviewing their assigned programs, they were also discussing the appropriateness of each program for implementation in North Carolina. For example, a program that is extremely effective in a large urban area in the northeastern United States might be inappropriate for a rural North Carolina town. Similarly, a program targeted at a specific population would not be appropriate if that population is not present in North Carolina. Another important consideration was the cost of each program, including materials and training, and the feasibility of these costs for local RPE agencies. Workgroup members also considered the effort and expertise that would be required to adapt a curriculum that addressed another topic, such as HIV prevention, to the field of sexual violence prevention. There was agreement that expertise in curriculum development does not likely exist in most local RPE agencies and, in fact, is limited at the state level. Another consideration was the sustainability of each program, and the likelihood that local RPE agencies would be able to continue these programs after initial funding. Finally, both the Adolescent and College/University workgroups considered word-of-mouth endorsements (or cautions) about certain programs that others in the state had tried to implement. Thus, some programs that initially seemed promising were eliminated based on these conversations about program appropriateness in North Carolina given available financial and human resources.

In addition, there were numerous conversations with the larger NCSVPT regarding the North Carolina specific barriers and facilitators that might impact the ability to accomplish many of the goals and outcomes in the Plan, both for the focus populations and at the prevention system level. A list of barriers and facilitators, developed by NCSVPT members, is included

with the logic model for each focus population and the prevention system. Barriers include circumstances that might present challenges, such as budgetary constraints or social misperceptions, whereas the facilitators that are listed are factors that can potentially help the NCSVPT accomplish the Plan. Facilitators, for example, include existing partnerships, increased willingness for collaboration and newly passed legislation.



### **GTO Step Five: Determining Local and State Capacity**

In order for the Plan to be realistic and achievable, the local and state capacity to implement the recommended programs and activities is critically important. Some of the capacity issues were stated above, e.g., limited capacity to adapt curricula used in other fields. In addition, limited staff at the state and local levels, limited public health knowledge in some local RPE programs, lack of understanding among the public about the extent of the problem of sexual violence, and limited financial resources will undoubtedly impact the implementation of the Plan. Training and technical assistance will help overcome some, but not all, of these obstacles.

Since the NC RPE program shifted towards primary prevention in 2006, all grantees have received training as well as individualized technical assistance on a number of important topics: introductions to the concepts of primary prevention, a public health approach, and the socio-ecological model; how to develop and maintain an effective community task force focused on prevention; conducting a community assets and needs assessment; and how to utilize community assessment data in program planning. Future grantees will receive similar training. All grantees receive technical assistance that is oriented to their individual program activities and needs. In addition, a toolkit has been developed that will provide resources and content information to support the various components of local efforts. Training and technical assistance for local grantees will continue throughout implementation of the population focused components of the state plan, and lessons learned from providing these activities will be incorporated into improvement of the program overall while continuing to increase local grantee capacity.

The prevention system capacity goals and outcomes are designed to address many of the limitations that were identified during the prevention system capacity assessment conducted in January 2008. Improved data collection systems, enhanced partnerships with current and

potential partners, leadership development, and continued advocacy through legislative initiatives will all lead to enhanced state and local capacity. The NCSVPT is building on a number of strengths when it comes to capacity: a group of dedicated people at the local and state levels; good partnerships with a number of local and state agencies and organizations; and significant gains in legislation that is supportive of sexual violence prevention. All of these will help build the capacity of key state and local stakeholders to implement the Plan.

### **GTO Step Six: The North Carolina Sexual Violence Prevention Plan**

The State Capacity Building Team relied heavily on input from the NCSVPT to develop the final plan, which includes logic models and detailed activity timelines. To develop the logic models, workgroup members spent time during a May 2009 NCSVPT meeting listing all the “inputs” (necessary resources) and activities that must be accomplished in order to achieve each stated outcome. The SCBT then used these lists of inputs and activities, in addition to the goals and outcomes that the groups had developed previously, to create logic models for each goal. The logic models reflect the resources and activities necessary to accomplish the outcomes and the more distal goals, and they present a visual picture of how the resources, activities, outputs, outcomes and goals all fit together. During the next NCSVPT meeting (July 2009) the larger group divided into population-based workgroups and the members of each workgroup reviewed, discussed and edited the logic models that apply to their group’s focus population. Later in the day, the larger group again divided into small groups to review and edit the Prevention System Capacity logic models. In addition to reviewing the logic models, each group also brainstormed lists of facilitators and barriers that can potentially impact the accomplishment of the outcomes and goals. The facilitators and barriers are listed in the box on the lower-right of each logic model.

At a later NCSVPT meeting (October 2009), members again broke into population-based workgroups. Each workgroup reviewed their detailed list of activities and assigned dates, or date ranges, to each activity. The SCBT then used these activity dates to create timelines for each of the population-based workgroups. The SCBT also assigned dates for the Prevention System Capacity workgroup and created a PSC timeline.

This process resulted in the logic models and timelines that are presented on the following pages. These include the Prevention System Capacity logic models and timeline, followed by the logic models and timeline for each of the three focus populations: 1) College and University Students, Administrators, Faculty and Staff; 2) Adolescents; and 3) People with Intellectual Disabilities and Their Support Providers. The North Carolina team did not create separate logic models or timelines for the “selected populations” that were identified: 1) adolescent males who have witnessed family violence; and 2) sexually aggressive males on college/university campuses. Rather, these populations are included within the goals, outcome statements, logic models and timelines for the larger focus populations. The goals and outcome statements that relate specifically to the two selected populations are:

#### **Adolescents**

**Goal 2:** Increase the number of state-level organizations whose programming includes sexual violence prevention content and/or strategies

**Outcome C:** By 2017, the North Carolina Sexual Violence Prevention Team will work with at least one state-level organization to increase opportunities for adolescent males who have witnessed family violence to be more connected to their communities, as evidenced by meeting agendas and notes, written procedures, and the number of state and local organizations that provide opportunities for these adolescents to increase their community connectedness.

#### **College and University Students, Administrators, Faculty and Staff**

**Goal 2:** Increase bystander intervention skills of college students, administrators, faculty, and staff who encounter sexually aggressive males.

**Outcome:** By December 2011, IVPB will increase the number of RPE grantees that implement bystander intervention programs reaching college and university students, administrators, faculty, and staff as evidenced by enacted contracts for at least two programs.

## **NC Sexual Violence Prevention Plan**

### **Prevention System Capacity**

### **Logic Models and Timeline**

## **NCSVPT: Prevention System Capacity**

### **Goal 1: Enhance the state level data collection system.**

#### **Outcomes:**

- A.** By December 2017, the Injury and Violence Prevention Branch will collaborate with 1-2 state level partners to convene a work group to determine data sources and select common variables with shared definitions, as evidenced by a work group report.
- B.** By December 2012, the Injury and Violence Prevention Branch will collaborate with 2-3 state level partners to collect and compile the magnitude of sexual violence data about specific populations—such as LGBTQQI, people with intellectual disabilities and their support providers, adolescents, and university and college students—as evidenced by data collection tools, surveillance systems and a data report.
- C.** By December 2012, the Injury and Violence Prevention Branch will collect primary data on the focus populations (i.e., college & university students/faculty/administrators/staff; people with intellectual disabilities and their support providers; adolescents) through a combination of the following: focus groups, surveys, key informant interviews, etc., as evidenced by a report detailing the summaries of the findings.
- D.** By December 2015, the Injury and Violence Prevention Branch will collaborate with 2-3 state level partners to collect and compile the magnitude of sexual violence data about specific populations—such as older adults, African Americans, Native Americans and First Nations people, and Latinas/os—as evidenced by data collection tools, surveillance systems and a data report.
- E.** By December 2017, the Injury and Violence Prevention Branch will collaborate with 2-3 state level partners to collect and compile the magnitude of sexual violence data about specific populations—such as the military, people experiencing homelessness, and people in prisons and correctional facilities—as evidenced by data collection tools, surveillance systems and a data report.

### **Goal 2: Increase sustainability of sexual violence prevention efforts**

#### **Outcomes:**

- A.** By April 2017, the Division of Public Health will collaborate with 1-2 other state level partners to diversify the funding base for sexual violence prevention by exploring additional funding opportunities, as evidenced by joint applications.
- B.** By December 2010, the Injury and Violence Prevention Branch will increase organizational ownership of sexual violence prevention by collaborating with 2-3 other Division of Public Health programs to ensure that sexual violence prevention is incorporated into their program priorities, as evidenced by one of the following: meeting agendas, presentations, strategic plans, RFAs, and/or grantee contracts.
- C.** By April 2011, the Injury and Violence Prevention Branch will increase community ownership of sexual violence prevention by reaching out to 2-3 other state level partners to ensure that sexual violence prevention is incorporated into their program priorities, as evidenced by two to three of the following: meeting agendas, presentations, strategic plans, RFAs, and/or grantee contracts.
- D.** By April 2012, the North Carolina Coalition Against Sexual Assault (NCCASA) will explore the feasibility of developing legislative priorities that reflect the state prevention plan goals, as evidenced by a report of the NCCASA Legislative Committee.

