

# SEXUAL VIOLENCE PREVENTION IN INDIANA: TOWARD SAFER, HEALTHIER COMMUNITIES

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January 2012

## INTRODUCTION

Sexual violence profoundly impacts an individual's well-being. Additionally, sexual violence affects families, bystanders, communities, and societies. The CDC recently (December 2011) released U.S. data on the prevalence of sexual violence nationwide, in their National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. This survey estimates that approximately 1 in 5 women in Indiana have been victims of rape at some point within their lifetime (Black et al., 2011). Furthermore, a 2009 survey indicates that females in 9<sup>th</sup>-12<sup>th</sup> grades in Indiana have the second highest rate in the nation of forced sexual intercourse (CDC, 2010). Clearly, sexual violence is a serious concern within the state as well as nationwide.

For roughly three decades, policymakers have sought to reduce sexual violence by reliance on a criminal justice approach in which sexually violent acts are dealt with after they occur. Recognizing that prevention efforts could be more valuable, as they work to stop the problem before it begins, researchers have begun to implement a primary prevention model — one that seeks to prevent sexual violence (Lee, Guy, Perry, Sniffen, & Alamo Mixson, 2007; McMahon, 2000). The present brief discusses sexual violence in the United States with a special focus on Indiana's Primary Prevention efforts. This brief's intention is not only to inform readers of the prevalence of sexual violence but also to discuss sexual violence as a multi-faceted and complex public health issue, one in which public policy alone will have limited effectiveness. In addition, the brief outlines legislation and policy aimed at sexual violence prevention in Indiana, as well as in other states.

Within this paper, the definition of sexual violence provided by the Center for Disease Control and Prevention (CDC) serves as the primary reference point. The CDC defines sexual violence as "any sexual act that is perpetrated against someone's will" and encompasses four types of sexual violence covering

a range of offenses. They include "a completed nonconsensual act (i.e., rape), an attempted nonconsensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment)." All types involve victims who do not consent, are unable to consent, or are unable to fend off the act. Throughout this brief, should alternate definitions of terms be used, they will be described.

## SCOPE OF THE PROBLEM

### Nationally

Sexual violence impacts individuals and communities across the United States. The U.S. Department of Justice's National Crime Victimization Survey (NCVS) reported 248,300 cases of rape, attempted rape, or sexual assault in 2007 (Truman, 2011). Based on this statistic, the Rape, Abuse, and Incest National Network (RAINN) estimates that one sexual assault occurs every two minutes within the United States (RAINN, 2009). These figures likely represent only a fraction of actual sexual assault cases, as a majority of rape and sexual assault crimes are not reported to the police. In fact, research suggests that in 2008 less than half (47%) of rape and sexual assault cases against women were reported to law enforcement officials (Catalano, Smith, Snyder, & Rand, 2009). Other sources have suggested an even smaller percentage, that only one out of every six rapes is reported to authorities (Kilpatrick & Ruggiero, 2003).

In addition to low reporting levels, sexual violence victims often suffer mental and/or physical ailments later in life. A substantial number of sexual violence victims experience anxiety, fear, depression, post-traumatic stress disorder, broken limbs, bruises, strains, and/or attempt suicide, each of which often require medical treatment (Crowell & Burgess, 1997). It is clear that the prevalence of sexual violence in the United States is a serious public health problem.

In December 2011, the CDC released the findings of the National Intimate Partner and Sexual Violence Survey (NISVS) summarizing data collected in 2010 (Black et al., 2011). Responses of over 16,000 individuals are represented in the report, which surveyed men and women across the United States about their experiences of sexual violence, stalking, and intimate partner violence. The NISVS utilized a random-digit dial recruitment method for the telephone survey to interview English- and/or Spanish-speaking men and women 18 years of age and older. In the survey, rape is defined as "any completed or attempted unwanted vaginal (for women), oral, or anal penetration through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physically harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent. Rape is separated into three types, completed forced penetration, attempted forced penetration, and completed alcohol or drug facilitated penetration" (Black et al., 2011, p. 17). Throughout the NISVS, the CDC figures for rape encompass all three types, unless otherwise specified. The NISVS found that 18.3% of women and 1.4% of men in the United States have been victims of completed or attempted rape in their lifetime, including alcohol/drug-facilitated rape. For women, the most highly reported form of rape was completed forced penetration, experienced by 12.3% of women in the United States. Alcohol/drug-facilitated completed penetration was experienced by 8% of women, and approximately 5% of women (5.2%) reported experiencing attempted forced penetration (Black et al., 2011). While the NISVS indicates that nearly 1.6 million men (1.4%) in the U.S. experienced rape, figures are not provided on the rate at which men experienced the three different forms of rape described in the NISVS. Additionally, based on survey data, the CDC estimated that 1.3 million women within the United States were raped at some time within the 12 months prior to the survey; too few men reported rape in the 12 months prior to the survey for the CDC to provide reliable data (Black et al., 2011).

In general, sexual violence is more likely to occur against women than men (Basile, Chen, Lynberg, & Saltzman, 2007; Kilpatrick & Ruggiero, 2003; Tjaden & Thoennes, 2000). Data related to the prevalence of violent crimes across the U.S. also reveal startling figures regarding gender differences in sexual and physical assault patterns. The NCVS gathers annual information related to nonfatal crimes both reported and not reported to police, by interviewing a nationally representative sample of households. They found that in 2009, over 538,000 women and more than 117,000 men experienced intimate partner violence, up from 504,980 and 88,120, respectively, in 2008 (Truman & Rand, 2010) (see Table 8). The National Crime Victimization Survey from the U.S. Department of Justice indicates that 22% of women were victims of intimate partner violence, compared to 5% of men (Truman, 2011).

