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**Stopping Sexual Violence Before it
Occurs: Creating Safer, Healthier
Communities Through Primary Prevention**

*In New Jersey, all individuals will be free of the threat, fear or acts of
sexual violence in all its forms*

With support from

Centers for Disease Control and Prevention, National Center for Injury Prevention & Control
and
New Jersey Department of Community Affairs, Division on Women

Prepared by the Prevention & Public Education Committee of the
Governor's Advisory Council Against Sexual Violence, NJ

Introduction:

Eliminating sexual violence in all its forms *before* it happens is primary prevention. While it is vitally important to continue to provide much needed services to individuals who have experienced sexual violence, **the only way to eliminate sexual violence is to prevent its perpetration.**

Since 2005, a **CDC-funded effort spearheaded by the Governor's Advisory Council Against Sexual Violence** has involved a dedicated collaboration that has been working on a comprehensive primary prevention plan aimed at reducing the perpetration of sexual violence.

New Jersey has reached the tipping point on this issue. The work accomplished over the past several years has been powerful. It has involved a broad range of community-based input that has produced a clear and cost-effective implementation plan.

This plan focuses on **reducing factors that tend to increase the likelihood that individuals will commit an act of sexual violence** (risk factors) such as young men witnessing acts of domestic violence. At the same time, the plan **promotes factors that help reduce the likelihood that individuals will commit an act of sexual violence** (protective factors), such as providing tools for individuals to safely intervene as a bystander to prevent acts of violence.

New Jersey's plan calls for **statewide collaboration** through governmental and community-based systems to implement and sustain strategies to **prevent the perpetration of sexual violence in all of our communities.**

The Issue of Sexual Violence:

Sexual violence in New Jersey affects all of us. While our state's financial resources are shrinking, the need to address sexual violence has grown.

- Sexual assault is one of the most underreported crimes in the U.S.—**approximately 84% are not reported** to police.
- **A rape is reported in New Jersey approximately once every 7 hours.**
- In the US, **the total victim cost of adult rape is \$127 billion per year**, as compared to assault at \$93 billion, murder at \$71 billion, drunk driving at \$61 billion, and child abuse at \$56 billion.

Sexual violence, including rape, is preventable. We must seize this moment to make the best use of New Jersey's current financial and human resources to address the escalation of sexual violence.

What Has Been Accomplished:

- In 2005, the Centers for Disease Control and Prevention (CDC), selected New Jersey as one of six (6) states to pilot a program aimed at preventing the perpetration of sexual violence.
- The Governor's Advisory Council Against Sexual Violence and the NJ Departments of Community Affairs, Health and Senior Services, and the New Jersey Coalition Against Sexual Violence have been leading the state prevention work in collaboration with community organizations that compose the State Prevention Team to work on the CDC project.
- Prevention partners are diverse and represent a non-traditional collaboration of stakeholders, including those working on other prevention efforts to address bullying, addiction and child abuse; local Sexual Violence Programs; civic and business groups; and state colleges and universities.
- The State Prevention Team completed a needs assessment from which a comprehensive plan was developed.

As a field, the primary prevention of sexual violence is in its infancy and as a state, we should be proud that New Jersey has been chosen to be part of this groundbreaking work.

Where We Are Now:

The State Prevention Team's needs assessment identified:

- factors that increase the likelihood that sexual violence will occur (risk factors);
- factors that decrease the likelihood that sexual violence will occur (protective factors);
- strategies proven to reduce risk factors and promote protective factors that influence the perpetration of sexual violence as well as other high risk behaviors. For example, risk factors for sexual violence also put an individual at risk of becoming a bully or high school dropout, drug addicted or depressed;
- populations most vulnerable to sexual violence victimization, including those who are developmentally disabled, mentally ill, incarcerated;
- the need for improved, cooperative data collection and analysis with which to accurately assess the magnitude of sexual violence; and
- limited funding and system capacity to provide intervention services as well as prevention programming.