### **Goal 3: Strengthen local and state capacity**

#### **Outcomes:**

- A.** By December 2012, the Injury and Violence Prevention Branch will collaborate with 2-3 other state level partners to provide local and state level training and technical assistance related to sexual violence primary prevention, as evidenced by one of the following: joint training agendas, joint curricula, and/or joint site visits.

## **NCSVPT: Prevention System Capacity**

- B.** By December 2013, the North Carolina Sexual Violence Prevention Team will collaborate with NCCASA to promote and enhance leadership development and professional development opportunities for staff at agencies that work in the field of sexual violence. Progress toward meeting this outcome will be evidenced by work group meeting agendas and minutes and a plan to promote and enhance leadership and professional development at the state and local levels.

## Goal 1: Enhance the state level data collection system

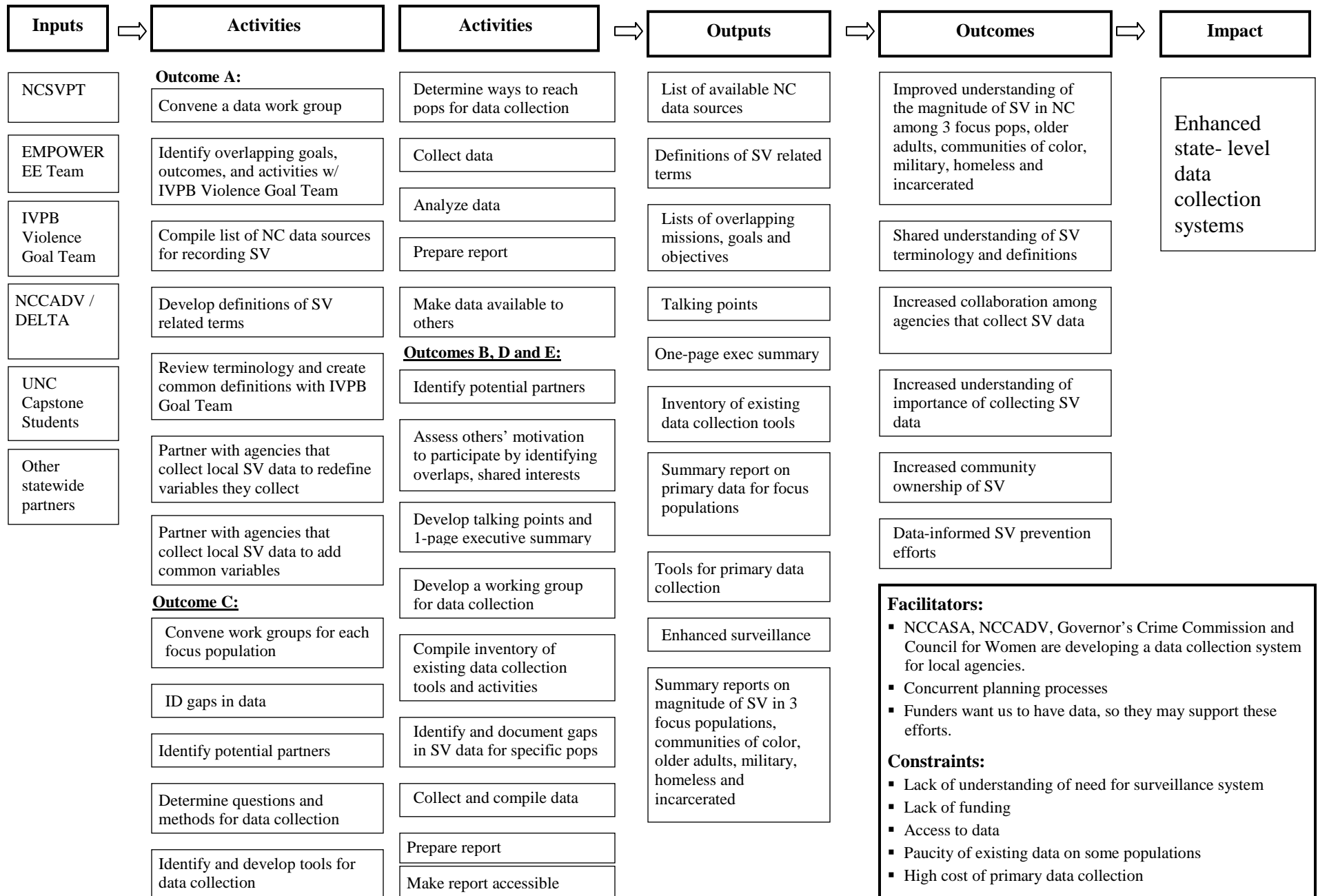
*If we invest these resources...*

*...we can accomplish these activities.*

*If we accomplish those activities, we will produce the following:*

*If we accomplish those activities and produce those outputs, we can expect these changes:*

*If we affect those changes, we can accomplish our long- term goal.*





## Goal 2: Increase sustainability of sexual prevention efforts

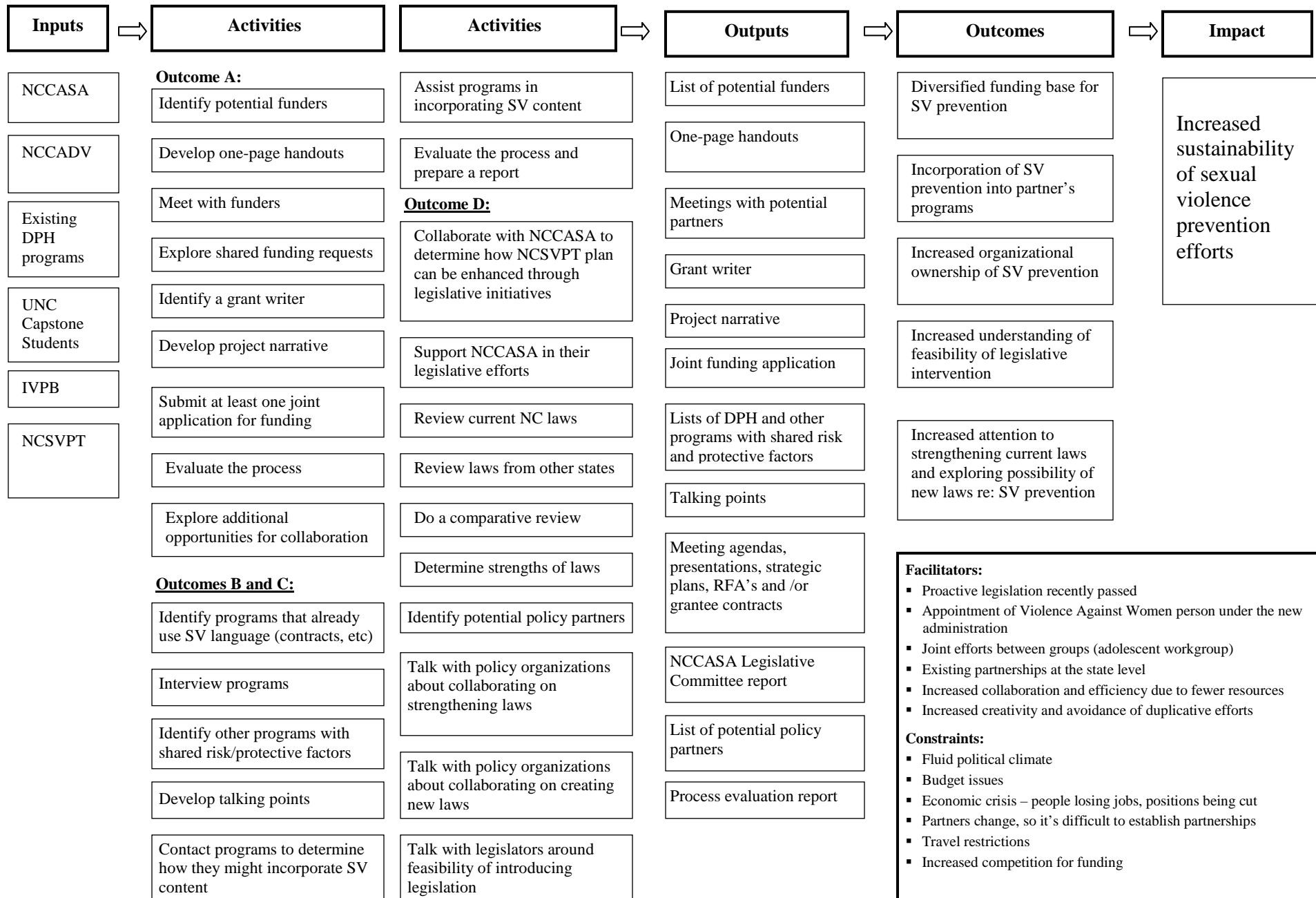
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### Goal 3: Strengthen local and state capacity