Numerous studies indicate that sexual violence is primarily partner violence. Consistently across surveys, the majority of women report being raped or sexually assaulted by a known partner (Black et al., 2011; Tjaden & Thoennes, 1998; Truman & Rand, 2010). In 2009, of those sexually assaulted, the majority of women were raped and/or sexually assaulted by an intimate partner (defined as current or former spouses, boyfriends, or girlfriends) (Truman & Rand, 2010) (see Table 7). The NISVS found that over half (51.1%) of female victims reported rape by an intimate partner, and 40.8% reported rape by an acquaintance. Additionally, three quarters (75.4%) of female victims of sexual coercion<sup>1</sup> reported that the perpetrator was an intimate partner. The majority (69.7%) of male victims of sexual coercion also reported perpetration by an intimate partner. For male victims, 52.4% reported being raped by an acquaintance and 15.1% by a stranger (Black et al., 2011).

Women are more likely than men to be injured during a sexual assault. The National Violence Against Women Survey (NVAWS) found that 32% of women and 16% of men who had been raped since age 18 sustained an injury during their most recent rape. In cases of physical

assault, nearly one quarter (24.8%) of men and 39% of women were injured during their most recent assault. Overall, about one in three women required medical attention after being injured during a sexual or physical assault (Tjaden & Thoennes, 1998).

Furthermore, physical assault is sometimes deadly. A compilation of longitudinal data from two leading federal violent crime reporting surveys — the Bureau of Justice Statistics' National Crime Victimization Survey (NCVS) from 1993-2008 (Catalano et al., 2009), and the Federal Bureau of Investigation's Uniform Crime Reporting Program's Supplementary Homicide Reports from 1993-2007 (FBI, 2010) — found that 70% of victims killed by an intimate partner in 2007 were female and they were killed at twice the rate of males (Catalano et al., 2009).

## WHO IS MOST LIKELY TO BE ASSAULTED?

A variety of studies dating from the 1970s have sought to identify characteristics shared by sexually violent perpetrators and their victims, for the purpose of advancing violence prevention strategies. Such studies have shown that generally, women are more susceptible to sexual violence than men, although men are more susceptible to physical violence than women (Elliott, Mok, & Briere, 2004; Tjaden & Thoennes, 1998). Women, however, are more likely to seek sexual assault-related treatment in hospital emergency rooms than men (Basile, Saltzman, Mahendra, Steenkamp, Ingram, & Ikeda, 2007). According to a series of independent studies, female victims experienced more severe rape-related injuries than their male counterparts and were therefore more likely to use medical services (Johnson & Bunge, 2001; Kimerling, Rellini, Kelly, Judson & Learman, 2002; Tjaden & Thoennes, 1998).

Research has also sought to identify age and relationship to perpetrator for both men and women. Research suggests that a significant percentage of rapes happen prior to the victim's 18<sup>th</sup> birthday. In a nationally representative survey of 9,684 adults, nearly 60% of female victims and nearly 70% of male victims who reported being raped were first raped before their 18<sup>th</sup> birthday (Basile, Chen, Lynberg, & Saltzman, 2007). The same study found that a majority of women who reported being raped (34.9%) were first raped between ages 12 and 17, whereas a majority of males who reported being raped (40%) were first raped before age 12 (Basile, Chen, Lynberg, & Saltzman, 2007). The NISVS

found slightly different results, reporting that 42.2% of female rape victims experienced their first rape before the age of 18, and that nearly 80% of female victims of rape experienced their first rape before the age of 25. According to the NISVS, more than one quarter of male rape victims (27.8%) experienced their first rape at 10 years of age or younger. Furthermore, the study found that individuals who were victims of rape as a minor were more likely to experience rape as an adult than those without an early rape history (Black et al., 2011). While these surveys reported different findings regarding the percentage of rapes that occur before a victim turns 18, both signal that a large percentage of rapes happen early in an individual's life.

In addition to identifying gender, age, relationship, and type of assault shared among sexually violated victims, some researchers have collected information related to the race of victims. The 2009 National Crime Victimization Survey (NCVS) found that African-Americans experienced higher rates of violent crimes, robberies, and aggravated assaults than Whites. However, the same study found that when it comes to rape and/or sexual assault, African Americans were only slightly more likely to be assaulted than Whites (Truman & Rand, 2009). Again, such figures should be viewed with caution as the NCVS also found that violent crimes (including rape and sexual assault) against African-Americans were slightly more likely to be reported to law enforcement agencies than violent crimes against Whites, thereby potentially distorting the prevalence figures (Truman & Rand, 2009).

The recent NISVS provided detailed information regarding the prevalence of rape among different racial and ethnic groups. The survey found that multiracial non-Hispanic women had the highest rate of victimization (33.5%). American Indian/Alaska Native women reported the second highest rates of victimization, at 26.9%. Black women and White women reported lower rates of victimization than multiracial and American Indian/Alaskan Native women, at 22.0% and 18.8% respectively. Approximately 1 in 7 (14.6%) Hispanic women reported experiencing rape at some point in their lives. For men in the United States, the figures on sexual violence and rape differed from women's, with a greater percentage of men reporting sexual violence other than rape.<sup>2</sup> Among White,

1. In the NISVS, sexual coercion is defined as "unwanted sexual penetration that occurs after a person is pressured in a nonphysical way. In NISVS, sexual coercion refers to unwanted vaginal, oral, or anal sex after being pressured in ways that included being worn down by someone who repeatedly asked for sex or showed they were unhappy; feeling pressured by being lied to, being told promises that were untrue, having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority" (p. 17).

