



**Pennsylvania Statewide Strategic Plan
Sexual Violence Prevention and Education**

PLAN
For
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Prepared for: The Centers for Disease Control and Prevention

**Prepared by: The Pennsylvania Department of Health, the Pennsylvania Coalition
Against Rape and the Sexual Violence Primary Prevention Planning Committee**

**Sexual Violence Primary Prevention
Statewide Strategic Plan
PENNSYLVANIA**

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Background

The DOH, in collaboration with the Pennsylvania Coalition Against Rape (PCAR), has been charged with developing a statewide plan for the primary prevention of sexual violence per the DOH grant from the CDC. To ensure that the plan is comprehensive and inclusive, the SVPPC was formed and was tasked with creating the Plan. The members of the SVPPC were chosen based on the Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement CE07-701. This guidance provides information on both required planning committee members, i.e. the DOH and the State Sexual Assault Coalition, along with recommended planning committee members, such as universities and colleges and organizations serving marginalized communities.

The SVPPC's membership consists of a variety of disciplines in order to provide a broad perspective for planning purposes. A complete list of SVPPC members is provided as Attachment A.

Introduction

The SVPPC began meeting in January 2008. Below is a summary of topics and issues discussed at that initial meeting. A listing of committee members is provided in Attachment A.

The following categories of prevention from CDC were reviewed and suggested to be used as the group moved forward to ensure consistency and eliminate confusion. Primary prevention principles were also provided.

- **Primary Prevention:** Approaches that take place *before* sexual violence has occurred to prevent initial perpetration or victimization.
- **Secondary Prevention:** Immediate responses *after* sexual violence has occurred to deal with the short-term consequences of violence.
- **Tertiary Prevention:** Long-term responses *after* sexual violence has occurred to deal with the lasting consequences of violence and sex offender treatment interventions.

Primary Prevention Principles Include:

- Preventing first-time perpetration and victimization,
- Reducing risk factors while enhancing protective factors associated with sexual violence perpetration and victimization,
- Using evidence when planning prevention programs,
- Incorporating behavior and social change theories into prevention programs, and
- Evaluating prevention efforts and using the results to improve future program plans.

After the SVPPC reviewed the components of primary prevention, the committee members discussed how the SVPPC would go about the planning and decision-making

process. It was agreed upon by all of those in attendance that all planning would be decided by majority vote.

Sexual Violence Definition

Sexual Violence - a non-consensual, uninformed or unwanted behavioral or physical act of a sexual nature that violates trust or exploits an imbalance of power or control.

The SVPPC definition of sexual violence arose from a group discussion which took place at the April 10, 2008, committee meeting. Committee members in attendance contributed their individual thoughts and ideas in regard to defining sexual violence. In addition, the SVPPC also took into account the CDC definition of sexual violence, specifically referring to the consent issue. The CDC's overall definition of sexual violence is as follows: "Nonconsensual completed or attempted contact between the penis and vulva or the penis and anus involving penetration, however slight; nonconsensual contact between the mouth and the penis, vulva, or anus; nonconsensual penetration of the anal or genital opening 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 nonconsensual non-contact acts of a sexual nature 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." (Basile & Saltzman, 2002).

The SVPPC stressed the importance of acknowledging the following terms in trying to define sexual violence. The committee established these terms in addition to the CDC definition of sexual violence.

Words and Phrases to Include

- Unwanted
- Harmful
- Power & control
- Continuum of behaviors
- Unknowing/unaware
- Assault
- Abuse
- Any act that's sexual in nature
- Taboo/don't talk about
- List of all actions, e.g. consent
- Violation of trust

Vision Statement for the Effort:

A society that strives to prevent all forms of sexual violence for all individuals.

Mission Statement for the Group

To create a primary prevention plan which leads efforts to end sexual violence for all individuals.

State Profile

Demographic, Economic and Social Profile

(Source: 2000 U.S. Census unless otherwise indicated)

Pennsylvania is 170 miles north to south and 283 east to west, making it a total of 46,055 square miles. It is the 33rd largest state in the United States and is composed of 67 counties. The 10 most populated cities in Pennsylvania are:

1. [Philadelphia](#) (1,449,634)
2. [Pittsburgh](#) (312,819)
3. [Allentown](#) (108,603)
4. [Erie](#) (103,717)
5. [Reading](#) (81,207)
6. [Bethlehem](#) (72,531)
7. [Scranton](#) (72,485)
8. [Lancaster](#) (55,381)
9. [Altoona](#) (49,523)
10. [Harrisburg](#) (47,196)

Pennsylvania's total population is 12,281,054. Attachment B provides a detailed breakdown of population according to sex, age, race, relationship, household type, income and poverty level status, to name a few.

Prevention Funding Assessment

A requirement of the needs and resources assessment is assessing the availability of primary prevention funding in Pennsylvania.

In Pennsylvania, Rape Prevention and Education (RPE) funds are awarded through the CDC Cooperative Agreement to the DOH, who then awards these funds to PCAR. PCAR administers the funds to its 51 subcontracted rape crisis centers, using a formula-based award. Each of the 51 rape crisis centers receives a portion of RPE funds, which are to be utilized for primary prevention programming in the rape crisis center's service area. The rape crisis centers report back to PCAR and DOH on their individual primary prevention activities in order to account for how RPE funds are spent. Reporting results are compiled for the CDC's annual report and interim progress report.

The SVPPC conducted an assessment of Pennsylvania's individual and community resources and assets and current prevention programming and capacity. The results of this assessment provide a description of present influential circumstances in Pennsylvania and their effect on local prevention programming capacity, as well as on management and leadership support to implement primary prevention strategies and programs.

The SVPPC determined that in Pennsylvania, the two most current influential circumstances affecting primary prevention programming are limited opportunities in terms of federal funding, along with funding reductions at the state level for a variety of programs. Aside from RPE funding, the SVPPC was not able to locate any other federal funding opportunities for sexual violence primary prevention programming.

The leadership in Pennsylvania both at the governmental level and the private sector appear to be open and willing to increase primary prevention programming capacity in Pennsylvania. The

current economic situation, both in Pennsylvania and nationally, presents a significant barrier to that occurring in the immediate future.

The SVPPC was able to reach certain conclusions based on the results of the primary prevention programming survey. Although there are many gaps in funding of primary prevention programming, there are funding opportunities that exist in Pennsylvania that many of the committee members were not previously aware of, i.e., foundation funding, rotary clubs, community partnerships, to name a few. A goal of the SVPPC may be to target existing funding sources that historically fund non-prevention related activities to fund primary prevention programs related to sexual violence. Nonetheless, there remain many gaps in both programming and funding in Pennsylvania for sexual violence prevention and education. Funding gaps will be targeted in the goals and strategies of this strategic plan.

Evaluation Capacity Assessment

The capacity of local communities to engage in primary prevention programming depends on certain factors. Funding is an issue for everyone. An additional issue to consider is a community's readiness to engage in the primary prevention of sexual violence. PCAR has begun assessing this factor by asking each of its rape crisis centers to complete a community readiness scale. The results gathered from this assessment indicate that most communities feel comfortable with their current capacity to engage in primary prevention.

Unfortunately, the needs and resources assessment results indicate this is an overestimation of local capacity by the majority of respondents.

Local prevention capacity in Pennsylvania is best defined in the programming conducted by the 51 rape crisis centers across the state. DOH and PCAR are able to measure the primary prevention work the centers are conducting, given that they receive RPE funds. The SVPPC gathered very basic information on additional primary prevention programming opportunities. Some of these include: 1) University and college administrators considering the expansion of primary prevention education courses as electives; and 2) the Pennsylvania Department of Education considering the development a "social and emotional resiliency" curriculum in grades K through 12. This curriculum would teach social skills in terms of positive peer, parental and authority figure relations, while emotional resilience training would focus on each student's ability to adapt to stressful situations or crises. This curriculum would be employed at all public schools in Pennsylvania.

Primary prevention activities among organizations who do not receive RPE funding are not as easily measured in Pennsylvania. In order to gather data on this topic, the SVPPC developed and conducted a primary prevention programming survey (Attachment C). The SVPPC utilized the online tool Survey Monkey to distribute and collect the survey results. There were a total of 260 surveys sent out across the commonwealth. The SVPPC developed a list of organizations who would receive the survey. Some organizations receiving the survey include: domestic violence agencies, agencies serving victims of other violent crimes, public health, law enforcement, probation and parole, public education, faith-based, community colleges, four-year colleges, area agency on aging and mental health agencies, to name a few.

Of the 260 surveys sent, the SVPPC received 199 responses for a response rate of 77 percent. Of those who responded, 18 indicated that primary prevention was the main service or activity their organization provided. The Executive Committee of the SVPPC made follow-up phone calls with those organizations who indicated they were providing primary prevention programming. A list of questions based on the CDC definition of primary prevention was developed by the Executive Committee and asked of these organizations to assess if primary prevention was part of their programming. Of the 18 organizations contacted, there were four who used, at the very least, components of primary prevention programming in their activities. We were hard-pressed to find any organization whose primary prevention programming met the standards established by the CDC definition.