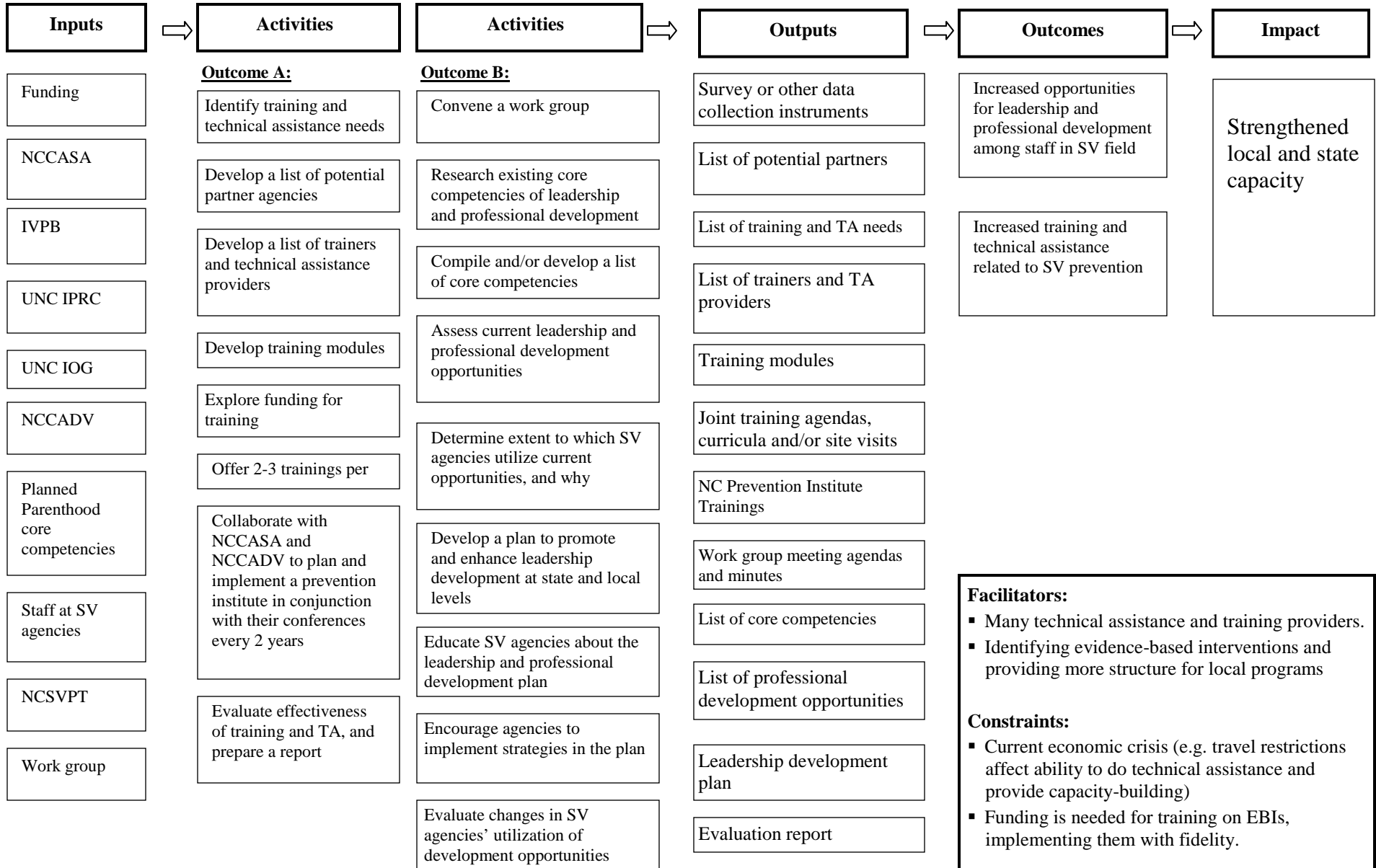
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## **NC Sexual Violence Prevention Plan**

**College & University  
Students, Administrators, Faculty and Staff**

**Logic Models and Timeline**

## **NCSVPT: College and University Students, Administrators, Faculty and Staff**

**Goal 1:** Increase the capacity of public and private colleges, universities, and community colleges to address sexual violence prevention in their settings

**Outcomes:**

- a. By December 2011, IVPB will provide funding opportunities for at least one college or university to address sexual violence either alone or in collaboration with their local RPE program as evidenced by an enacted contract with at least one college or university.
- b. By December 2013, IVPB will collaborate with NCCASA to increase the understanding of college and university administrators, faculty, staff, and students related to intersectionality and its influences on sexual violence as evidenced by a series of developed curricula, pre/post test results, organizational intersectionality assessment and data from a longitudinal follow up 3-6 months after the training.
- c. By December 2014, IVPB will collaborate with 2-4 LGBTQQI groups, initiatives or projects on college/university campuses and their sexual violence prevention staff (if present) to develop educational strategies to work with LGBTQQI on college and university campuses as evidenced by a list of strategies that are based on promising practices and meeting notes.
- d. By December 2013, IVPB will collaborate with at least one HBCU to build its capacity to address sexual violence prevention on its campus as evidenced by increased faculty and staff attention devoted to sexual violence prevention efforts as evidenced by a written plan and completed capacity assessment tools.
- e. By December 2013, NCCASA and the campus consortium will increase the number of campuses that have sexual violence prevention policies, procedures, and protocols that are based on best practices by 10% over baseline.
- f. By December 2014, IVPB will collaborate with NCCASA, NCCADV and other partners (to be identified) to develop a plan to build the capacity North Carolina's community colleges to address sexual violence prevention in their setting as evidenced by a written plan.

**Goal 2:** Increase bystander intervention skills of college students, administrators, faculty, and staff who encounter sexually aggressive males

**Outcome:**

By December 2011, IVPB will increase the number of RPE grantees that implement bystander intervention programs reaching college and university students, administrators, faculty, and staff as evidenced by enacted contracts for at least two programs.

**COLLEGE/UNIV Goal 1: Increase the capacity of public and private colleges, universities and community colleges to address sexual violence prevention in their settings.**