2. Described in the NISVS as "Sexual violence by any perpetrator, including information related to rape, being made to penetrate someone else, sexual coercion, unwanted sexual contact, and non-contact unwanted sexual experiences."

non-Hispanic men, 1.7% had been victims of rape in their lifetime.<sup>3</sup> Nearly one third of multi-racial non-Hispanic men (31.6%) and over one quarter of Hispanic men (26.2%) reported sexual violence other than rape in their lifetimes (Black et al., 2011).

College students are especially vulnerable to sexual violence. Research has found that 1 in 35.3 college women (2.8%) have experienced a forced or attempted rape over a nearly seven-month period (Fisher, Cullen, & Turner, 2000). Approximately 35 out of every 1,000 college women are likely to be a victim of a completed or attempted rape. According to a survey of 4,432 college women, over one third reported having been subject to an attempted rape while on a date, nearly 13% said they had been raped, and almost 23% reported being threatened to have forced sex (Fisher, Cullen, & Turner, 2000). In a percentage of college rapes, alcohol is involved with one or both partners, though its 'causal' role is unclear. Other research suggests that a majority of incapacitated rape victims (rape involving alcohol) were women (Kaysen, Neighbors, Martell, Fossos, & Larimer, 2006). In a survey of 950 undergraduate students enrolled in a health class at a large Northeastern university in fall 1996, Nicholson et al. (1998) found that nearly two thirds of respondents who had experienced rape or attempted rape reported that alcohol was involved.

## SEXUAL AND DATING VIOLENCE IN YOUTH

As indicated above, numerous studies have determined that children under 18 years of age are often the most susceptible to sexually violent acts. Findings from the 1996 National Violence Against Women Survey (NVAWS) support this assertion: 9% of surveyed women and 1.9% of surveyed men reported that they were raped before age 18 (Tjaden & Thoennes, 2000). Such figures become even more startling when considering the prevalence of rape among children less than 12 years of age. Findings from the NISVS also illustrate the prevalence of sexual violence among youth. The report found that 42.2% of female victims of rape experienced their first rape before the age of 18, with 29.9% experiencing this between the ages of 11-17. Additionally, the NISVS found that, of those who had been victims of completed rape, 12.3% of females and 27.8% of males experienced their first rape at age 10 or younger (Black et al., 2011).

3. The NISVS indicates this was the only population for which they were able to obtain a reportable number.

Acknowledging the prevalence of sexual violence in youth, the national Youth Risk Behavior Survey (YRBS), published every two years, gathers information related to risky behaviors among U.S. youth in grades 9-12.<sup>4</sup> Between 1991 and the most recent publication in 2010, the survey found that the rate of interpersonal violence with a dating partner had risen. Interpersonal violence with a dating partner was defined as being "hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend" (CDC, 2010).

Nearly 1 out of every 10 9<sup>th</sup>-12<sup>th</sup> grader reported experiencing such dating violence within the 12 months prior to the survey, conducted in 2009. The survey also found that both male and female students experienced dating violence, with males in the 11<sup>th</sup> grade experiencing dating violence at a rate of 11.5% and female students at 9.1%. Overall, in grades 9-12, Black female students and Hispanic female students experienced some of the highest rates of dating violence among their peers, at 14.8% and 11.4% respectively, and White female students at a rate of 7.2%. The overall rates of dating violence were comparable between males and females, for Black (13.8%), Hispanic (11.7%), and White male (8.8%) students. The prevalence of dating violence among high school youth is of particular concern, as the majority of sexual violence is partner violence, which also suggests a close link between physical violence and partner sexual violence.

The 2009 YRBS indicates that Indiana has the 2<sup>nd</sup> highest rate in the nation<sup>5</sup> of females who were physically forced to have sexual intercourse. Of Indiana females in 9<sup>th</sup>-12<sup>th</sup> grades, 17.3% reported forced sexual intercourse, as compared to the national average of 10.5%. Additionally, males in Indiana had a slightly higher rate of forced sexual intercourse, at 5.2% compared to the national average of 4.5%. At the national level, the YRBS demonstrated that female students were more than twice as likely (10.5% vs. 4.5%) to encounter forcible sexual intercourse compared to their male counterparts in their lifetime. The study also suggests that African-American females (12%) and Hispanic females (11.2%) had a slightly higher forced sexual intercourse prevalence rate than did White females (10.0%). The highest prevalence rate of forced sexual intercourse among both male

4. YRBS uses a three-stage cluster sample design to produce a representative sample of 9<sup>th</sup> through 12<sup>th</sup> grade students. The target population consisted of all public, Catholic, and other private school students in grades 9 through 12. The 2009 report included data on over 16,000 responses of students nationwide.

5. Wyoming has the highest rate at 18%.

(5.4%) and female students (11.2%) occurred in 11<sup>th</sup> grade (CDC, 2010). These figures suggest that educational programs designed to prevent dating violence should be targeted at students before the 11<sup>th</sup> grade.