Using these assessment results as guide, the SVPPC was able to reach some general conclusions. First, there are a limited number of organizations across the commonwealth who understand the CDC definition of sexual violence primary prevention. The second conclusion is that there is a lack of true primary prevention programming in Pennsylvania. However, this was only one survey which provided a limited amount of data. Large data gaps remain with respect to primary prevention activities and programming that do not receive RPE funding.

Surveillance Assessment

DOH was able to submit questions related to sexual violence and intimate partner violence for the Behavioral Risk Factor Surveillance Survey (BRFSS) conducted in 2008. The results of these survey questions were compiled into a preliminary report, which the SVPPC chose to add in this plan as Attachment F. This report is the only source of data the SVPPC was able to secure in completing this portion of the draft plan.

As the BRFSS Sexual Violence Data article states, it is important to note the limitations of this data, in addition to the results. It is difficult to accurately measure intimate partner and sexual violence related issues, particularly considering that a number of issues could be influencing how survey respondents answer the questions.

Despite the limitations of the BRFSS survey data, it still served as an important component in guiding the SVPPC towards the goals, strategies and action steps stated in the final portion of the plan.

Magnitude and Prevalence of Sexual Assault Nationally

Both national and state level sexual assault statistics can be difficult to interpret. This difficulty is shown in differences with reporting numbers for what appear to be the same crime. A specific example of this difference is the disparity between the 2006 FBI Uniform Crime Report (UCR) which states there were 92,455 reported rapes and sexual assaults in 2006, whereas the U.S. Department of Justice's National Crime Victims Survey found there were 272,350 reported rapes of people over age 12 in 2006. The difference in these numbers is that UCR does not include child sexual abuse as reported rapes.

Similarly, the National Probability of arrest and clearance statistics provided in this report would benefit from clarification.

- Crime clock calculations for 2006 indicate there is one forcible rape every 5.7 minutes in the United States.
- The 2006 FBI Uniform Crime Report stated there were 92,455 reported rapes and sexual assaults in 2006. It is important to note the UCR does not calculate child sexual abuse when classified as child abuse. *Sexual victimization of a child is classified as child abuse if the offender is the parent, paramour of a parent, a person responsible for the welfare of the child, or a person residing in the same home as the victim.*
- The below statistics are from *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics* published in 2000 by the *National Center for Juvenile Justice*.
 - Based on National Incident-Based Reporting System data, crimes against juvenile victims are the large majority (67 percent) of sexual assaults handled by law enforcement agencies.

Age and Gender Related Statistics:

- According to law enforcement statistics, 96 percent of perpetrators are male.
- Female perpetrators, though rare, were most commonly associated in assaults against victims under age six.
- In victims under six, 12 percent of perpetrators were female, while 88 percent were male.
- In victims between the ages of six and 12, six percent of the perpetrators were female, while 92 percent were male.
- In victims between 12 and 17, three percent of the perpetrators were female, while 97 percent were male.
- Overall, 23 percent of sexual assault offenders were under age 18, and 77 percent were adults.

National Probability of arrest and clearance:

- Twenty-seven percent of all sexual assault victimizations end in arrest. In general, the assaults of juvenile victims were more likely to result in an arrest (29 percent) than were adult victimizations (22 percent).
- Forcible rape (25 percent): Of all forcible rape charges, only 25 percent end in arrest.
- Forcible sodomy (30 percent): Of all sodomy charges, only 30 percent end in arrest.
- Sexual assault with an object (28 percent): Of all sexual assault with an object charges, only 28 percent end in arrest.
- Forcible fondling (27 percent): Of all forcible fondling charges, only 27 percent end in arrest.
- Crimes were also cleared by means other than arrest, or what the FBI has labeled clearances by exceptional means.
 - Victim refused to cooperate (seven percent).
 - Prosecution was declined for insufficient evidence (six percent).

The US Department of Justice's National Crime Victims Survey found there were 272,350 reported rapes of people over the age of 12 in 2006; 59 percent of those victimized did not report. This statistic does calculate child sexual victimization classified as child abuse.

- Of all rapes/sexual assaults/threats of sexual assault/threats of rape, 43.3 percent were reported to the police.
- Of these reports, 45.5 were made by females over the age of 12 and 26.2 were made by males over the age of 12.
- When the offender was a stranger, 61.6 percent of females reported to police, in contrast to 36.4 percent when the offender was a non-stranger.
- When the offender was a stranger, 21 percent of males reported to police, in contrast to 33.3 percent reporting when the offender was a nonstranger. Please note the percentage for males is derived from an estimation based on 10 or fewer sample cases. A limited sampling does impact the efficacy of the study results.

Of the 99,910 reported Rape/Sexual Assault/Threat of Rape/Threat of Sexual Assault (R/SA/TOR/TOSA) involving strangers, 73.9 percent had one offender, with 26 percent having two or more.

Of the 155,720 R/SA/TOR/TOSA involving non-strangers, 93.3 percent had one offender and seven percent had two or more.

The below prevalence statistics are taken from a report published by the Bureau of Justice Statistics, U.S. Department of Justice in 2000 entitled *Sexual Assault of Young Children as Reported by Law Enforcement: Victim, Incident and Offender Characteristics*:

- One out of seven victims of sexual assault who reported to law enforcement, was under the age of six.
- Thirty-four percent of all victims whom reported to law enforcement were under the age of twelve.
- Forty percent of offenders who sexually victimized children under the age of six were juveniles under age 18.
- More than 20% of children are sexually victimized before the age of 8.

A report from the U.S. Department of Justice published in 2003, entitled *Youth Victimization: Prevalence and Implications*, found that 40 percent of child sexual abuse victims are abused by older or larger children whom they know.

Magnitude and Prevalence of Sexual Violence in Pennsylvania

The following statistics were compiled from Pennsylvania's UCR documenting reported crimes from 2007. *Please note the PA UCR does not capture reports of child sexual victimization when classified as child abuse. Sexual victimization of a child is classified as child abuse if the offender is the parent, paramour of a parent, a person responsible for the welfare of the child, or a person residing in the same home as the victim.*

Uniform Crime Report 2007 Statistics:

- There were 3,415 reported forcible rapes of males and females.
- Of this number, 232 were male victims (160 under the age of 18, 72 over the age of 18) and 3,183 were female (1,332 under the age of 18 and 1,851 over the age of 18).

- Forty-nine percent of the forcible rapes of minor boys occurred when the victims were 9 or younger. Eighteen percent of forcible rapes of minor boys occurred when the victims were 13 or 14. These ages comprise the majority of reported cases of forcible rapes of minor boys (67 percent) not classified as child abuse.
- Seventeen percent of forcible rapes of minor girls happened when the victims were 9 or younger. Twenty-four percent happened when the victims were 13 or 14. These ages comprise the majority of reported forcible rapes of minor girls (41 percent) not classified as child abuse.
- With regard to other sexual abuses not defined as forcible rape, reporting by minor boys decreased after the age of 9. Reporting by minor girls decreased after the age of 9 and then spiked during the ages of 13 and 14, before returning to a rate of continued yearly decrease.
- In the state of Pennsylvania white women reported 53 percent more forcible rapes than African-American women and 99 percent more forcible rapes than Asian women. White women reported 52 percent more other sexual offenses than African-American women, and 99.2 percent more other sexual offenses than Asian women. This may be attributed to the demographics of Pennsylvania, larger social issues regarding reporting or a combination of both.
- According to Pennsylvania's State Police UCR for 2007, the areas with the highest reported offenses of both forcible rapes and other sex offenses were the Philadelphia County, Allegheny County and Montgomery County.
- **Philadelphia County (population 1,448,394 according to 2006 us census)**
 - 912 forcible rapes
 - 152 attempted rapes
 - 1,748 other sexual offenses
- **Allegheny County (population 1,223,411 according to 2006 US census)**
 - 257 forcible rapes
 - 20 attempted rapes
 - 693 other sexual offenses
- **Montgomery County (population 775,688 according to 2006 US census)**
 - 113 forcible rapes
 - 23 attempted rapes
 - 26 other sexual offenses.

In 2007, there were 3,376 female reported forcible rapes across Pennsylvania. There were 1,113 arrests across Pennsylvania. The statewide arrest rate for reported forcible rapes was 33 percent.

- Southeast Common Human Service Region (CHSR) had 1,313 reported forcible rapes that resulted in 519 arrests (40 percent arrest rate).
- Northeast CHSR had 465 reported forcible rapes, resulting in 117 arrests (25 percent arrest rate).
- Southcentral CHSR had 462 reported forcible rapes, resulting in 129 arrests (28 percent arrest rate).
- Central CHSR had 233 reported forcible rapes, resulting in 70 arrests (30 percent arrest rate).
- Southwest CHSR had 487 reported rapes, resulting in 181 arrests (37 percent arrest rate).
- Northwest CHSR had 416 reported forcible rapes, resulting in 97 arrests (23 percent arrest rate).