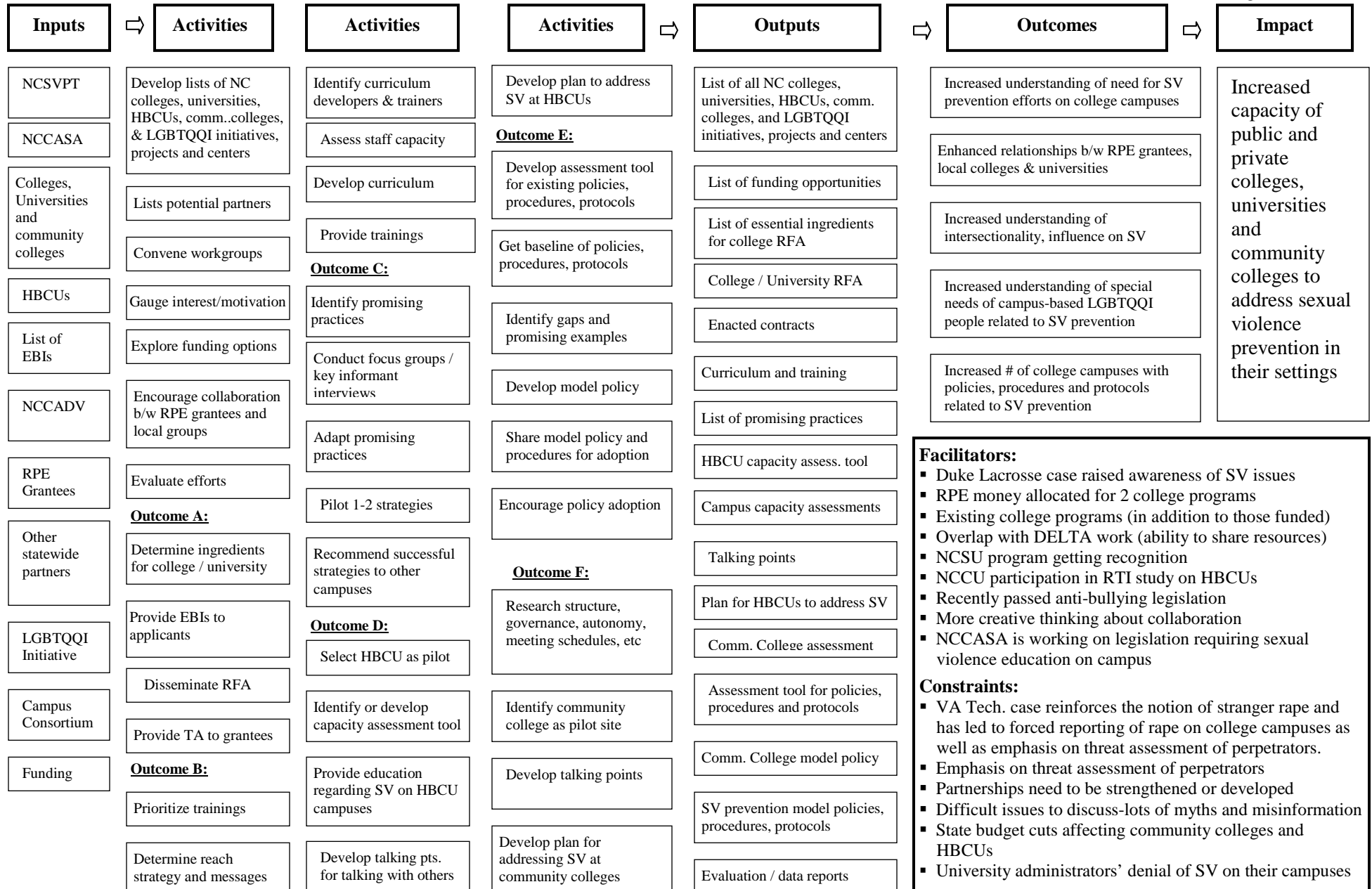
*If we invest these resources...*

*...we can accomplish these activities.*

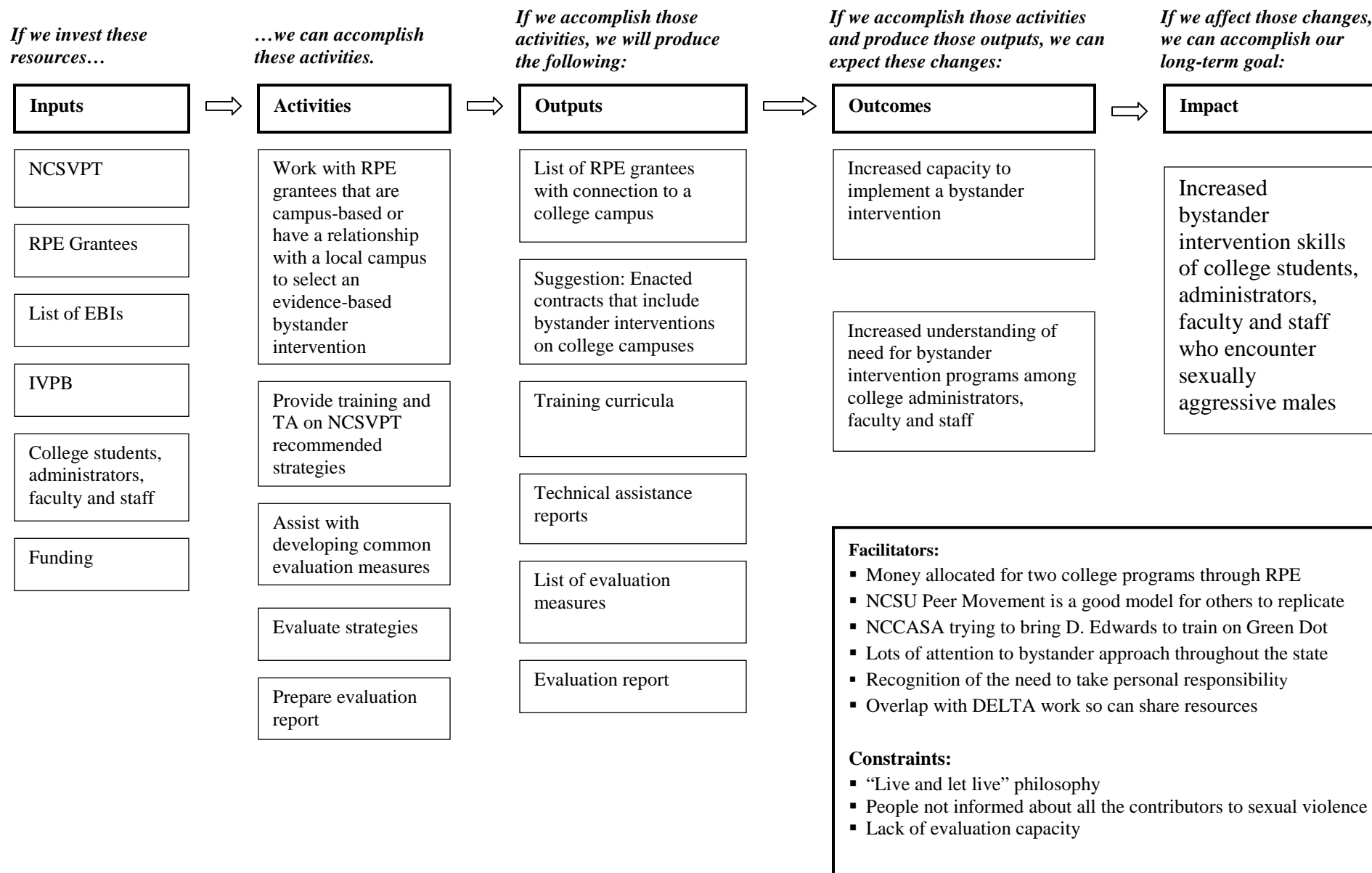
*If we accomplish those activities, we will produce the following:*

*If we accomplish those activities and produce those outputs, we can expect these changes:*

*If we affect those changes, we can accomplish our long-term goal.*



**COLLEGE/UNIV Goal 2: Increase bystander intervention skills of college students, administrators, faculty and staff who encounter sexually aggressive males**  
**Outcome:**





College / University Workgroup Timeline	2010				2011				2012				2013				2014			
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
<b>Goal 1, Outcome A (completed by December, 2011)</b>																				
Develop list of all colleges and universities in NC	■	■	■	■																
Develop list of potential partners	■																			
Gauge interest and motivation in participation		■	■	■	■	■	■	■												
Convene college/university SV prevention workgroup		■	■	■	■	■	■	■												
Explore potential funding opportunities		■	■	■	■	■	■	■												
Develop list of essential ingredients for RFA to share with IVPB								■												
Provide list of promising practices to applicants	■	■	■	■	■	■	■	■												
Help IVPB disseminate the RFA				■	■	■	■	■	■											
Offer to sit on review panel for the application review process							■	■	■	■	■	■	■	■	■	■	■	■	■	■
Collaborate with IVPB to provide training/TA to grantees							■	■	■	■	■	■	■	■	■	■	■	■	■	■
Assist with evaluation of the strategies implemented									■	■	■	■	■	■	■	■	■	■	■	■
Develop an evaluation report									■	■	■	■	■	■	■	■	■	■	■	■
<b>Goal 1, Outcome B (completed by December, 2013)</b>																				
Prioritize the order in which audiences will be trained				■																
Enhance relationships with colleges/universities		■	■	■	■	■	■	■												
Determine how best to reach each audience				■	■	■	■	■												
Determine which messages are most essential for audiences				■	■	■	■	■												
Assess capacity of current staff to conduct trainings																				
Identify other potential curriculum developers, trainers						■	■	■												
Develop written curriculum for each audience						■	■	■												
Provide 2-3 trainings per year							■	■	■	■	■	■	■	■	■	■	■	■	■	■
Conduct evaluations for trainings and write report							■	■	■	■	■	■	■	■	■	■	■	■	■	■
<b>Goal 1, Outcome C (completed by December, 2014)</b>																				
Develop list of campus based LGBTQQI initiatives, projects	■	■	■	■																
Convene working group to include at least one HBCU	■	■	■	■																
Identify funding opportunities						■	■	■	■	■	■	■								
Identify promising practices/EBIs recommended by NCSVPT							■	■	■	■	■	■								
Conduct focus groups/key informant interviews									■	■	■	■	■	■	■	■				
Adapt promising practices as needed													■	■	■	■				
Pilot/field test one or two strategies														■	■	■	■	■	■	■
Encourage RPE grantees to partner with pilot sites															■	■	■	■	■	■
Evaluate effectiveness of strategies that are implemented																				
Recommend successful strategies to other campuses																				BEYOND 2014
<b>Goal 1, Outcome D (completed by December, 2013)</b>																				
Develop list of HBCUs with contact names and numbers	■	■	■																	
Identify an existing or develop a new capacity assessment tool					■	■	■	■												
Select one HBCU as pilot site					■	■	■	■												
Develop list of potential partners					■	■	■	■												
Gauge interest and motivation in participation					■	■	■	■												
Provide education regarding the incidence of SV at HBCUs						■	■	■	■	■	■	■								
Develop talking points for talking with others about initiative						■	■	■	■	■	■	■								
Develop plan to address the need for greater attention to issue						■	■	■	■	■	■	■								
Identify funding opportunities									■	■	■	■								
Encourage collaboration with RPE grantees if appropriate									■	■	■	■								
Conduct process evaluation and develop a report									■	■	■	■	■	■	■	■				