## Youth and Sexting

In addition to physical sexual violence, developments in technology have introduced new concerns regarding non-contact sexual coercion and the safety of minors. In order to address these concerns, a number of states have introduced bills that target the practice of "sexting." The National Network to End Domestic Violence (NNEDV) defines sexting as "sending or receiving of sexually explicit or suggestive images" via electronic means (NNEDV, 2011). Much of the legislation is aimed at protecting minors from exploitation by adult sexual offenders. However, sexting can also have serious consequences when occurring between minors, and a number of states have adopted legislation directed at these specific instances. Recognizing the negative impact sexting can have on individuals, the NNEDV states that "when perpetrators misuse sexually suggestive or explicit messages or images to coerce or abuse, it can have an immediate and significant impact on a victim's life" (NNEDV, 2011, p. 1). In some cases, sexting has even had fatal consequences for victims. For example, in 2009, a 13-year-old Florida girl hanged herself after her boyfriend shared pictures that she had sent to him with his family and friends following an argument. A similar incident happened in Ohio the same year, with an 18-year-old female (Colorado Sex Offender Management Board, 2010). When sexting is of a coercive or non-consensual nature, it falls under the CDC definition of non-contact sexual abuse.

With the potentially serious consequences of sexting, a number of states have adopted laws aimed at protecting adolescents. In 2011, the National Conference of State Legislatures (NCSL) reported that 21 states had introduced legislation on sexting. Since 2009, 14 states enacted laws regarding youth sexting (NCSL, 2011). Under current legislation in some states, minors who are found guilty of possessing or sharing "sext" messages must register as sex offenders (Colorado Offender Management Board, 2010). Due to the severity of legal consequences for minors, law enforcement agencies, prosecutors, judges, schools, and parents in Colorado are seeking to find a middle ground for an act that may fall in the category of juvenile behavior with-



out malicious intent. The Colorado Sex Offender Management Board recommends that possible alternative consequences be considered for more common, non-coercive sexting behavior. They argue that it is important to distinguish behaviors that have malicious intent, use intimidation as a means of obtaining images, or involve non-consensual taking or sending of images in order to embarrass or humiliate a person, and contrasting these with sexting behaviors that do not include such elements, but were consensual and intended for shared sexual gratification. Establishing intentionality will enable relevant professionals to develop measured and appropriate responses for these different sexting behaviors (Colorado Offender Management Board, 2010).

The NNEDV suggests a similar approach to handling sexting behaviors between minors, recognizing when coercion is involved and distinguishing this from impulsive, adolescent behavior. They state, “Competent and age-specific intervention and prevention activities can educate about the risks of sexting, promote healthy sexuality, and work to minimize and prevent future victimization from nonconsensual texting” (NNEDV, 2011, p. 1). With sexting laws being fairly new, they will likely continue to evolve as questions about intent and consequences continue to arise.

## ECONOMIC COSTS OF SEXUAL VIOLENCE

Although it is difficult to monetize the numerous emotional, physical, personal, and societal effects of sexual violence, some quantitative estimates are useful in highlighting the significant toll sexual violence has on victims, bystanders, communities, and societies. Although rates of both fatal and non-fatal intimate partner violence has fallen between 1993 and 2007 (2008 for non-fatal violence), intimate partner rape, physical assault, and stalking cost society more than \$5.8 billion each year with a majority (\$4.1 billion) owing to health costs (CDC, 2003; Truman, 2011). Additionally, the NVAWS determined that non-fatal intimate partner violence was the cause of approximately 2 million injuries and more than 8 million days of lost paid work resulting in lost productivity equivalent to 32,000 full time jobs (CDC, 2003). These figures considerably underestimate the full range of cost and lost productivity attributable to sexual violence since it only takes into account violence as experienced between intimate partners and not strangers, acquaintances, or youth. Furthermore, at this point in time, the

cost savings of sexual violence prevention efforts are unknown. Ideally, prevention efforts that save lives, healthcare costs, and lost work time would be identified along with the dollar savings they produce, indicating the most effective strategies for prevention.

## SCOPE OF THE PROBLEM

### Statewide

Sexual violence is a concern in Indiana as well as nationwide. However, to date there are a limited number of sources of data on the prevalence of sexual violence and rape in Indiana. One of these sources, the Uniform Crime Report (UCR), compiled by the Federal Bureau of Investigation (FBI), includes statistics on forcible rape in the nation as well as within each state. The UCR indicates that 1,761 rapes were reported in the state of Indiana in 2010 (FBI, 2011). However, this figure can be misleading about the prevalence of rapes within the state. First, as mentioned previously, only a small percentage of rapes are ever reported. Furthermore, law enforcement agencies in Indiana are not required to submit data about sexual violence or other crimes to the FBI, which would be included in the UCR. Indiana is one of only three states in the nation, along with New Mexico and Mississippi, lacking a centralized crime collection program certified by the FBI (ISDH, 2010). Given that there is no state legislation requiring the collection of crime data, law enforcement agencies voluntarily collect and report data, with approximately 30% of law enforcement agencies providing data to the UCR (ISDH, 2010). The numbers provided by the UCR, then, do not reflect the number of rapes that occur in Indiana, given the lack of regulation for reporting crimes and the limited reporting rate that occurs as a result.