Although reporting and arrest rates have remained consistent since 2004, the year 2007 saw a significant decrease in the prison population incarcerated for forcible rapes. There were 1,920 inmates incarcerated for forcible rape in 2007, in contrast to 3,399 in 2006, 3,471 in 2005 and 3,456 in 2004. However, 2007 saw a significant increase in the prison population incarcerated for other sexual offenses. There were 3,465 inmates incarcerated for other sexual offenses in 2007, in contrast to 564 in 2006, 340 in 2005 and 337 in 2004.

The magnitude and prevalence data stated above documents what the SVPPC was able to obtain for the purposes of this plan. The SVPPC was unable to locate additional existing data on this topic. This leads us to the obvious conclusion that many gaps exist in this subject area, as well as others in the sexual violence discussion.

The SVPPC also addressed additional gaps in data related to magnitude and prevalence statistics. First, there is a lack of specificity in terms of race; there appears to be more data on age and relationship status. A committee member made the point that Children and Youth Services would have more data, as would rape crisis centers and domestic violence centers, if racial data were more specified. There is also a lack of centralized collection of emergency department data as it relates to sexual assault.

Risk and Protective Factors for Sexual Violence in Pennsylvania

The goals and strategies of this plan are directly connected to the risk and protective factors associated with the SVPPC's chosen universal and selected populations. A universal population is a population within your state or community that is defined **without** regard to individual risk for sexual violence perpetration or victimization (Krug et. al., 2002). A state or community may have multiple universal populations.

A universal population may include individuals with elevated risk for experiencing sexual violence, individuals at lower risk for experiencing sexual violence, as well as individuals who have already experienced or perpetrated sexual violence. A selected population is a group or population within a universal population that is defined by increased risk for experiencing or perpetrating sexual violence based on one or more modifiable **risk factors** (Krug et. al., 2002). A selected population is always part of some universal population.

In this section, the SVPPC will define those risk and protective factors that are to be addressed by the goals, strategies and outcomes of this plan. It is important to note that risk and protective factors can be the same for both perpetration and victimization. This is because many risk factors, which are also considered adverse childhood experiences, lead to a continuation of a cycle of behaviors. Individuals who were victimized by sexual violence as a child are more likely to perpetrate sexual violence as an adult. In addition, a person is more likely to become a victim of sexual violence if he/she witnessed their mother or siblings being victimized as a child. (Source: National Sexual Violence Resource Center)

Perpetration:

Risk factors for perpetration of sexual violence span each level of the socio-ecological model. At the individual level of the socio-ecological model, common risk factors associated with perpetrating sexual violence include: alcohol and drug use, use of anabolic steroids, lacking inhibitions, coercive sexual fantasies, attitudes and beliefs supportive of violence, preference for impersonal sex, learned deviant sexual arousal and having been sexually and/or physically abused as a child.

At the relationship level of the socio-ecological model, risk factors for the perpetration of sexual violence include the following: hostility towards others, association with sexually aggressive peers, poor social skills, witnessed family violence as a child, having an emotionally unsupportive family and, lastly, being part of a strongly patriarchal relationship or family.

At the community level of the socio-ecological model, risk factors for the perpetration of sexual violence include the following: absent or weak sanctions, policies and services, lack of institutional support from police and justice system, rigid and traditional gender roles, high rates of other types of violence and poverty.

Lastly, at the societal level of the socio-ecological model, risk factors for the perpetration of sexual violence include the following: victim blaming, general tolerance of sexual harassment and sexual violence, gender-based inequality, values reinforcing impersonal or objectifying sex, feelings of male honor and entitlement, racism, homophobia, ageism and war.

Victimization:

In addition to addressing risk factors for the perpetration of sexual violence, the SVPPC feels it is important to include information in the statewide strategic plan regarding risk factors as they relate to victimization.

As with risk factors associated with the perpetration of sexual violence, risk factors related to victimization span each level of the socio-ecological model in much the same manner. At the

individual level of the socio-ecological model, common risk factors associated with victimization include: alcohol and drug use, use of anabolic steroids, lacking inhibitions, coercive sexual fantasies, attitudes and beliefs supportive of violence, preference for impersonal sex, learned deviant sexual arousal and having been sexually and/or physically abused as a child.

At the relationship level of the socio-ecological model, risk factors for victimization include the following: hostility towards others, association with sexually aggressive peers, poor social skills, witnessed family violence as a child, having an emotionally unsupportive family and lastly, being part of a strongly patriarchal relationship or family.

At the community level of the socio-ecological model, risk factors for victimization include the following: absent or weak sanctions, policies and services, lack of institutional support from police and justice system, rigid and traditional gender roles, high rates of other types of violence and poverty.

Lastly, at the societal level of the socio-ecological model, risk factors for victimization include the following: victim blaming, general tolerance of sexual harassment and sexual violence, gender-based inequality, values reinforcing impersonal or objectifying sex, feelings of male honor and entitlement, racism, homophobia, ageism and war.

The Adverse Childhood Experiences (ACE) Study provides evidence-based data in connecting certain childhood experiences and negative consequences later in life. The ACE Study is perhaps the largest scientific research study of its kind, analyzing the relationship between multiple categories of childhood trauma and health and behavioral outcomes later in life. The ACE Study states that growing up experiencing any of the following conditions in the household prior to age 18 can lead to negative health and behavioral outcomes later in life. These conditions include: recurrent physical abuse; recurrent emotional abuse; contact sexual abuse; an alcohol and/or drug abuser in the household; an incarcerated household member; someone who is chronically depressed, mentally ill, institutionalized or suicidal; a mother who is treated violently; having one or no parents; and emotional or physical neglect. (Centers for Disease Control and Prevention, March, 2009)

The conditions mentioned in the ACE Study are considered risk factors for both the perpetration and victimization of sexual violence.

In addition to defining risk factors for the perpetration and victimization of sexual violence, it is also essential to define protective factors. The National Sexual Violence Resource Center (NSVRC) defines protective factors as characteristics of an individual and/or family, community or societal environment that prevent first time perpetration or reduce the prevalence of sexual violence. Increasing the number of protective factors progressively reduces the likelihood of sexual violence occurring.

Protective factors for other types of violence and oppression are closely related. Therefore, by working to increase protective factors, other societal problems can be reduced and/or eliminated in addition to sexual violence.

The NSVRC lists the following as general protective factors: teaching young people to respect others and to avoid gender-role stereotyping; teaching young people to effectively manage conflicts; developing and continuing programs that improve parenting and relationship skills; creating and sustaining positive social norms; increasing research about perpetration that can guide the development of prevention initiatives; developing understanding, compassion and concern for victims of violence; evaluating programs and policies that intervene with potential perpetrators before sexual violence occurs; and bystander education.

The SVPPC realizes that having knowledge of both risk and protective factors is critical to Pennsylvania's planning process. This knowledge helped guide the SVPPC in choosing which populations to target in the development of the statewide strategic plan.

The NSVRC is the source for the above information defining risk and protective factors as they relate to sexual violence.

Universal and Selected Populations

The SVPPC discussed universal and selected populations. The initial discussion led to a long list of choices, none of which were based on extensive Pennsylvania data. This list was narrowed down to the choices included in this report. The committee members made their choices based on national-level data regarding various populations and their level of risk factors, the previous work of the SVPPC and the professional expertise of committee members. The populations documented in this report are not based on strong data, as the existence of data to firmly support these choices was difficult to locate and/or obtain.

The list of universal populations chosen by the SVPPC includes the following: incoming college freshmen, young males (ages 10-15), young females (ages 10-15), persons with intellectual disabilities and the LGBTQ community. The Selected populations chosen include: the Greek community, middle and high school male sports teams, young girls in K-6, service providers to individuals with intellectual disabilities and youth educators/leaders/counselors in the public school systems who work with youth who may be struggling to define themselves in terms of their sexual identity and preference.

The next steps of the committee involved utilizing the information in the needs and resources assessment to determine goals and strategies for the final statewide strategic plan.

Goals and Strategies To Prevent Sexual Violence

The SVPPC developed the following list of goals, based on the needs and resources assessment results, as well as suggestions and input from SVPPC member's experiences in working with the aforementioned universal and selected populations. There are specific strategies and action steps associated with each of the goals. These strategies and action steps were developed by the SVPPC in order to give the state-wide strategic plan direction for those agencies, schools, organizations and individuals utilizing it within their communities.

Goals:

- Expand and enhance the funding for the primary prevention of sexual violence. (Initial work to be done in years 1-5)
- Increase research for the development and expansion of evidence based strategies of primary prevention. (Initial work to be done in years 1-5)
- Increase public education and support norms change for the primary prevention of sexual violence. (Initial work to be done in years 1-5)
- Support the development and implementation of local, state and national policies and organizational practices to advance primary prevention and strengthen comprehensive prevention measures. (Years 1-5)
- Encourage community partners across the commonwealth to implement primary prevention programs and activities. (Years 1-5)

Strategic Plan Outcomes:

The SVPPC recognizes the importance of determining outcomes which will result from the implementation of the goals, strategies and action steps developed in this strategic plan. Both the SVPPC and the Executive Committee held discussions surrounding outcomes and implementation. Below is a summary of those discussions.