College / University Workgroup Timeline	2010				2011				2012				2013				2014			
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
<b>Goal 1, Outcome E (completed by December, 2013)</b>																				
Convene a work group																				
Develop an assessment tool to review policies, procedures																				
Determine baseline of policies on college/univ campuses																				
Identify gaps and promising examples																				
Identify partners and opportunities to share results of research																				
Develop a model policy in collaboration with partners																				
Share model policy and model procedures for adoption																				
Encourage adoption																				
Evaluate adoption of model policies and write report																				
<b>Goal 1, Outcome F (completed by December, 2014)</b>																				
Develop list of all community colleges in NC with contacts																				
Conduct research to determine structure, governance, etc																				
Identify one community college as a pilot site																				
Identify partners within the community college system																				
Develop talking points highlighting need for SV prevention																				
Develop plan to address the need for greater attention to issue																				
Identify funding opportunities																				
Encourage collaboration with RPE grantees if appropriate																				
<b>Goal 2 Outcome (completed by December, 2011)</b>																				
Work with campus-based RPE grantees to identify intervention																				
Provide training/TA on NCSVPT recommended interventions																				
Work with programs to develop common evaluation measures																				
Evaluate the programs																				
Prepare a report describing the intervention and results																				

# **NC Sexual Violence Prevention Plan**

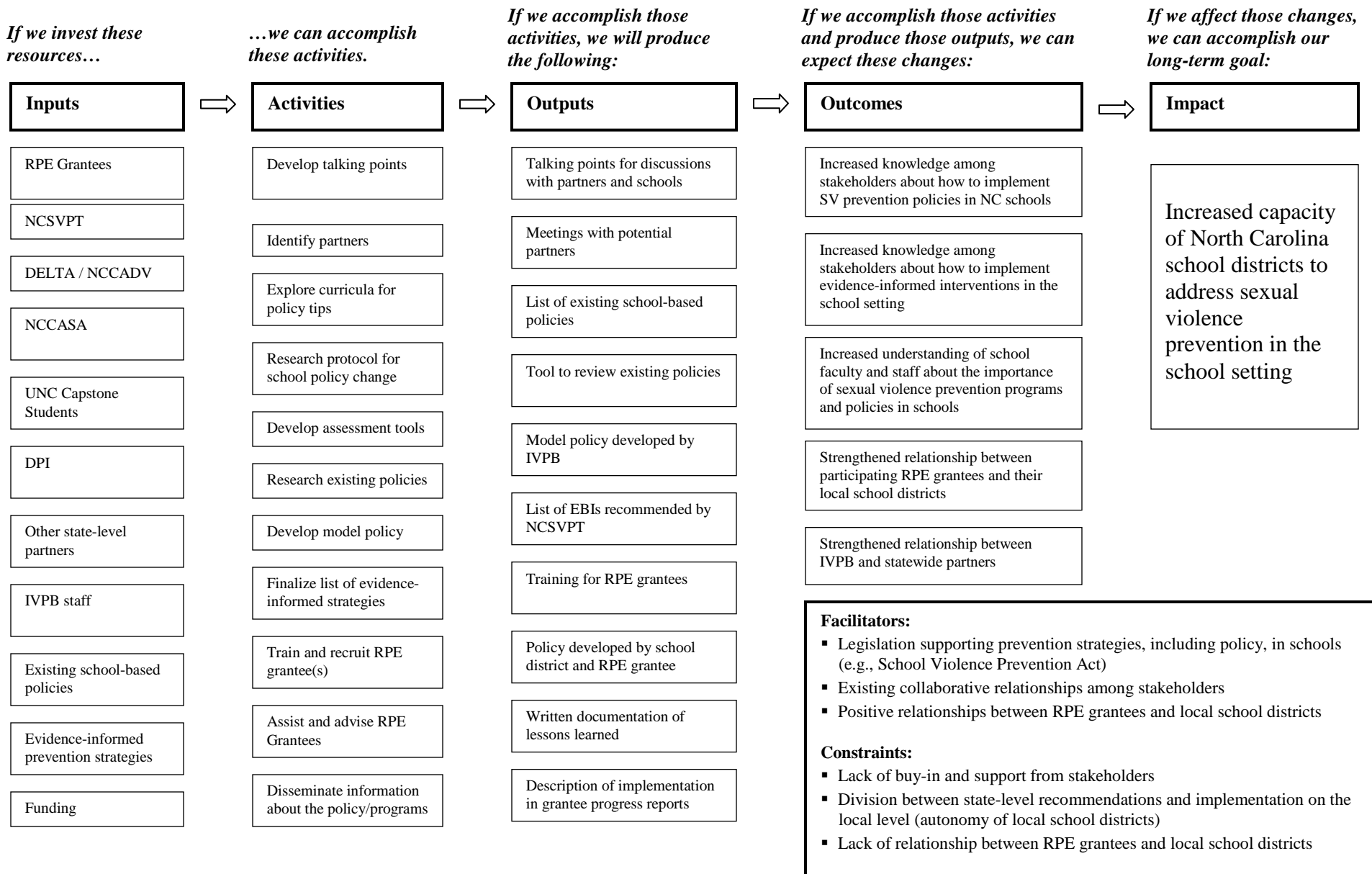
## **Adolescents**

### **Logic Models and Timeline**

**ADOLESCENT GOAL 1:** Increase the capacity of North Carolina school districts to address sexual violence prevention in the school setting

**Outcome A:** By 2013, the IVPB will work with at least one Rape Prevention and Education (RPE) grantee to implement a sexual violence prevention policy in the grantee's local school-district, as evidenced by a written policy and training agenda for the school's faculty/staff.

**Outcome B:** By 2013, the IVPB will increase the number of RPE grantees that implement evidence-informed SV primary prevention strategies in the school setting, as evidenced by grantee progress reports that document the interventions.