In their report to the State of Indiana, Kilpatrick and Ruggiero (2003) addressed the limitations of the UCR, and emphasized the need for data on sexual violence in Indiana. To provide estimates of the prevalence of rape in Indiana, Kilpatrick and Ruggiero utilized national data from the National Women’s Study and NVAWS. They estimate that approximately 14.4% of women over age 18 in Indiana have been victims of one or more completed forcible rapes during their lifetime. Using figures from the 2000 Census, Kilpatrick and Ruggiero estimated that 335,000 women in Indiana have been raped in their lifetime. In other words, their conservative estimate of the prevalence of rape in Indiana

indicated that one in seven adult women has been forcibly raped at some point in her lifetime (Kilpatrick & Ruggiero, 2003). This number, however, excludes data on male rape victims or victims under the age of 18. It also does not include attempted rapes, alcohol- or drug-facilitated rapes, incapacitation rapes, or statutory rapes (Kilpatrick & Ruggiero, 2003).

The recent NISVS estimated higher figures for the rate of sexual violence within Indiana. The report estimated that 505,000 women in Indiana have experienced rape within their lifetime, a figure that translates to roughly 20%, or one in every five women.<sup>6</sup> An estimated 43.9% of Indiana women (1,091,000) have experienced sexual violence other than rape. In addition to estimates of female victims of sexual violence, the NISVS also included data on males. The NISVS indicated that approximately 25.8% of men (606,000 men) in Indiana have experienced sexual violence other than rape. The CDC stresses that state-level data are vital in defining the nature of the problem and in developing prevention strategies and allocating resources (Black et al., 2011).

Similarly, Kilpatrick and Ruggiero (2003) cautioned that their estimates on sexual violence in Indiana should not be treated as a substitute for collecting data directly within the state. They argued that using a well-designed victimization survey and collecting data within the state is vital for policymakers, service providers, and anyone focused on prevention: “Without such information it is difficult to know how big the rape problem is or to design effective rape prevention and intervention services” (Kilpatrick & Ruggiero, 2003, p. 1).

To address this need for accurate and up-to-date information, the Survey Research Center at Indiana University - Purdue University, Indianapolis (IUPUI) conducted a survey in 2007, providing a more detailed picture of sexual violence in Indiana. With sponsorship from the Indiana Coalition Against Sexual Assault (INCASA), the Survey Research Center at IUPUI surveyed Indiana women age 18 and over, using a random sample. In this survey, 913 women total were interviewed, and the findings on the prevalence of sexual violence in Indiana were published in 2008 (Sidenbender, Wolf, & Jolliff, 2008).

6. To determine estimates of sexual violence within states, the CDC states “NISVS survey samples were stratified by state, balancing between stable state-level estimates and weight variation for the national estimates from oversampling of smaller states.”

The study treated rape and sexual assault as separate crimes. Sexual assault was defined as “any forced or unforced non-consensual and/or unwanted sexual contact,” which included verbal threats of a sexual nature. Of the women surveyed, 18% had experienced sexual assault, with 15% of these women reporting it to legal authorities. Of the women interviewed, 20% experienced attempted rape, and 13% of the women interviewed indicated they had been victims of rape at some point in their lifetime. Only 12.3% of rape victims reported the crime to legal authorities (Sidenbender, Brake, Jolliff, & Reed, 2008).

Reflecting national trends, the majority of women who had experienced rape or an attempted rape knew their attacker. In the IUPUI study, 80% of women who had experienced an attempted rape knew the attacker, while 92% of the women who had been raped at some point in their past knew the attacker (Sidenbender, Wolf, & Jolliff, 2008).

While the survey provided valuable information about sexual violence in Indiana and allowed for limited comparisons to national trends, the Indiana State Department of Health (ISDH) indicated that there are some shortcomings of the research. The major methodological limitations they found were that only women who had land-line telephones were surveyed, that geographic analysis was not used to map the results, and that data on sexual violence against males were not included (ISDH, 2010). At this time, however, the IUPUI survey appears to offer the most comprehensive data about the prevalence of sexual violence in Indiana. The Indiana Sexual Violence Prevention Council

outlined the Indiana Sexual Violence Primary Prevention Plan (see below) which set data collection in Indiana as one of their six goals.

## SEXUAL VIOLENCE PREVENTION IN INDIANA

### Indiana’s Sexual Violence Primary Prevention Council

Between 2007 and 2009, Indiana’s Sexual Violence Primary Prevention Council developed a series of goals and priorities to reduce the rate of sexual violence across the state (ISDH, 2009). The Council comprises members throughout the state from different disciplines and organizations dedicated to preventing sexual violence. The Council first met in December 2007 and developed a five-year plan as part of Indiana’s Sexual Violence Prevention and Education Cooperative Agreement with the Centers for Disease Control and Prevention (CDC). The Indiana Sexual Violence Primary Prevention Plan (ISVPPP) formally began in 2010 with six clearly stated goals, each with a number of clearly defined outcomes.

According to the Indiana Sexual Violence Primary Prevention Plan, one of the stated outcomes of their goal regarding sexual violence data goals is to annually monitor the collection of data on the prevalence of sexual violence in Indiana (Goal #6). The Council states, “Reliable and accurate data inform the development of any effective public health intervention. Enhancing Indiana’s capacity for better sexual violence data collection, usage, and sharing is absolutely essential in moving the understanding of sexual violence and potential prevention solutions forward” (ISDH, 2009, Section 2, p. 5).