The desired outcome of the goals developed by the SVPPC is to decrease the overall incidents of first time perpetration of sexual violence in Pennsylvania. The SVPPC sees the following outcomes resulting from their related goal:

Outcome #1: The overall amount of funding available for the primary prevention of sexual violence in Pennsylvania will be increased by 10 percent by the completion of this five-year statewide strategic plan.

Outcome #2: The amount of available research for the development and expansion of primary prevention evidence-based strategies will increase incrementally each year of the statewide strategic plan.

Outcome #3: There will be an increase in opportunities for primary prevention trainings in public education settings, which will include support for norms change as part of those trainings. An increase in training opportunities will occur by the final year of the statewide strategic plan.

Outcome #4a: There will be an increase in the number of legislative policies at the local, state and national levels of government directed toward the primary prevention of sexual violence by the completion of the five-year statewide strategic plan.

Outcome #4b: There will be an increase in the number of organizations in Pennsylvania who employ practices to advance primary prevention and strengthen comprehensive prevention measures. This increase will be assessed by year five of the statewide strategic plan.

Outcome #5: There will be an increase in the number of identified community partners who are encouraged to implement primary prevention programs and activities. Additional community partners who are encouraged to implement primary prevention programs and activities will be identified by year five of the statewide strategic plan.

Goal #1: Expand and enhance the funding for the primary prevention of sexual violence. (Years 1-5)

Objective: Develop a funding strategy

Target Date: January 2013

Strategies:

- Enhance the knowledge of primary prevention among potential funders. (Years 1 and 2)
- Encourage the primary prevention of sexual violence as a priority in state funding initiative. (Ongoing)
- Explore private and corporate partnerships for funding. (Years 1-3)
- Seek ongoing funding for the development and implementation of training and educational primary prevention programs. (Ongoing)

Action Steps:

- Identify potential funders and outreach strategies to connect with these funders. (Year 1)
- Contact potential funders. (Year 1)
- Invite funders to participate in a state wide summit and/or local workshops. (Year 1)
- Conduct a needs assessment/survey to the rape crisis centers to determine their knowledge of fund raising techniques. (Year 1)
- Develop a resource for rape crisis centers that will assist them in discussing the topic of fund raising for primary prevention services as they engage with potential funding sources. (Year 1)

Goal #2: Increase research for the development and expansion of evidence-based strategies of primary prevention. (Years 1-5)

Objective: Develop a research advisory committee

Target Date: July 2011

Strategies:

- Seek methods to improve the availability of data. (Ongoing)
- Evaluate promising practices of existing primary prevention programs. (Years 1 and 2)
- Encourage more research to advance the understanding of primary prevention. (Ongoing)
- Engage in the dissemination and publication of effective primary prevention research. (Ongoing)

Action Steps:

- Establish benchmarks for primary prevention programming. (Year 1)
- Develop trainings and tools for use by rape crisis center staff on data collection and analysis. (Years 1 and 2)

- Identify and recruit several sites for pilot-testing of tools. (Year 1)
- Increase capacity of rape crisis center staff to conduct research and evaluation. (Years 1-3)

Goal #3: Support social norms change for the primary prevention of sexual violence. (Years 1-5)

Objective: Develop a social marketing strategy Target Date: January 2013

Strategies:

- Establish a support network for parents and youth leaders to assist them in modeling appropriate social norms. (Years 2-4)
- Frame prevention in positive developmental messages to increase understanding. (Years 2-4)
- Utilize technology to increase understanding of primary prevention and to disseminate messages. (Years 2-4)
- Seek ongoing funding for increased public education and support for norms change. (Years 3-5)

Action steps:

- Review existing marketing campaigns to determine if a primary prevention of sexual violence campaign exists and assess the possibility of duplicating or building upon the existing campaign. (Years 1 and 2)
- Develop training program for parents and youth leaders to promote development of appropriate social norms and modeling behaviors. Establish an online support network for ongoing resources, assistance and training. (Years 2-4)
- Develop and disseminate sample positive public service announcements, messages, letters to the editor and newsletter articles for rape crisis centers use regarding primary prevention to promote positive developmental messages. (Years 2-4)
- Develop social networking profile and page for primary prevention of sexual violence. Have local rape crisis centers “friend” and promote the profile. (Years 2-4)
- Develop and disseminate tweets, articles and links regarding primary prevention to PA rape crisis centers and their partners for distribution in community. (Years 2-4)
- Target marketing and technology tools to include funders to promote increased funding potential. (Years 2-4)

Goal #4: Support the development and implementation of local, state and national policies and organizational practices to advance primary prevention and strengthen comprehensive prevention measures. (Years 3-5)

Objective: Conduct a statewide and regional primary prevention summits to support local and state capacity for primary prevention programming. Target Date: June 2013

Strategies:

- Increase the knowledge and understanding of elected leaders on issues related to the primary prevention of sexual violence. (Ongoing)

- Promote primary prevention principles among a variety of professions. For example, primary prevention principles can be incorporated into any work environment through employee orientation, trainings and workplace policies, making primary prevention central to the functioning of the business or organization. (Years 3-5)
- Assist other organizations in the development of policies and practices that counter normalization of sexual violence across the continuum. (Ongoing)
- Support and encourage legislation that will lead to the elimination of sexual violence. (Ongoing)

Action Steps:

- Promote policies that support the expansion of prevention efforts. (Ongoing)
- Develop and implement trainings on primary prevention and policy development specifically developed and designed for rape crisis centers. (Years 3-5)
- Begin the planning and organization of a state-wide summit on the primary prevention of sexual violence, with the goal being local task force development. (Year 1)

Goal #5: Encourage community partners across the commonwealth to implement primary prevention programs and activities. (Years 3-5)

Objective: Develop local coalitions centered on primary prevention of sexual violence.

Target Date: August 2014

Strategies:

- Identify existing collaboratives and coalitions that should/would have a vested interest in the prevention of sexual violence and partner with them to educate and infuse primary prevention of sexual violence into their work. (Year 3)
- Identify a diverse range of partners to establish a coalition for the primary prevention of sexual violence. Be conscious of including partners not usually working with sexual violence prevention and/or rape crisis centers. (Year 3)
- Promote individual, agency, community and systems activism and advocacy. (Ongoing)
- Highlight agencies and individuals currently working to prevent sexual violence and celebrate successes. (Year 3)

Action steps:

- Provide mini-trainings and education to collaboratives and coalitions. (Year 3 and ongoing)
- Provide templates for collaborative and coalitions to begin to integrate primary prevention of sexual violence into their work and begin to make connections between their work and the work of preventing sexual violence. (Years 3-5)
- Establish coalition with diverse members and broad support to identify and encourage steps the community can take to prevent sexual violence. (Year 3)
- Identify and promote six steps that individuals, agencies, communities and systems can take to begin working to end sexual violence. (Year 3)
- Institute awards and recognition for those working to end sexual violence and routinely promote success stories along the way. (Years 3-5)

Strategic Plan Implementation:

The implementation of the statewide strategic plan will be initially divided amongst the SVPPC, PCAR and the local rape crisis centers. These entities currently have the most capacity, willingness and interest to implement the goals, strategies and action steps of the plan.

In the years beyond the initial implementation of the state-wide strategic plan, it is the goal of the SVPPC that ongoing implementation will occur through agencies, organizations, educational institutions and individuals who are not currently aware of primary prevention of sexual violence as a public health issue in Pennsylvania. As the SVPPC, PCAR and the local rape crisis centers engage in the initial implementation of this plan, education on the primary prevention of sexual violence as a public health issue will spread to numerous entities, training them to implement the goals of this plan on their own.

Lastly, the SVPPC recognizes that the long-term goal of this strategic plan is its implementation for years in the future. Our goal is to have this state-wide strategic plan utilized as both a reference and a tool by all interested parties as we strive to eliminate sexual violence in Pennsylvania.