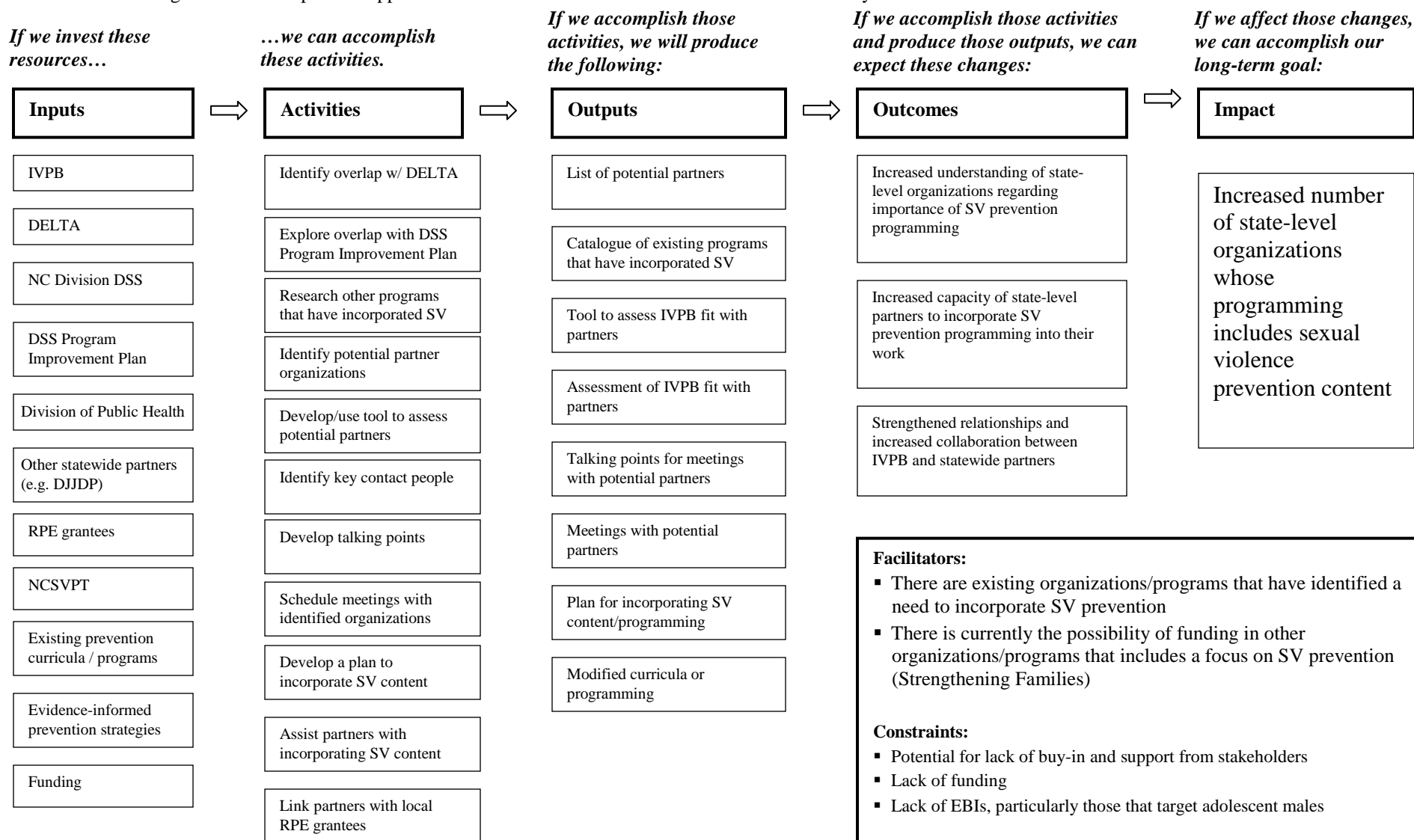


**ADOLESCENT GOAL 2:** Increase the number of state-level organizations whose programming includes sexual violence prevention content and/or strategies

**Outcome A:** By 2014, the NC Sexual Violence Prevention Team will identify and collaborate with at least one adolescent-serving state-level organization to incorporate sexual violence prevention components into their programming, as evidenced by meeting notes, training agenda and a modified curricula or program plan.

**Outcome B:** By 2016, the IVPB will identify and collaborate with at least one state-level organization that works with parents of adolescents to incorporate sexual violence prevention components into their programming, as evidenced by meeting notes, training agenda and a modified curricula or program plan.

**Outcome C:** By 2014, the North Carolina Sexual Violence Prevention Team will work with at least one state-level organization to increase opportunities for adolescent males who have witnessed family violence to be more connected to their communities, as evidenced by meeting agendas and notes, written procedures, and the number of state and local organizations that provide opportunities for these adolescents to increase their community connectedness.



	2010				2011				2012				2013				2014				2015				2016			
Adolescent Workgroup	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
<b>Goal 1, Outcome A 9 (completed by December 2013)</b>																												
Develop talking points-SV prevention policies in schools																												
Identify potential statewide partners																												
Explore existing SV prevention curricula for policy suggestions																												
Explore protocol for policy change in schools																												
Collect info about current SV policies																												
Develop assessment tool for assessing current policies																												
Assess current policies using assessment tool																												
Develop model policy																												
Provide policy training for RPE grantees																												
Identify grantees to pilot policy development/implementation																												
Provide TA to grantees re: policy development																												
Provide TA to grantees re: policy implementation																												
Assist grantee with evaluation and sharing lessons learned																												
Collaborate with DPI re: dissemination (ongoing)																												
<b>Goal 1, Outcome B (completed by December, 2013)</b>																												
Develop talking points-SV prevention programs in schools																												
Identify contact person at DPI and schedule meetings																												
Provide RPE grantees with info about EBIs																												
Identify RPE grantees working with school districts																												
Provide training and TA for RPE grantees on EBIs																												
Assist RPE grantees with evaluation and lessons learned																												
Repeat previous 4 activities with next round of RPE grantees																												
Share results with DPI and encourage dissemination																												
<b>Goal 2, Outcome A (completed by December, 2014)</b>																												
Identify overlap with DELTA's subcommittee																												
Identify programs that have incorporated SV into programming																												
Identify organizations with similar risk/protective factors																												
Explore identified org's structure, influence, capacity																												
Develop tool to assess likelihood of successful partnership																												
Develop talking points highlighting mutual benefits																												
Identify key personnel in organization and schedule meetings																												
Work with organization to develop plan for incorporating SV																												
Provide support for organization to incorporate SV																												
Evaluate extent to which organization incorporates SV																												
Increase collaboration b/w organizations and RPE grantees																												

	2010				2011				2012				2013				2014				2015				2016			
Adolescent Workgroup	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Goal 2, Outcome B (completed by December, 2016)																												
Identify overlap with DELTA's subcommittee																												
Identify programs that have incorporated SV into programming																												
Identify state orgs that work with parents of adolescents																												
Explore the organizations' structure, influence and capacity																												
Develop a tool to assess likelihood of successful partnership																												
Develop talking points highlighting mutual benefits																												
Identify key personnel in organization and schedule meetings																												
Work with organization to develop plan for incorporating SV																												
Provide support for organization to incorporate SV																												
Evaluate extent to which organization incorporates SV																												
Increase collaboration b/w organizations and RPE grantees																												
Assist RPE grantees in their efforts to connect w/ organization																												
Goal 2, Outcome C (completed by December, 2014)																												
Research NCDSS program Improvement Plan for overlap																												
Identify potential statewide partners																												
Develop talking points re: adolescent males and benefits																												
Identify programs that have connected adolescent males																												
Identify contact person at DSS and schedule a meeting																												
Identify contact persons at other orgs and schedule mtgs																												
Work w/ partners to develop plan for connecting adoles.males																												
Provide support to partnering organizations																												
Evaluate extent to which programs connect these males																												