In addition to collecting data on sexual violence in Indiana, the ISVPPC aims to dedicate funds to state and local primary prevention initiatives. In addition to the funds the CDC already provides the state for prevention, the Indiana Sexual Violence Primary Prevention Council indicated that \$250,00 would be set aside for these purposes, as a means of strengthening the capacity to prevent sexual violence in Indiana. In the fall of 2011, INCASA, with funding from the CDC and ISDH, offered grants to local community organizations for Rape Prevention and Education Programs. The INCASA program was designed to provide funding for initiatives targeted at meeting the six goals outlined by Indiana Sexual Violence Primary Prevention

#### Indiana Sexual Violence Primary Prevention Plan Goals

1. To facilitate stakeholder awareness of and participation in the implementation of the Indiana Sexual Violence Primary Prevention Plan.
2. To build and strengthen capacity to prevent sexual violence in Indiana.
3. To support communities in using evidence-informed strategies and programs for sexual violence primary prevention through technical assistance.
4. To enhance social norms that promote sexual violence primary prevention.
5. To ensure the inclusion of priority populations in state and local sexual violence primary prevention efforts.
6. To enhance sexual violence data collection, analysis, and sharing.

#### Indiana Legislation

- Indiana Sex Crimes Act, IC 35-42-4. (1978)<sup>1</sup>
  - Defines and criminalizes several sexually violent acts including, but not limited to: rape, child molesting, child exploitation, child solicitation, sexual battery, sexual misconduct with a minor, sex offender internet offense, and inappropriate communication with a child
- Emergency Services to Sex Crime Victims, IC 16-21-8 (1993)<sup>2</sup>
  - Explains details of services such as response teams, medical exams, crimes considered sex crimes, related law enforcement duties and payment for medical exams
- SB 316, Heather’s Law (2010)
  - Requires IDOE and relevant organizations to develop and distribute to Indiana students in grades 6-12 a model of teen dating violence educational materials and a model for use in dating violence response policies, implemented July 1, 2011
- Domestic Violence Prevention and Treatment Council, IC-5-2-6.6 (2009)
  - Establishes the domestic violence prevention and treatment council, delineates council membership, organization, removal, and duties
- Office of Women’s Health, IC-16-19-13 (1999)
  - Establishes the Office of Women’s Health to educate and advocate for women’s health, defines staff appointments and an advisory committee
- Appointment of a sexual assault response team, IC 16-21-8-1.5 (2007)
  - Establishes procedures to develop a sexual assault response team in the event a county does not already have one (INCASA)
- County or regional sexual response team’s duties, IC 16-21-8-2 (1993)<sup>3</sup>
  - Describes protocols and action plans required by a county or region’s sexual assault response team upon the team’s establishment

Some states have legislation that is specifically aimed at **preventing** sexual violence, through a variety of measures. Indiana policymakers may therefore seek to model legislation after those states with existing legislation on sexual violence prevention in states such as Wisconsin and Minnesota.

1. Amended frequently since implementation in 1978.
2. Amended 2007.
3. Amended 2006 & 2007.

### Wisconsin, HB 134

*Related to providing instruction in human growth and development.*

Emphasizes the importance of open dialogue “about sexuality and decision making about sexual behavior between the pupil and the pupil’s parents, guardians, or other family members”

*Key features:*

- Reproductive and sexual anatomy and physiology;
- Puberty, pregnancy, parenting, body image, and gender stereotypes;
- The skills needed to make responsible decisions about sexuality;
- The benefits of and reasons for abstaining from sexual activity;
- The health benefits, side effects, and proper use of contraceptives;
- Methods for developing healthy life skills;
- How alcohol and drug use affect responsible decision making;
- The impact of media and one’s peers on thoughts, feelings, and behaviors related to sexuality;
- Criminal penalties for sexual activity involving a minor;
- Information pertaining to sex offender registration;

Significant to this Act is the requirement of “proven” and “medically accurate information” for use in instruction. Those school districts opting not to participate in a human growth and development program are required to inform parents of this decision by September 30th of each school year.

### Minnesota, HB 1758

*Violence Prevention Education and Prevention of Sexual Violence Working Group*

Unique to HB 1758 is the emphasis on collaboration between schools, parents, community members, agencies, and organizations knowledgeable in violence prevention, including those assisting with sexual violence prevention.

*Key features:*

- Establishment of a violence prevention curriculum in order to “help students identify violence in the family and the community so that students may learn to resolve conflicts in effective, nonviolent ways”;

- Incorporate a violence prevention and sexual abuse and assault prevention program into existing curriculum;
- Creation of preventative planning materials, guidelines, and other information on violence prevention;
- Early childhood family education programs that inform, educate, and encourage parents on positive parenting skills and child abuse and neglect prevention;
- In-service training for teachers to “help students identify violence in the family and the community so that students may learn to resolve conflicts in effective, nonviolent ways”;
- Opportunities for nonpublic schools, participating in a district’s program, to receive assistance related to the above mentioned prevention efforts;

Creation of a sexual violence working group to monitor, track, and develop goals for state-wide sexual violence prevention efforts.

### Minnesota, HB 1570-Article 3

*Sexual Assault Prevention*

Several areas under Article 3 are significant to this brief.

*Key features:*

- In collaboration with federal, regional, local and state agencies, the commissioner will “collect and analyze data on the incidence and prevalence of sexual violence in the state and provide a biennial report to the public...”
- Establish a sexual violence working group with primary goal of overseeing, monitoring and advancing sexual violence prevention programs throughout the state (Section 2). Appropriate \$1,250,000 each year to “fund community sexual violence prevention partnership demonstration grants”;

Such grants will enable local governments, colleges, universities, school districts, non-profit organizations and the like to improve and create new sexual violence prevention programs, maintain reporting and monitoring and increase the quality and quantity of outreach efforts in areas not currently targeted by existing agencies.