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As of May 2011

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Pennsylvania Demographic Data
Source: 2000 U.S. Census
(referenced in State Profile section of plan)

Total population	12,281,054	100.0
SEX AND AGE		
Male	5,929,663	48.3
Female	6,351,391	51.7
Under 5 years	727,804	5.9
5 to 9 years	827,945	6.7
10 to 14 years	863,849	7.0
15 to 19 years	850,986	6.9
20 to 24 years	746,086	6.1
25 to 34 years	1,560,486	12.7
35 to 44 years	1,948,076	15.9
45 to 54 years	1,705,032	13.9
55 to 59 years	619,969	5.0
60 to 64 years	511,656	4.2
65 to 74 years	969,272	7.9
75 to 84 years	712,326	5.8
85 years and over	237,567	1.9
Median age (years)	38.0	(X)
18 years and over	9,358,833	76.2
Male	4,430,102	36.1
Female	4,928,731	40.1
21 years and over	8,842,276	72.0

62 years and over	2,219,927	18.1
65 years and over	1,919,165	15.6
Male	767,547	6.2
Female	1,151,618	9.4
RACE		
One race	12,138,830	98.8
White	10,484,203	85.4
Black or African-American	1,224,612	10.0
American Indian and Alaska Native	18,348	0.1
Asian	219,813	1.8
Asian Indian	57,241	0.5
Chinese	50,650	0.4
Filipino	14,506	0.1
Japanese	6,984	0.1
Korean	31,612	0.3
Vietnamese	30,037	0.2
Other Asian ¹	28,783	0.2
Native Hawaiian and Other Pacific Islander	3,417	0.0
Native Hawaiian	897	0.0
Guamanian or Chamorro	646	0.0
Samoan	734	0.0
Other Pacific Islander ²	1,140	0.0
Some other race	188,437	1.5
Two or more races	142,224	1.2

Race alone or in combination with one or more other races ³		
White	10,596,409	86.3
Black or African-American	1,289,123	10.5
American Indian and Alaska Native	52,650	0.4
Asian	248,601	2.0
Native Hawaiian and Other Pacific Islander	8,790	0.1
Some other race	238,700	1.9
HISPANIC OR LATINO AND RACE		
Total population	12,281,054	100.0
Hispanic or Latino (of any race)	394,088	3.2
Mexican	55,178	0.4
Puerto Rican	228,557	1.9
Cuban	10,363	0.1
Other Hispanic or Latino	99,990	0.8
Not Hispanic or Latino	11,886,966	96.8
White alone	10,322,455	84.1
RELATIONSHIP		
Total population	12,281,054	100.0
In households	11,847,753	96.5
Householder	4,777,003	38.9
Spouse	2,467,673	20.1
Child	3,555,036	28.9
Own child under 18 years	2,653,125	21.6
Other relatives	525,185	4.3

Under 18 years	201,853	1.6
Nonrelatives	522,856	4.3
Unmarried partner	237,622	1.9
In group quarters	433,301	3.5
Institutionalized population	213,790	1.7
Noninstitutionalized population	219,511	1.8
HOUSEHOLDS BY TYPE		
Total households	4,777,003	100.0
Family households (families)	3,208,388	67.2
With own children under 18 years	1,430,808	30.0
Married couple family	2,467,673	51.7
With own children under 18 years	1,043,071	21.8
Female householder, no husband present	554,693	11.6
With own children under 18 years	298,021	6.2
Nonfamily households	1,568,615	32.8
Householder living alone	1,320,941	27.7
Householder 65 years and over	555,374	11.6
Households with individuals under 18 years	1,559,281	32.6
Households with individuals 65 years and over	1,328,237	27.8
Average household size	2.48	(X)
Average family size	3.04	(X)

HOUSING OCCUPANCY		
Total housing units	5,249,750	100.0
Occupied housing units	4,777,003	91.0
Vacant housing units	472,747	9.0
For seasonal, recreational or occasional use	148,230	2.8
Homeowner vacancy rate (percent)	1.6	(X)
Rental vacancy rate (percent)	7.2	(X)
HOUSING TENURE		
Occupied housing units	4,777,003	100.0
Owner-occupied housing units	3,406,337	71.3
Renter-occupied housing units	1,370,666	28.7
Average household size of owner-occupied unit	2.62	(X)
Average household size of renter-occupied unit	2.12	(X)

(X) Not applicable

¹ Other Asian alone, or two or more Asian categories.

² Other Pacific Islander alone, or two or more Native Hawaiian and Other Pacific Islander categories.

³ In combination with one or more other races listed. The six numbers may add to more than the total population and the six percentages may add to more than 100 percent because individuals may report more than one race.

Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices P1, P3, P4, P8, P9, P12, P13, P,17, P18, P19, P20, P23, P27, P28, P33, PCT5, PCT8, PCT11, PCT15, H1, H3, H4, H5, H11, and H12.

INCOME IN 1999

Households	4,779,186	100.0
Less than \$10,000	465,860	9.7
\$10,000 to \$14,999	333,381	7.0
\$15,000 to \$24,999	657,266	13.8
\$25,000 to \$34,999	633,953	13.3
\$35,000 to \$49,999	809,165	16.9
\$50,000 to \$74,999	929,863	19.5
\$75,000 to \$99,999	457,480	9.6
\$100,000 to \$149,999	317,171	6.6
\$150,000 to \$199,999	84,173	1.8
\$200,000 or more	90,874	1.9
Median household income (dollars)	40,106	(X)
With earnings	3,667,238	76.7
Mean earnings (dollars)	54,209	(X)
With Social Security income	1,451,386	30.4
Mean Social Security income (dollars)	11,717	(X)
With Supplemental Security Income	203,851	4.3
Mean Supplemental Security Income (dollars)	6,523	(X)
With public assistance income	149,203	3.1
Mean public assistance income (dollars)	2,848	(X)
With retirement income	940,184	19.7
Mean retirement income (dollars)	14,663	(X)
Families	3,225,707	100.0

Less than \$10,000	167,090	5.2
\$10,000 to \$14,999	124,473	3.9
\$15,000 to \$24,999	352,867	10.9
\$25,000 to \$34,999	410,489	12.7
\$35,000 to \$49,999	586,011	18.2
\$50,000 to \$74,999	756,698	23.5
\$75,000 to \$99,999	396,388	12.3
\$100,000 to \$149,999	278,306	8.6
\$150,000 to \$199,999	74,520	2.3
\$200,000 or more	78,865	2.4
Median family income (dollars)	49,184	(X)
Per capita income (dollars)	20,880	(X)
Median earnings (dollars):		
Male full-time, year-round workers	37,051	(X)
Female full-time, year-round workers	26,687	(X)
POVERTY STATUS IN 1999 (below poverty level)		
Families	250,296	(X)
Percent below poverty level	(X)	7.8
With related children under 18 years	188,366	(X)
Percent below poverty level	(X)	12.1
With related children under 5 years	88,081	(X)
Percent below poverty level	(X)	15.3
Families with female householder, no husband present	134,560	(X)

Percent below poverty level	(X)	24.9
With related children under 18 years	118,782	(X)
Percent below poverty level	(X)	34.9
With related children under 5 years	55,163	(X)
Percent below poverty level	(X)	47.4
Individuals	1,304,117	(X)
Percent below poverty level	(X)	11.0
18 years and over	882,372	(X)
Percent below poverty level	(X)	9.8
65 years and over	164,095	(X)
Percent below poverty level	(X)	9.1
Related children under 18 years	408,079	(X)
Percent below poverty level	(X)	14.3
Related children 5 to 17 years	291,913	(X)
Percent below poverty level	(X)	13.6
Unrelated individuals 15 years and over	473,182	(X)
Percent below poverty level	(X)	22.8

(X) Not applicable.

Source: U.S. Census Bureau, Census 2000 Summary File 3, Matrices P30, P32, P33, P43, P46, P49, P50, P51, P52, P53, P58, P62, P63, P64, P65, P67, P71, P72, P73, P74, P76, P77, P82, P87, P90, PCT47, PCT52, and PCT53

SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	3,135,934	100.0
Nursery school, preschool	203,934	6.5
Kindergarten	159,146	5.1
Elementary school (grades 1-8)	1,379,671	44.0
High school (grades 9-12)	690,020	22.0
College or graduate school	703,163	22.4
EDUCATIONAL ATTAINMENT		
Population 25 years and over	8,266,284	100.0
Less than 9th grade	452,069	5.5
9th to 12th grade, no diploma	1,044,036	12.6
High school graduate (includes equivalency)	3,150,013	38.1
Some college, no degree	1,284,731	15.5
Associate degree	487,804	5.9
Bachelor's degree	1,153,383	14.0
Graduate or professional degree	694,248	8.4
Percent high school graduate or higher	81.9	(X)
Percent bachelor's degree or higher	22.4	(X)
MARITAL STATUS		
Population 15 years and over	9,861,713	100.0
Never married	2,685,328	27.2
Now married, except separated	5,352,297	54.3
Separated	215,846	2.2

Widowed	808,903	8.2
Female	656,381	6.7
Divorced	799,339	8.1
Female	456,801	4.6
GRANDPARENTS AS CAREGIVERS		
Grandparent living in household with one or more own grandchildren under 18 years	204,909	100.0
Grandparent responsible for grandchildren	80,423	39.2
VETERAN STATUS		
Civilian population 18 years and over	9,354,471	100.0
Civilian veterans	1,280,788	13.7
DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION		
Population 5 to 20 years	2,689,895	100.0
With a disability	202,259	7.5
Population 21 to 64 years	6,837,268	100.0
With a disability	1,196,717	17.5
Percent employed	54.8	(X)
No disability	5,640,551	82.5
Percent employed	78.3	(X)
Population 65 years and over	1,809,320	100.0
With a disability	712,795	39.4