## **NC Sexual Violence Prevention Plan**

### **People with Intellectual Disabilities and Their Support Providers**

#### **Logic Models and Timeline**

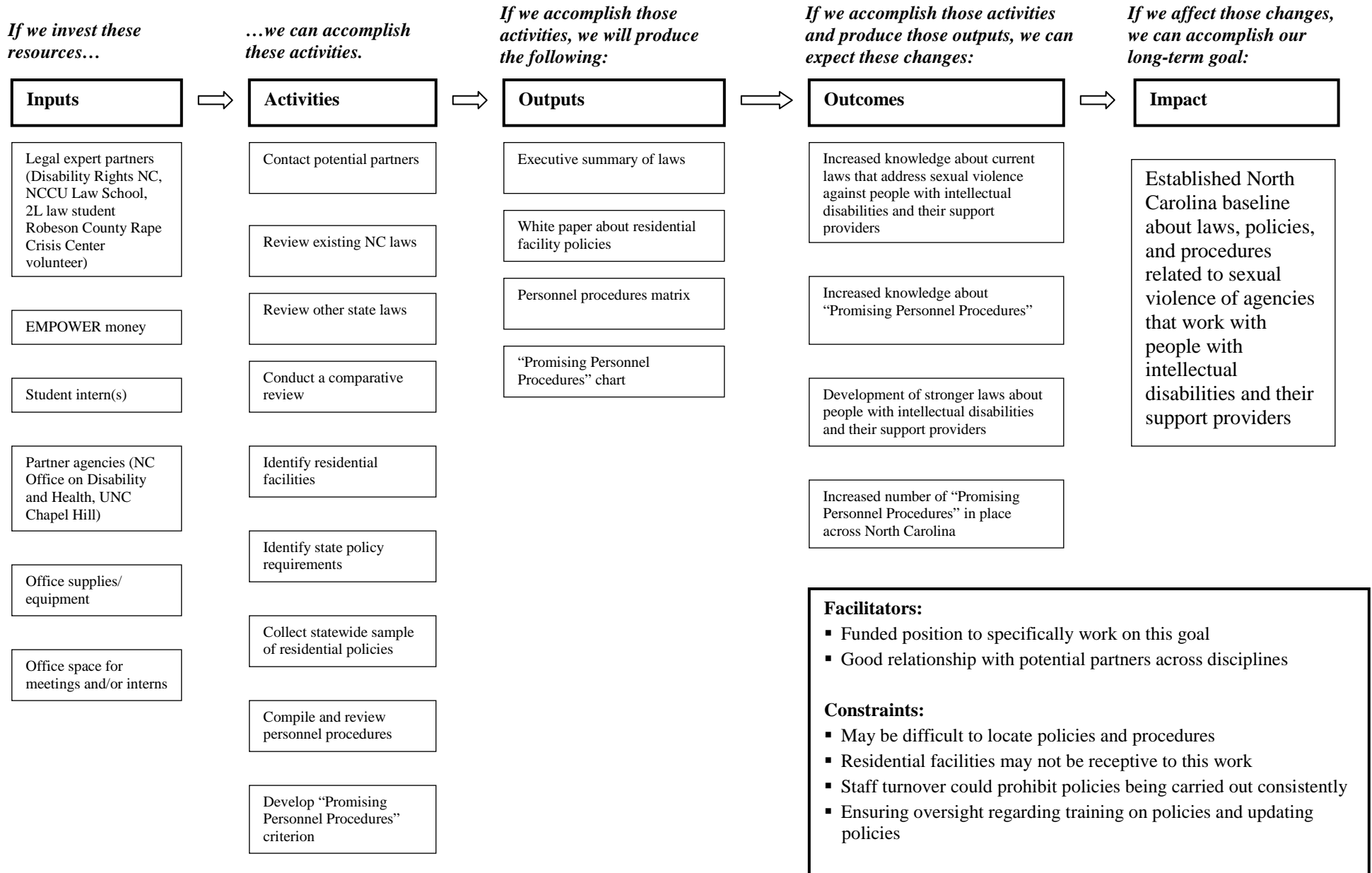


**PWID Goal 1:** Increase understanding of strengths and gaps of current North Carolina laws, policies, and procedures related to sexual violence within organizations and agencies working with people with intellectual disabilities through establishing baseline information

**Outcome A:** By 03/2010, the NCSVPT, partnering with 2 legal experts, will identify laws regarding sexual violence against people with intellectual disabilities, as evidenced by an executive summary.

**Outcome B:** By 05/2010, a UNC student intern will identify residential facility policies about responding to and preventing SV against people with intellectual disabilities, as evidenced by a white paper.

**Outcome C:** By 12/2010, workgroup members will review personnel procedures for residential facilities that could impact sexual violence prevention, as evidenced by a “promising personnel procedures” matrix.

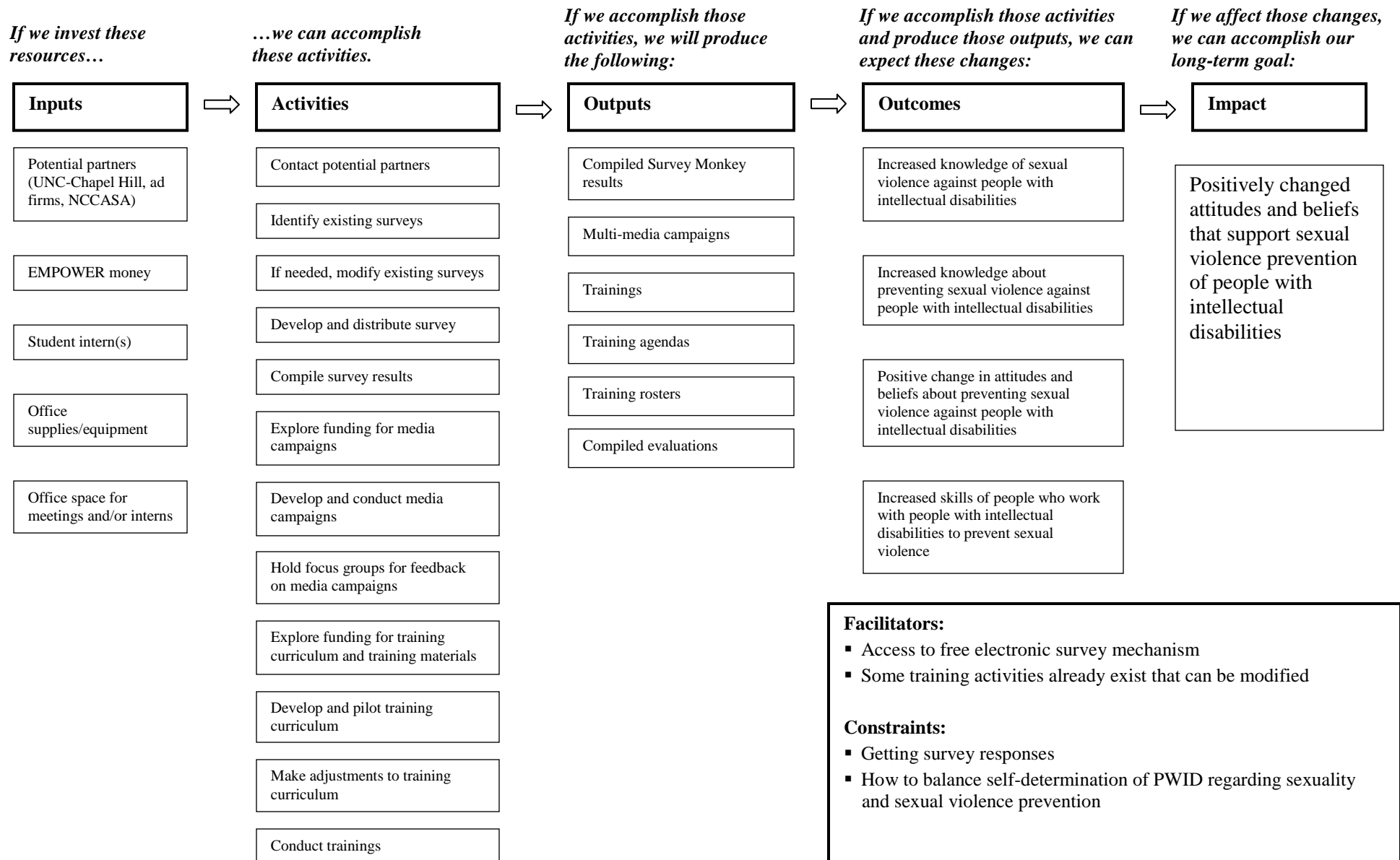


**PWID Goal 2:** Change attitudes and beliefs that support prevention of sexual violence against people with intellectual disabilities.

**Outcome A:** By 8/2010, the NCSVPT PWID workgroup, with assistance from students, other staff, and partners, will establish baseline data regarding providers' attitudes and beliefs about preventing sexual violence against people with intellectual disabilities, as evidenced by compiled Qualtrics results.

**Outcome B:** By 12/2014, NCSVPT will carry out at least 5 awareness-raising activities related to prevention of sexual violence against people with intellectual disabilities, as evidenced by multi-media campaigns.

**Outcome C:** By 12/2015, NCCASA and a disability services agency will conduct at least 6 "train-the-trainer" trainings about preventing sexual violence with organizations that serve people with intellectual disabilities, as evidenced by training agendas, rosters, and completed evaluations.



**PWID Goal 3:** Strengthen laws and policies in order to increase societal and systemic safeguards to reduce rates of sexual violence perpetrated against people with intellectual disabilities.

**Outcome A:** By 12/2015, a workgroup of the NCSVPT will collaborate with residential services licensing organizations to require that group homes develop written policies requiring national background checks (e.g., if person is an offender, this is grounds for termination), as evidenced by updated policy manuals.

**Outcome B:** By 12/2015, 5-10% of residential facilities will incorporate written zero tolerance policies into their organizational governing principles, as evidenced by updated organizational handbooks.

**Outcome C:** By 12/2015, a coalition of organizations will explore the feasibility of introducing legislation detailing that support providers cannot have relations with residents (patterned after school personnel law in that the presence or not of consent is irrelevant), as evidenced by the convening of a study group/task force.