Council, with the funding period beginning November 1, 2011, and concluding October 31, 2012. INCASA projected the funding budget to be approximately \$300,000, even more than the amount anticipated in the ISVPP, and plans to award grants of \$10,000-\$15,000 to individual organizations (INCASA, 2011).

In addition to the Indiana Sexual Violence Primary Prevention Plan, numerous pieces of legislation are in place that reflect Indiana’s effort toward curbing the prevalence of sexual violence.

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## CONCLUSIONS AND RECOMMENDATIONS

Research has identified numerous characteristics, risk factors, warning signs, and preventative efforts to help curb the prevalence of sexual violence in our society. Despite the growing emphasis and attention devoted to preventative efforts, the majority of efforts are post hoc and sexual violence continues to have a tremendous impact on society, affecting individuals, families, bystanders, and communities. Young women and children are especially vulnerable to rape and other harmful forms of sexual assault. This in turn increases a woman’s likelihood of suffering from emotional and physical ailments which require medical treatment and affects her ability to perform well at work. Many state-level initiatives, such as Indiana’s Commitment to Primary Prevention, hope to deter the prevalence of these behaviors by addressing sexually violent acts.

Gathering and maintaining up-to-date information on sexual violence statistics will be vital as Indiana implements policies related to sexual violence prevention. Accurate data will indicate the scope of the problem, enabling policy decisions to be made.

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## Recommendations

### *For Researchers*

- Work with policymakers to develop and distribute a uniform survey measuring sexual violence in each state (currently no such uniform survey exists);
- Ensure that Indiana collects and reports sexual violence information annually to responsibly track effects of programs and efforts at prevention, as indicated in the ISVPPP;
- Few data exist related to sexual violence among the disabled and other minority groups. Encourage researchers and poli-



cymakers to study the effects and prevalence of sexual violence on these groups;

- Work with communities to develop and test sexual violence prevention efforts.

#### For School Officials

- Continue to provide sexual violence prevention and other violence prevention initiatives in K-12 curriculum;
- Encourage a safe and healthy learning environment by incorporating positive sexual norms and interpersonal respect campaigns into the curriculum for students in high school;
- Continue to search for data-based effective means of presenting safe sexual and interpersonal behavior information to different-aged students;
- School staff are role models to their peers and students; train school staff on ways to respond to conflicts in a manner that promotes positive behavior and condemns violence;
- Look for ways to involve older students in school-based prevention efforts, as younger students often look to them as role models also.

#### For Policymakers

- Continue to promote statewide summits to discuss and develop sexual violence prevention initiatives;
- Encourage legislatures to pass and implement sexual violence prevention programs to be incorporated into the curriculum;
- Work with healthcare agencies, non-profits, researchers, and other experts to develop comprehensive, fact-based, and community-wide sexual violence prevention initiatives;
- Familiarize state officials and the public with successful prevention efforts and policies in other states;
- Work with researchers and school officials on developing a baseline survey to assess the current status of sexual violence across the state.

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## ACKNOWLEDGEMENTS

The authors would like to thank **Katie Jones**, Violence Prevention Program Director, Indiana State Department of Health, and **Anita Carpenter**, CEO, Indiana Coalition Against Sexual Assault, for the valuable input and resources they contributed.

This publication was supported by Cooperative Agreement Number 5VF1CE001115-05 REVISED between the Centers for Disease Control and Prevention and the Indiana State Department of Health. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

## REFERENCES

- Basile, K.C., Chen, J., Lynberg, M.C., & Saltzman, L.E. (2007). Prevalence and characteristics of sexual violence victimization. *Violence and Victims*, 22(4), 437-448.
- Basile, K.C., Saltzman, L.E., Mahendra, R.R., Steenkamp, M. P., Ingram, E., & Ikeda, R. (2007). National estimates of sexual violence treated in emergency departments. *Annals of Emergency Medicine*, 49(2), 210-217.
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Catalano, S., Smith, E., Snyder, H.W., & Rand, M. (2009). *Female victims of violence*. Bureau of Justice Statistics: Selected findings. U.S. Department of Justice, Office of Justice Programs. September 2009, NCJ 228356
- Centers for Disease Control and Prevention. (2003). *Costs of intimate partner violence against women in the United States*. Atlanta, GA: National Center for Injury Prevention and Control.
- Centers for Disease Control and Prevention. (2010). *Youth risk behavior surveillance - United States, 2009. Morbidity and Mortality Weekly Report*, 59(SS-5), 1-142.
- Colorado Sex Offender Management Board. (2010). *Educational paper on "sexting" by youth: Balancing the law, teens, technology, and bad choices*. Retrieved from: [http://dcj.state.co.us/odvsm/sex\\_offender/SO\\_Pdfs/SOMB%20Sexting%20Position%20PaperFinal.pdf](http://dcj.state.co.us/odvsm/sex_offender/SO_Pdfs/SOMB%20Sexting%20Position%20PaperFinal.pdf)
- Crowell, N.A., & Burgess, A.W. (1997). Understanding violence against women. *Contemporary Sociology*, 26(4), 495-496.