RESIDENCE IN 1995		
Population 5 years and over		
Same house in 1995	11,555,538	100.0
Different house in the U.S. in 1995	7,333,591	63.5
Same county	4,056,716	35.1
Different county	2,513,167	21.7
Same state	1,543,549	13.4
Different state	874,796	7.6
Elsewhere in 1995	668,753	5.8
	165,231	1.4
NATIVITY AND PLACE OF BIRTH		
Total population		
Native	12,281,054	100.0
Born in United States	11,772,763	95.9
State of residence	11,620,495	94.6
Different state	9,544,251	77.7
Born outside United States	2,076,244	16.9
Foreign born	152,268	1.2
Entered 1990 to March 2000	508,291	4.1
Naturalized citizen	209,123	1.7
Not a citizen	257,339	2.1
	250,952	2.0
REGION OF BIRTH OF FOREIGN BORN		
Total (excluding born at sea)		
Europe	508,282	100.0
Asia	182,667	35.9

Africa	182,967	36.0
Oceania	25,413	5.0
Latin America	2,178	0.4
Northern America	99,514	19.6
	15,543	3.1
LANGUAGE SPOKEN AT HOME		
Population 5 years and over		
English only	11,555,538	100.0
Language other than English	10,583,054	91.6
Speak English less than 'very well	972,484	8.4
Spanish	368,257	3.2
Speak English less than "very well"	356,754	3.1
Other Indo-European languages	140,502	1.2
Speak English less than "very well"	428,122	3.7
Asian and Pacific Island languages	138,542	1.2
Speak English less than "very well"	143,955	1.2
	76,183	0.7

**Primary Prevention of Sexual Violence
Statewide Assessment**

Identifying Information

- 1) Name of your organization/agency:
- 2) Name and Title of person completing survey:
- 3) What type of organization/agency is this? (check all that apply)
 - Rape Crisis Center
 - Domestic Violence Agency
 - Victims of other violent crimes
 - SART/SANE
 - Public health Agency
 - Medical Office
 - Law Enforcement
 - Probation
 - Criminal Justice
 - Victim Witness
 - Faith Based
 - Education
 - Preschool
 - Elementary
 - Middle
 - High
 - Community College
 - University
 - Alternative
 - Tribal
 - Social Justice
 - Youth Development
 - GLBTQQ
 - Aging/Elders
 - Parenting
 - Prevention
 - Multi-Service social service
 - Community Action Program

- Mental health
 - Public
 - Private
 - Day Treatment
 - Residential
 - Behavioral health
- Hospital
- Health Clinic
- Disability Support
 - Cognitive
 - Physical

4) What county(ies)/geographical area is served by this organization/agency?

5) What types of geographical areas do you serve?

- Urban
- Suburban
- Rural
- Tribal/reservation

6) What is the main service or activity your organization provides?

- | | | |
|---|--|--|
| 1. | 2. | 3. |
| <input type="checkbox"/> Primary prevention | <input type="checkbox"/> Victim Outreach | <input type="checkbox"/> Crisis Intervention |
| 4. | | |
| <input type="checkbox"/> Other | | |

7) What types of prevention and/or health promotion programming does your organization provide? (check all that apply)

- N/A This organization does not do prevention or health promotion work.
- Addictions prevention
 - Alcohol
 - Tobacco
 - Other drugs
- Bullying Prevention
- Gang Prevention
- Intimate Partner/domestic Violence Prevention
- Mentoring
- Sexual Health prevention
- Sexual Violence Prevention
- HIV/AIDS prevention
- Youth Development
- Teen pregnancy Prevention
- Other, health related, prevention. Please specify _____

- Other, violence related, prevention. Please specify _____
- Other, please specify _____

Organizational Support for Primary Prevention of Sexual Violence

Definitions for this section:

Primary Prevention of Sexual Violence is defined as strategies that take place *before* sexual violence has occurred to prevent initial perpetration or victimization. Sexual violence prevention strategies may be aimed at changing people's attitudes and behaviors or the environments and systems that are related to sexual violence. Sexual violence prevention strategies can include strategies to prevent either first time perpetration or first time victimization.

Intervention is defined here as strategies to help survivors of sexual violence or to keep perpetrators of sexual violence from re-offending.

8) How important is the primary prevention of sexual violence to addressing the main issue/mission of your organization?

1. very important 2. important 3. moderately important
4. of little importance 5. not important

9) What is the length of time your organization has been working in the community?

1. 2. 3. 4. 5.
 1 to 5 years 6 to 10 years 11 to 15 years 16 to 20 years 21+ years

10) My organization is aware of the issue of primary prevention of sexual violence.

1. 2. 3. 4. 5.
 To a great extent fairly often somewhat very little not at all

11) My organization is committed to and supportive of activities for the primary prevention of sexual violence.

1. 2. 3. 4. 5.
 Strongly agree agree undecided disagree strongly disagree

12) My organization is interested in knowing more about the primary prevention of sexual violence.

1. 2. 3. 4.
 Very interested interested moderately interested not very interested
5.
 not interested at all

13) My organization uses trained volunteers to participate in activities for the primary prevention of sexual violence.

1. 2. 3. 4. 5.
 To a great extent fairly often somewhat very little not at all

14) Select the response below that best represents your organization's approach to balancing primary prevention of sexual violence and intervention work. For example, providing counseling and legal advocacy support for victims of sexual violence.

My organization focuses **only** on intervention with victims and survivors of sexual violence and does no primary prevention work.

My organization focuses **mostly** on intervention with victims and survivors of sexual violence and does little primary prevention.

My organization focuses **about equally** on intervention with victims and survivors of sexual violence and primary prevention.

My organization focuses **mostly** on the primary prevention of sexual violence and does little intervention with victims and survivors.

My organization focuses **only** on the primary prevention of sexual violence and does no intervention.

My organization **does not focus on either** intervention or primary prevention of sexual violence.

15) The leadership of my organization, e.g., executive director, board of directors, has a strong understanding of primary prevention of sexual violence.

1. 2. 3. 4. 5.
 Strongly agree agree undecided disagree strongly disagree

❖ **If you do not provide any primary prevention**, please skip questions #16 through #19 and proceed to question #20.

Definitions for this section:

Primary Prevention of Sexual Violence is defined as strategies that take place *before* sexual violence has occurred to prevent initial perpetration or victimization. Sexual violence prevention strategies may be aimed at changing people's attitudes and behaviors or the environments and

systems that are related to sexual violence. Sexual violence prevention strategies can include strategies to prevent either first time perpetration or first time victimization.

Training is defined as an organized activity leading to the development and application of desired skills or behaviors. An example would be organization staff members attending training on strategies for the primary prevention of sexual violence.

Technical Assistance is defined as specific and situational assistance. It involves problem-solving within a particular setting. An example would be the state health department helping with a local organization's planning process

If your organization carried out any strategies for primary prevention of sexual violence in the past year, please provide information about one strategy in the space below.

16) Name of the Strategy.

17) What is the source for this primary prevention strategy? (check all that apply)

- Sex offense set aside (PHHSBG)
- State funding
- County/Municipal
- United Way
- Foundation
- Fund Raising or private donations
- Other, describe _____
- Don't know

18) Which of the following categories best describes your primary prevention of sexual violence strategy?

A) Use of research based curriculum.

Curriculum that is used: _____

How was the curriculum selected?

- Provided by another source
- Recommended at a conference or RPE training
- Independent research
- Read about it
- Other _____
- Don't know

How many sessions does the curriculum last?

How frequently do the sessions take place?

What is the intended audience?

How many people do you reach with this strategy annually?

B) Community mobilization strategies

What community did/are you working with?

How long have/did you work with this community?

What types of mobilization strategies have you used?

C) Use of Theatre Arts Program

Type of programming used:

How many sessions were provided?

How frequently do the sessions take place?

What is the intended audience?

How many people do you reach with this strategy annually?

D) General Public presentations

Topics of presentation:

How many sessions were provided?

How frequently do the sessions take place?

What is the intended audience?

How many people do you reach with this strategy annually?

E) Classroom Presentations

Topics of presentation:

How many sessions were provided?

How frequently do the sessions take place?

What is the intended audience?

How many people do you reach with this strategy annually?

F) Training of Related Professionals on primary prevention of sexual violence

Topics of presentation:

How many sessions were provided?

How frequently do the sessions take place?

What is the intended audience?

How many people do you reach with this strategy annually?

G) Public and/or organizational policy advocacy

Type of Policy: _____

Level of Policy Change (check all levels that apply)

- Local school or school district
- Local organizations
- Local government
- County government
- County organization, e.g., Area Agency on Aging
- State government
- State organization
- National organization
- National government
- Tribal organization

H) Another type of prevention strategy, describe. _____

19) Please briefly describe the primary prevention of sexual violence strategy.