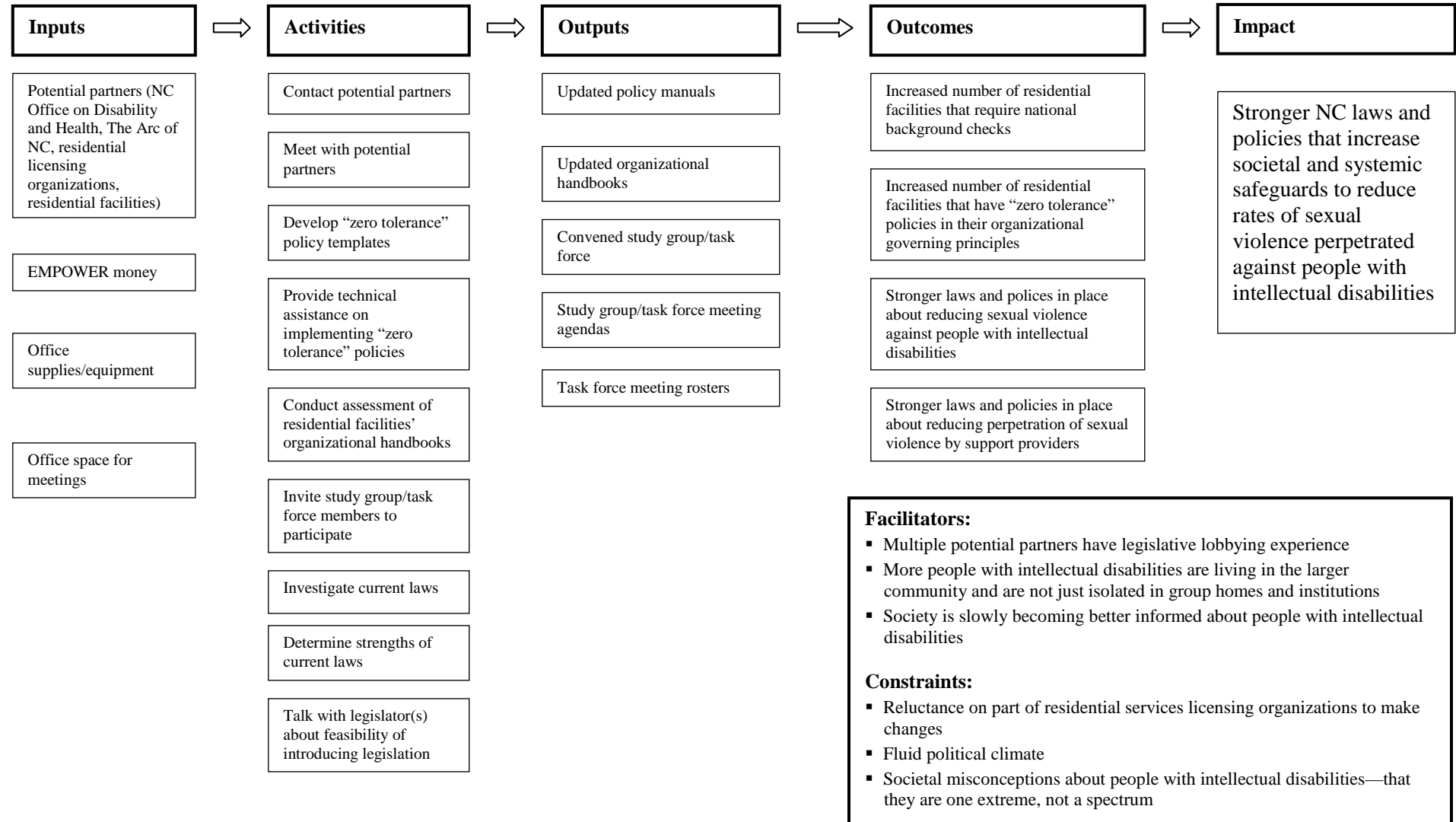
*If we invest these resources...*

*...we can accomplish these activities.*

*If we accomplish those activities, we will produce the following:*

*If we accomplish those activities and produce those outputs, we can expect these changes:*

*If we affect those changes, we can accomplish our long-term goal:*



People w/ Intellectual Disabilities & Support Providers	2010				2011				2012				2013				2014				2015			
Timeline	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
<b>Goal 1, Outcome A (completed by March 2010)</b>																								
Contact legal partners	■	■																						
Review NC laws	■	■																						
Review laws from other states	■	■																						
Do a comparative review	■	■																						
Write executive summary		■	■																					
<b>Goal 1, Outcome B (completed by May 2010)</b>																								
Meet with NCODH for info on residential facilities/contacts	COMPLETE																							
Identify state requirements re: SV response, prevention		■	■	■																				
Collect sample of residential policies from NC		■	■	■																				
Write white paper		■	■	■																				
<b>Goal 1, Outcome C (completed by December, 2010)</b>																								
Meet with NCODH for info on residential facilities/contacts	COMPLETE																							
Contact residential facilities		■	■	■																				
Compile procedures		■	■	■																				
Review personnel procedures			■	■																				
Compile procedure matrix			■	■																				
Come up with "promising personnel procedures" criteria			■	■	■	■	■	■																
Create "promising personnel procedures" chart			■	■	■	■	■	■																
Transfer personnel procedures that fit criterion to chart			■	■	■	■	■	■																
<b>Goal 2, Outcome A (completed by August 2010)</b>																								
Contact UNC-CH for existing data, surveys	COMPLETE																							
Identify existing surveys	COMPLETE																							
Modify existing surveys to meet needs of workgroup	COMPLETE																							
Contact UNC-CH about helping to develop survey	COMPLETE																							
Develop survey	■	■	■																					
Send survey to NCCASA membership		■	■	■																				
Send survey to disability service providers		■	■	■																				
Have people complete survey at meetings, trainings, etc.		■	■	■																				
Analyze results of survey and compile report			■	■																				
<b>Goal 2, Outcome B (completed by December, 2014)</b>																								
Identify potential partners for media campaign					■	■	■	■	■	■	■	■	■	■	■	■								
Explore potential funding for media campaign					■	■	■	■	■	■	■	■	■	■	■	■								
Develop multi-media campaign									■	■	■	■	■	■	■	■								
Develop television ads									■	■	■	■	■	■	■	■								
Develop radio ads									■	■	■	■	■	■	■	■								
Develop print ads									■	■	■	■	■	■	■	■								
Develop Internet campaign, including researching podcasts									■	■	■	■	■	■	■	■								
Develop billboards									■	■	■	■	■	■	■	■								
Hold focus group to get feedback on media campaign													■	■	■	■	■	■	■	■	■	■	■	■
Incorporate feedback and conduct media campaign																	■	■	■	■	■	■	■	■

People w/ Intellectual Disabilities & Support Providers	2010				2011				2012				2013				2014				2015			
Timeline	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
<b>Goal 2, Outcome C (completed by December 2015)</b>																								
Identify partners to help develop training curriculum	■	■	■	■	■	■	■	■																
Develop training curriculum					■	■	■	■	■	■	■	■												
Explore funding for trainings and training materials					■	■	■	■	■	■	■	■												
Identify pilot sites for curriculum					■	■	■	■	■	■	■	■												
Pilot "train-the-trainer" curriculum									■	■	■	■	■	■	■	■								
Make adjustments to curriculum									■	■	■	■	■	■	■	■								
Conduct trainings													■	■	■	■	■	■	■	■	■	■	■	■
<b>Goal 3, Outcome A (completed by December, 2015)</b>																								
Meet with NCODH about names of residential licensing orgs	COMPLETE																							
Set up meeting w/residential licensing organizations									■	■	■	■	■	■	■	■								
Determine next steps to ensure national background checks													■	■	■	■	■	■	■	■	■	■	■	■
<b>Goal 3, Outcome B (completed by December, 2015)</b>																								
Conduct baseline assessment of organizational handbooks					■	■	■	■	■	■	■	■												
Define "zero tolerance" policies									■	■	■	■	■	■	■	■								
Develop "zero tolerance" templates									■	■	■	■	■	■	■	■								
Meet with residential facilities to get input on templates									■	■	■	■	■	■	■	■								
Provide TA on implementing "zero tolerance" policies													■	■	■	■	■	■	■	■	■	■	■	■
<b>Goal 3, Outcome C (completed by December, 2015)</b>																								
Investigate current laws	■	■																						
Determine strength of current laws	■	■																						
Determine study group / task force members			■	■	■																			
Invite study group / task force members to participate				■	■	■	■																	
Contact Arc of NC about introducing legislation									■	■	■	■	■	■	■	■								
Talk with legislators re: feasibility of introducing legislation													■	■	■									
Compile meeting notes and agendas			■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

## **Conclusion**

This is the first comprehensive state plan developed for the prevention of sexual violence in North Carolina. The North Carolina EMPOWER project brought together a talented and diverse group of stakeholders who collaboratively engaged in the GTO process to develop a state plan that shifts prevention efforts toward strategies that are focused on primary prevention and supported by evidence. With this shift in emphasis, the North Carolina Sexual Violence Prevention Team hopes that real and lasting changes occur in knowledge, attitudes, beliefs, behaviors and skills, leading to healthy and respectful interactions among all individuals and communities and particularly among our focus populations. In addition, the strategies to enhance and strengthen North Carolina's prevention system capacity will lead to long-term changes that can support sexual violence prevention in our communities and the state as a whole.

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