- Elliott, D.M., Mok, D.S., & Briere, J. (2004). Adult sexual assault: Prevalence, symptomatology, and sex differences in the general population. *Journal of Traumatic Stress*, 17(3), 203-2011.
- Federal Bureau of Investigation. (2011). *Uniform crime report*. Retrieved from: <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2010/crime-in-the-u.s.-2010/tables/10tbl05.xls>
- Fisher, B.S., Cullen, F.T., & Turner, M.G. (2000). *The sexual victimization of college women*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Indiana Coalition Against Sexual Assault. (2011). RPE application 2011-2012. Retrieved from: [www.incasa.org/prevention/](http://www.incasa.org/prevention/)
- Indiana State Department of Health and the Indiana Sexual Violence Primary Prevention Council. (2009). *Indiana's commitment to primary prevention: A state free of sexual violence ~ 2010-2015*. Indianapolis, IN: Indiana State Department of Health.
- Indiana State Department of Health and the Indiana Sexual Violence Primary Prevention Council. (2010). *Indiana's commitment to primary prevention: A state free of sexual violence ~ 2010-2015 Appendix D - Overview of sexual violence data in Indiana*. Indianapolis, IN: Indiana State Department of Health.
- Johnson, H., & Bunge, V.P. (2001). Prevalence and consequences of spousal assault in Canada. *Canadian Journal of Criminology*, 43, 27-45.
- Kaysen, D., Neighbors, C., Martell, J., Fossos, N., & Larimer, M.E. (2006). Incapacitated rape and alcohol use: A prospective analysis. *Addictive Behaviors*, 31(10), 1820-1832.
- Kilpatrick, D.G., & Ruggiero, K.J. (2003). *Rape in Indiana: A report to the state*. Charleston, SC: National Violence Against Women Prevention Research Center, Medical University of South Carolina.
- Kimerling, R., Rellini, A., Kelly, V., Judson, P.L., & Learman, L.A. (2002). Gender differences in victim and crime characteristics of sexual assaults. *Journal of Interpersonal Violence*, 17(5), 526-532.
- Lee, S.L., Guy, L., Perry, B., Sniffen, C.K., & Alamo Mixson, S. (2007). Sexual violence prevention. *The Prevention Researcher*, 14(2), 15-20.
- McMahon, P.M. (2000). The public health approach to the prevention of sexual violence. *Sexual Abuse: A Journal of Research and Treatment*, 12(1), 27-36.
- National Conference of State Legislatures. (2011). *2011 legislation related to 'sexting'*. Retrieved from: <http://www.ncsl.org/default.aspx?tabid=22127>
- National Network to End Domestic Violence. (2011). *Sexting*. Washington, DC: Author.
- Nicholson, M.E., Maney, D.W., Blair, K., Wamboldt, P.A., Mahoney, B.S., & Yuan, J. (1998). Trends in alcohol-related campus violence: Implications for intervention. *Journal of Alcohol and Drug Education*, 43(3), 34-52.
- Rape, Abuse, & Incest National Network (RAINN). (2009). *How often does sexual assault occur?* Retrieved from: <http://www.rainn.org/get-information/statistics/frequency-of-sexual-assault>
- Sidenbender, S., Wolf, J., & Jolliff, A. (2009). *Female victimization in Indiana - 2008: Summary of methods and findings*. Indianapolis, IN: Survey Research Center at IUPUI-Indiana University - Purdue University.
- Sidenbender, S., Wolf, J., & Jolliff, A. (2008). *Female victimization in Indiana - 2008*. Indianapolis, IN: Survey Research Center at IUPUI-Indiana University - Purdue University, Indianapolis.
- Tjaden, P., & Thoennes, N. (1998). *Prevalence, incidence, and consequences of violence against women: Findings from the National Violence Against Women Survey*. Research in brief. Washington, DC: Department of Justice, National Institute of Justice; Atlanta, GA: Centers for Disease Control and Prevention (DHHS/PHS).
- Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence. Findings from the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, National Institute of Justice; Atlanta, GA: Centers for Disease Control and Prevention.
- Truman, J.L. (2011). *National Crime Victimization Survey "Criminal Victimization, 2010"*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (September 2011, NCJ 235508).
- Truman, J.L., & Rand, M.R. (2010). *Criminal victimization, 2009*. Washington, DC: U.S. Department of Justice Office of Justice Programs, Bureau of Justice Statistics.

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## ADDITIONAL RESOURCES

### Initiatives to Prevent Sexual Violence

- “Men Can Stop Rape” (MCSR), a national campaign designed to elicit positive behavior among young men. <http://www.mencanstoprape.org/>
- “Walk a Mile in Her Shoes,” a ten-year and running campaign through Utah State University in which male participants trek a mile in women's footwear to raise awareness and help curb sexual violence against women. [www.walkamileinhershoes.org](http://www.walkamileinhershoes.org)
- “Girl/Friends,” at North Lawndale College Prep in Chicago's west side, is one of the projects in a larger organization called ‘A Long Walk Home.’ Information on Girl/Friends can be accessed at: <http://www.alongwalkhome.org/programs.php>

The non-profit organization ‘A Long Walk Home’ (ALWH) utilizes art therapy and visual and performing arts to address violence against women and girls. “ALWH features the testimonies and art by survivors and their allies in order to provide safe and entertaining forums through which the public can learn about healing from and preventing gender violence.” Information on ‘A Long Walk Home’ can be accessed at: <http://www.alongwalkhome.org>

### Useful Readings

- Basile, K. (2003). Implications of public health for policy on sexual violence. *Annals of the New York Academy of Sciences*, 989(1).
- Crowell, N.A., & Burgess, A.W. (Eds.) (1996) *Understanding violence against women*. Washington, DC: National Academy Press.
- Davis, R., Fujie Parks, L., Cohen, L. (2006). *Sexual violence and the spectrum of prevention: Towards a community solution*. Enola, PA: National Sexual Violence Resource Center.

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Executive edited by Jonathan A. Plucker, Ph.D. and published by the

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