20) What were the barriers to implementing this strategy?

21) Does your organization participate in any community partnerships, collaborations or coalitions that work on primary prevention of sexual violence?

Yes—Please answer question #21

No—Please proceed to question #22

22) What types of organizations does your organization/agency work with on primary prevention of sexual violence?

- Sexual violence victim services/rape crisis centers
- Criminal justice system: police, judges, prosecutors, legal services, etc.
- Other state, county, or local government agencies and officials.
- Health care facilities: doctors, hospitals, clinics, etc.
- Mental health programs
- Addiction services
- Prevention for alcohol, tobacco or other drugs
- Schools, (K-12)
- Colleges and universities
- Public Health organizations
- Domestic violence services
- Sex offender management boards or treatment providers
- Youth service organizations

- Disability services/organizations
- Aging services/organizations
- GLBT services/organizations
- Faith community
- Business community
- Neighborhood organizations
- Media
- Other (please specify) _____

23) What kinds of training or technical assistance does your agency/organization provide to other organizations on any topics relevant to the primary prevention of sexual violence?

Check all that apply

- 1. Assistance in developing policies
- 2. training to professional staff
- 3. training to clients/consumers
- 4. providing resources/printed materials
- 5. other

24) Is there any interest within your agency/organization in receiving training or technical assistance in the primary prevention of sexual violence?

- Yes
- No

25) How much flexibility do your staff members have to collaborate on the primary prevention of sexual violence projects, such as those that might be focused on the primary prevention of sexual violence? For example time available to participate in coalition meetings or to work jointly with other organizations

- 1. A great deal
- 2. fairly often
- 3. sometimes
- 4. seldom
- 5. not at all

26) What opportunities do you see for collaboration in your local or regional community?

27) May we contact you to further discuss primary prevention of sexual violence? This information will not be shared beyond the scope of this survey.

Contact information:

Name/title _____

Organization _____

Address _____

Phone number _____

Email _____

Thank you for your help and participation

Attachment D

Additional non-RPE funded programs and activities include:

Chester County has established a fund for women and girls. These funds have been used to target a variety of issues including domestic violence, teen pregnancy and dating violence. There may be potential for primary prevention of sexual violence programming to be developed out of this program.

The Highmark Foundation is funding PA CARES, which provides small grants to schools within their service counties for the implementation of Olweus Bullying Prevention programs through the Center for Safe Schools. A summary of this initiative is attached (Attachment D). Below are some basic descriptors of this initiative.

Cohort 1 (08-09)

- The Center for Safe Schools awarded 43 grants to school buildings in 2008-09.
- Cohort 1 grantees are located in 21 counties across Pennsylvania.
- The total student enrollment within Cohort 1 grantee buildings is approximately 19,696 students.
- Thirty-seven grantees (88 percent) have completed a kick-off event with students.

Cohort 2

- The Center for Safe Schools awarded 46 grants to school buildings during the most recent grant cycle (2009-10).
- Cohort 2 grantees are located in 18 counties across Pennsylvania.
- The total student enrollment within Cohort 2 buildings is 27,189 students.

Please note that funds are only granted to schools in Highmark service regions. In contrast, the readiness series and bullying prevention network serves the entire state.

The Office of Developmental Programs offers a Peer Education Group for individuals with mental retardation and autism. This group contains elements of discussion, support and education on the topic of sexual abuse and assault. It is informal and does not utilize an evaluated primary prevention program as a tool for conducting the group. It is essentially run by the consumers, with the presence of a staff person to provide redirection and guidance.

There are a small number of organizations in Pennsylvania who provide sexual violence primary prevention education based on the CDC definition. This could be a result of a lack of knowledge regarding sexual violence prevention based on a public health model. A goal and/or strategy of the SVPPC may be to look at ways to increase knowledge of the primary prevention and education at all levels of the socioecological model.



CENTER FOR SAFE SCHOOLS

Attachment E

The Center for Safe Schools coordinates the PA CARES (Creating an Atmosphere of Respect and Environment for Success) initiative, which provides bullying prevention education throughout the commonwealth. With funding made possible by the Highmark Healthy High 5 Initiative, both public and private schools located in the Highmark service regions have the opportunity to apply for a mini-grant to implement the Olweus Bullying Prevention Program (OBPP) model. Schools that are selected receive program materials, funding to contract with a certified OBPP trainer, support to help the program to succeed and are required to participate in research evaluation.

Acceptance of this grant award requires the individual school buildings to complete the following over a 12-month period:

1. Survey students in grades 3-12, only in the building that will be implementing the model.
2. Form and train an OBPP coordinating committee.
3. Conduct the all-staff training.
4. Launch the OBPP with a kick-off event.
5. Implement the OBPP program throughout the school year.
6. Survey the students one year from conducting the initial OBPP survey.
7. Fully participate in the evaluation process.

In addition to the grant opportunities, the PA CARES initiative provides tools such as "Preventing School Violence Readiness Series," which is an online course that provides schools with a framework to assess school safety needs. To view the Readiness Series, visit www.safeschools.info/pacares. A Classroom Management/School Climate Toolkit is being developed to help support schools with their efforts to reduce bullying behavior and improve school climate.

The PA CARES initiative also increases the number and availability of Pennsylvania Olweus Bullying Prevention Program certified trainers. Trainers receive additional bullying prevention education to maintain certification and provide Pennsylvania schools with the highest quality of bullying prevention services.

Center for Safe Schools • 275 Grandview Avenue, Suite 200 • Camp Hill, PA 17011 • www.safeschools.info

2008 Pennsylvania Behavioral Risk Factor Surveillance Survey

1 – Unwanted Sexual Situations or Touching

(past 12 months)

Situations: In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

Touching: In the past 12 months, has anyone touched sexual parts of your body, after you said or showed that you didn't want them to or without your consent (for example, being groped or fondled)?

Percentages for sexual situations are very low, with no discernable significant differences. Among touching, males show a significantly lower percentage than females.

	<i>Situations</i>	<i>Touching</i>
Males:	%0 ± %0.7	%0 ± %0.7
Females:	%1 ± %0.8	%2 ± %0.8

A few female subgroups show some evidence of a higher incidence, but the confidence intervals are so wide as to be inconclusive.

	<i>Situations</i>	<i>Touching</i>
Non-Hispanic Black Females:	%3 ± %9	%3 ± %7
Females Ages 18-24:	%6 ± %8	%3 ± %7
Females w/ Income < \$15,000:	%5 ± %6	%7 ± %7

2 – Unwanted Sex

(lifetime)

There were two questions on the 2008 BRFSS asking about unwanted sex. The first deals more generally, covering all non-consensual sex, while the second asks specifically about sex in the context of an intimate relationship.

Q1: Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

Q2: Have you EVER experienced any unwanted sex by a current or former intimate partner?

(to be read before Q2 above)

As a reminder, unwanted sex includes things like putting anything into your vagina [*if female*], anus, or mouth or making you do these things after you said or showed that you didn't want to. This includes putting a finger, hand, or other object in your anus or vagina. It also includes contact between the mouth and the penis, vagina, or anus. It includes times when you were unable to consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

To our interpretation, the second question represents a subset of the first (i.e., 'current or former intimate partner' being a subset of 'anyone'). In all other respects the questions appear the same.

Respondents clearly do not view the questions the same way, however, as there are many who respond 'no' to the first question and 'yes' to the second. To eliminate any ambiguity as to what the respondent means, we combined the two questions in the below table. Anyone who answered yes to *either* question is included in the total for Q1, while "Intimate Partner" includes only Q2.

	<i>Unwanted Sex w/Anyone (including Intimate Partner)</i>	<i>Unwanted Sex w/ Int. Partner (Intimate Partner ONLY)</i>
Males:	%2 ± 1%	%1 ± 1%
Females Ages 18-54:	%12 ± 2%	%8 ± 2%
Females Ages 55+:	%7 ± 2%	%5 ± 1%

Females show a significantly higher percentage than males for both types of unwanted sex, and younger females (ages 18-54) show a significantly higher percentage* than older females (55+).

*This difference with age is suspect, because the older population shows a significantly lower percentage for several of the 'lifetime' questions. This would imply a broad change in the times, so to speak. Nowadays there is significantly more unwanted sex or intimate partner violence occurring than forty years ago. It is hardly appropriate to jump to that conclusion (from this data alone), since the 'refusal' rate is significantly higher for the older age groups. Older women likely approach such sensitive questions with a different perspective (and candor).

Another interesting trend occurs with education. Although no significant difference was discernible with unwanted sex versus education directly, education provides further subtlety to the observed difference in unwanted sex by age. Namely, there are no significant differences in unwanted sex between younger and older women with college degrees. Among those *without* a

college degree, however, the difference in unwanted sex is greater than in the total female population of that age. Younger women show significantly more unwanted sex by an intimate partner when considering only those without a college education. Incidentally, older women show higher percentages of unwanted sex among college graduates, while younger women show higher percentages among those without a four-year college degree. Again we must interpret these results with caution.