Next Steps:

Work toward the following **goals**:

- **State and Community Level Norms Change**
 - Provide skills to middle school, high school, and college communities to safely intervene to prevent violence.
 - Promote gender equity and respect for women and girls by reducing sexual stereotypes in the media and increasing male accountability for the prevention of sexual violence.

- **Improve Data Collection, Enhance Support to Sexual Violence Programs and Increase Funding**
 - Build a coordinated sexual violence data collection and analysis system for the state.
 - Collect baseline information and track changes in NJ's societal perceptions, norms and attitudes about key risk factors for sexual violence.
 - Provide technical assistance, training and support to enable NJ's Sexual Violence Programs to implement and sustain viable strategies for and the primary prevention of sexual violence.
 - Increase funding for strategies proven to prevent sexual violence and protect funding for current intervention services.

- **State Level Policy Change**
 - Create and implement institutional and agency strategies to prevent sexual violence against and among people with developmental disabilities and inmates at correctional facilities.
 - Identify and support programs that increase attachment between parent/caregiver and child and build empathy skills in children.
 - Increase training and mentoring opportunities for young males (middle, high school and college level) who are at the highest risk for the perpetration of violence, specifically young males who have witnessed domestic violence.

Measureable outcomes to be achieved within the next 5 years include:

- A **coordinated system for data collection and analysis** that:
 1. provides demographic data on perpetrators and survivors
 2. tracks cases over time
 3. contains consistent state, county and major urban area data
 4. identifies shared characteristics of perpetrators
- **Changes in social norms, attitudes and behaviors** regarding sexual stereotypes, healthy relationships, and violence prevention.
- **Maximized use** of scarce **resources** by **integrating data collection** across government departments.
- **Sufficient evaluation tools and collaboration to sustain viable strategies** for primary prevention of sexual violence in New Jersey.

How Policy Makers Can Help:

In order to maximize our capacity to meet the goal of preventing sexual violence before it occurs, the State Prevention Team needs the cooperation and assistance of elected and appointed officials to take the next steps. In order to move forward, New Jersey needs:

- State government leadership to make a **commitment (financial, human and other resources) to implement the state-wide prevention plan for sexual violence.**
- Government support for an integrated and **coordinated data collection system.** The current lack of integrated data contributes to the lack of data-driven strategies for prevention. Coordination should include, but not be limited to, the following offices and departments of state government:
 - The Governor's Office
 - Department of Community Affairs/ Division on Women (DCA/DOW)
 - Department of Corrections (DOC)
 - Department of Education (DOE)
 - Department of Law and Public Safety (DLPS)
 - Department of Human Services. Divisions of Developmental Disabilities and Mental Health (DHS/DDD/DMH)
 - Department of Health and Senior Services (DHSS)
 - Department of Children and Families (DCF)
 - Department of Military and Veteran's Affairs (DMVA)
- **Standardized definitions and data sharing** among state departments collecting data related to sexual violence.
- Better **collaboration between departments of government** around prevention efforts, especially those which serve the target population of 18-24 year old males.

- **Increased funding for sexual violence prevention strategies, data collection, and system capacity upgrades** with minimized negative financial impact on intervention activities. In 2009, funding for Rape Prevention Education (RPE) was cut by 10 percent; \$ 900,000 is inadequate to meet the current needs of 21 Sexual Violence Programs, Rutgers University and the New Jersey Coalition Against Sexual Assault. The local Sexual Violence Programs have been struggling to provide prevention and 24-hour crisis intervention services for their entire county with an average annual budget of \$95,000.
- Development of a new, **dedicated state level funding stream** for sexual violence intervention and prevention programs.

Conclusion:

New Jersey currently has the **opportunity to be at the forefront** of the national movement to eliminate sexual violence before it occurs. Over the past 5 years, with the help of departments of government, the non-profit and business communities, much work has been done to identify the barriers and develop the strategies that will allow us to reach this important goal. We are now ready to move forward with this ambitious plan, but **we need the assistance and cooperation of state government to bring it to fruition.**