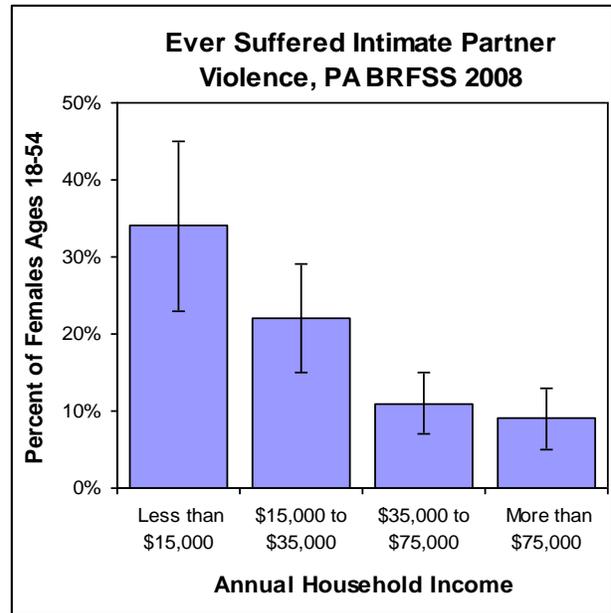
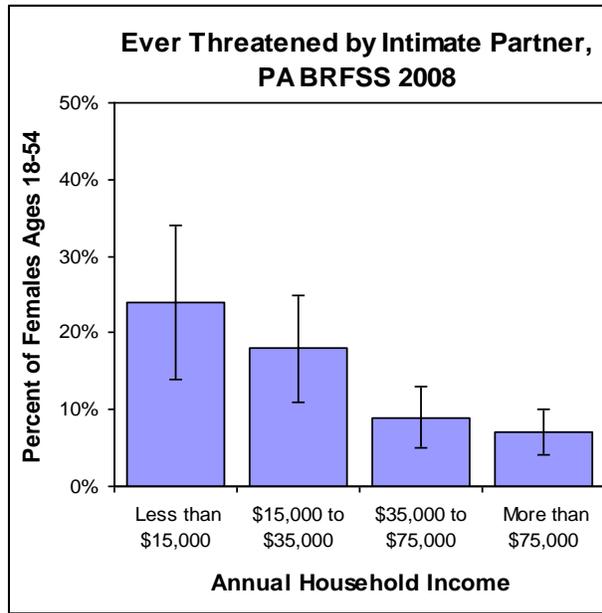
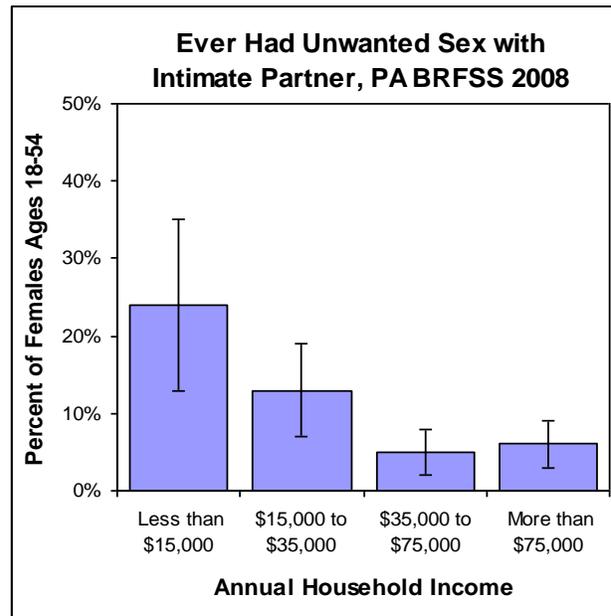
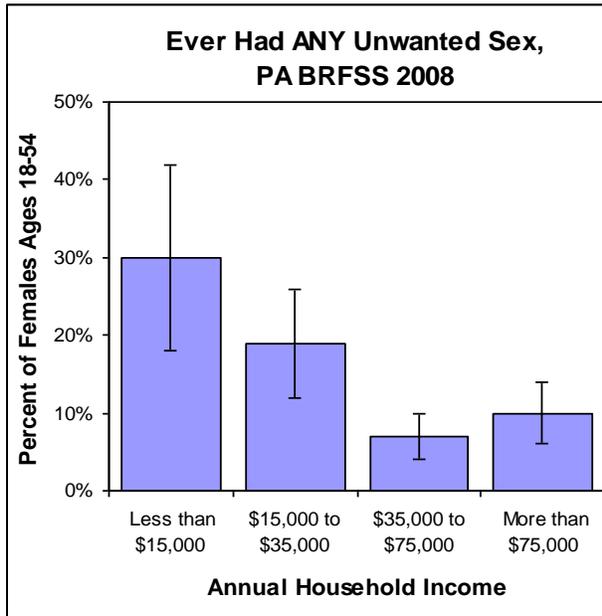
	<i>Unwanted Sex w/Anyone</i>	<i>Unwanted Sex w/ Int. Partner</i>
Univ. Graduate:		
Females Ages 18-54	%10 ± 3%	%6 ± 3%
Females Ages 55+	%10 ± 5%	%7 ± 4%
Not Univ. Grad:		
Females Ages 18-54	%14 ± 3%	%9 ± 3%
Females Ages 55+	%5 ± 2%	%4 ± 1%

It seems reasonable that interpretation of and openness towards the unwanted sex questions may be affected by education. On the other hand, perhaps the university environment of forty years ago was more hazardous to young women than nowadays. We simply cannot tell the difference by looking at these data. There may be *substantial* underreporting among females ages 55 and older without college degrees, for whatever reason.

In general, all of these estimates can be safely assumed to be *underestimates*. We know in some cases respondents may refuse to answer honestly or may refuse to answer at all. It is unlikely that potentially fabricated responses would outweigh known missing responses.

There is simply not enough data to show significant differences by race. Rather than show point estimates that are only marginally different and may lead to inaccurate conclusions, it seems best to avoid the race breakouts altogether. Also, breakouts based on sexual orientation were not possible, as only 104 individuals responded in a way that could be designated as homosexual or bisexual (i.e., not enough data for analysis). However, repeat analysis was performed on the intimate partner data on ‘straight’ women alone (on the assumption that numbers would be higher among the non-heterosexual population). We can provide these data (with several caveats), such as female intimate partner violence data that can be attributable to a male partner. Straight-alone numbers are generally lower across the board, for younger women especially.

The strongest trend (apart from gender) is observed when plotting against income.



ANY Unwanted Sex

Less than \$15,000	30% ± 12%
\$15,000 to \$35,000	19% ± 7%
\$35,000 to \$75,000	7% ± 3%
More than \$75,000	10% ± 4%

IPV Unwanted Sex

Less than \$15,000	24% ± 11%
\$15,000 to \$35,000	13% ± 6%
\$35,000 to \$75,000	5% ± 3%
More than \$75,000	6% ± 3%

IPV Threat Violence

Less than \$15,000	24% ± 10%
\$15,000 to \$35,000	18% ± 7%
\$35,000 to \$75,000	9% ± 4%
More than \$75,000	7% ± 3%

IPV Actual Violence

Less than \$15,000	34% ± 11%
\$15,000 to \$35,000	22% ± 7%
\$35,000 to \$75,000	11% ± 4%
More than \$75,000	9% ± 4%

3 – Intimate Partner Violence

(lifetime)

IPV Threatened: Has an intimate partner EVER THREATENED you with physical violence?
This includes threatening to hit, slap, push, kick or hurt you in any way.

Actual Violence: Has an intimate partner EVER hit, slapped, pushed, kicked or hurt you in any way?

	<i>IPV Threatened</i>	<i>Actual IPV</i>
Males:	%4 ± %2	%6 ± %2
Females Ages 18-54:	%11 ± %2	%14 ± %2
Females Ages 55+:	%6 ± %1	%7 ± %2

Interestingly, the percentages suffering intimate partner violence are higher than the percentages threatened with intimate partner violence. Also, males show percentages that are not significantly different from females ages 55 and over. Females under age 55, as expected, show significantly higher percentages of IPV (both threatened and actual). We must question again, however, if the observed difference between younger and older women really indicates a two-fold increase in the occurrence of IPV or whether – more likely – it represents a two-fold increase in the willingness to discuss IPV among younger women. Also, it is possible that the way in which each age group classifies IPV differs, perhaps substantially, regardless of the detail in the phrasing of the question.

In any event, in addition to the significant (and scary) differences observed by income, there are significant differences by level of education when it comes to IPV among females ages 18-54.

Females Ages 18-54	<i>IPV Threatened</i>	<i>Actual IPV</i>
Without College Degree:	%13 ± %3	%17 ± %3
With 4-year Degree:	%7 ± %3	%9 ± %3

Women ages 18-54 without a four-year college degree are significantly more likely than women of the same age with a college degree to suffer IPV of some kind. The difference among threatened IPV is substantial, but not statistically significant.