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Primary Prevention of Sexual Violence in Indiana

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Abstract

The American Medical Association refers to sexual violence as a "silent, violent epidemic." Because of this, Indiana seeks to create a primary prevention of sexual violence plan in order to lower the incidence of sexually, violent crimes and change overall social norms. The following research outlines the steps Indiana has taken to achieve this goal. First, a literature review was performed to research different types of rape, Indiana's law on rape, prevention history in Indiana, data collection history in Indiana, funding history in Indiana, risk and protective factors of sexual violence, Indiana's primary prevention plan, and what other states have done in primary prevention of sexual violence. Second, the 2007 Female Victimization in Indiana Survey was summarized to show results and limitations to the first-ever, statewide prevalence measure of sexual violence among women. Specifically, the survey showed that thirteen percent of adult, Indiana women have been victims of completed rape. Third, further logistic regression was performed to show demographic predictors of being victimized or reporting a crime. See Table 5 in Appendix 1 for results. Fourth, the procedures to collecting qualitative data were explained. Ten district forum meetings were held across the state in order to collect state citizen opinions and beliefs pertaining to sexual violence. Fifth, analysis of the district forum populations was carried out to demonstrate the demographic representativeness of these meetings. Approximately forty counties in Indiana were represented at these meeting. Moreover, the majority of participants were female and highly educated, with a bachelor's degree or higher. All components together contribute to the creation of Indiana's first-ever primary prevention of sexual violence plan.

The American Medical Association refers to sexual violence as a "silent, violent epidemic" (Indiana Coalition Against Sexual Assault *Plan*, 2003). Specifically, the word epidemic is defined as a rate of disease, health status, or behavior occurring above a baseline, expected rate (Friis and Sellers, 2004). Sexual violence in communities is perceived to be intolerable and offensive. Therefore, any occurrence is considered an epidemic by communities. Despite its non-acceptance, however, it remains a taboo and silent subject not openly discussed among communities. Nevertheless, sexual violence results in realistic, negative outcomes for victims, perpetrators, and bystanders (Indiana Coalition Against Sexual Assault *Plan*, 2003). In particular, victims suffer medical consequences such as physical injury, unwanted pregnancy, sexually transmitted diseases, other gynecological problems, chronic pain, eating disorders, depression, fear, anger, post-traumatic stress disorder (PTSD), and/or suicide (Centers for Disease Control and Prevention *Understanding*, 2007). Moreover, sexual violence costs society billions of dollars annually. In 2005, Minnesota studied the economic impact of sexual assault on their state. This study showed the annual cost of sexual assault to be eight billion dollars to Minnesotans. These costs broke down to include medical and mental health care for victims, lost work and productivity, other victims' services, and criminal justice costs (Minnesota Department of Health, 2007). Sexual violence remains inadequately addressed, however, and perpetuates because of silence, misconceptions, stigmas, and myths (Indiana Coalition Against Sexual Assault *Plan*, 2003).

Sexual violence is an umbrella term that encompasses anything from rape, to sexual harassment or intimidation in the workplace, to fondling, to child pornography. It includes some of the most intimately violent crimes motivated not just by sexual drive, but more by desires to feel forceful, powerful, and in control of another individual. Sexual violence knows no socio-

demographic boundaries. Therefore, all sectors of society are affected directly or indirectly. Because of this, communities feel unsafe at the unpredictability of sexual violence (Indiana Coalition Against Sexual Assault *Plan,* 2003). It produces negative effects on the social health and wellbeing of communities because it establishes a culture of disrespect and inequality, threatening the safety and productivity of youth, families (Kelly-Smith, 2008), workplaces, and other community sectors (Indiana Coalition Against Sexual Assault *Plan,* 2003).

In an effort to change the horizons of sexual violence prevention, the Indiana State Department of Health (ISDH), the Indiana Coalition Against Sexual Assault (INCASA), the Survey Research Center at Indiana University Purdue University-Indianapolis (IUPUI), and PeopleWork Associates L.L.C. partnered together to tackle a goal designed by the Centers for Disease Control and Prevention (CDC) and funded through Rape Prevention and Education (RPE) grants from the Department of Health and Human Services (DHHS). Specifically, this goal entailed focusing prevention efforts more onto primary prevention of sexual violence instead of onto traditional tertiary prevention programs targeted at healing victims and perpetrators (personal communication, Abby Kelly-Smith, March 12th, 2009). This paper will discuss collaborative research done thus far including five main objectives: 1) a literature review discussing different types of rape, Indiana's law on rape, prevention history in Indiana, data collection history in Indiana, funding history in Indiana, risk and protective factors of sexual violence, Indiana's primary prevention plan, and what other states have done in primary prevention of sexual violence, 2) a summary of Indiana's first-ever, statewide survey measuring prevalence of sexual violence among Indiana women, 3) further analysis of this survey using logistic regression to find predictors of victimization and reporting habits of adult women in Indiana, 4) a discussion of the procedures followed to gather qualitative data, and 5) data

analysis documenting the demographic representativeness of the populations used for collecting qualitative data. Please refer to Table 1 in Appendix 1 summarizing these objectives.

Literature Review

Types of Rape and Sexual Abuse

The characterization of violent, sexual behaviors helps professionals understand the overall topic of sexual violence because it establishes definable problems that serve as the foundation for targeting priority populations and creating competent interventions. In 2003, INCASA authored a state plan that characterized types of rape as well as types of sexual abuse (Indiana Coalition Against Sexual Assault *Plan,* 2003). While all forms of sexual violence were not characterized, this plan served as an effective starting point for beginning to classify sexual violence. Specifically, the plan outlined types of rape and sexual abuse including acquaintance rape, marital rape, male rape, elder sexual abuse, sexual abuse among diverse populations, and child sexual abuse (Indiana Coalition Against Sexual Assault *Plan,* 2003).

Acquaintance rape. Acquaintance rape is forced, unwanted sexual intercourse with a known person. For example, the perpetrator might be a peer, family member, colleague, friend, date, or even a fiancée. Many professionals estimate that as many as sixty percent of victims reporting a rape know their assailant. The rationale behind acquaintance rape deals with trust. The occurrence of acquaintance rape only occurs after an element of trust is established between the victim and assailant. Thus, many professionals term this type of rape confidence rape (Indiana Coalition Against Sexual Assault *Plan,* 2003).

Acquaintance rape is perceived by society as not occurring as often as rape by strangers. Consequently, more importance is subscribed to stranger rape. Statistics, however, repeatedly point to the contrary conclusion. There are many other prevalent, perceived myths documented

within society that also blur the reality of the actual crime. For example, victim precipitation is defined as the contributory behavior of the victim preceding the actual rape event. Many lay individuals hold the belief that if the victim would have behaved differently, the crime might have not been committed. Put another way, the victim contributed to the initiation of the crime. Secondly, many people believe that when a woman says no to sex, it really means yes. This myth is rooted in the idea that women are expected to tease a sexually aroused man. Other documented myths include the idea that women are expected to fight back during sex and the idea that once a man is sexually aroused, sexual intercourse is inevitable. Many of these myths cloud the judgment of individuals who decide if rape actually occurred between acquaintances. This is the case many times for juries in the court of law (Indiana Coalition Against Sexual Assault *Plan,* 2003). According to INCASA, "The problem is that rape should be defined by the act itself. The severity should be judged with regard to threat or injury, not in terms of existing relationship" (Indian Coalition Against Sexual Assault *Plan,* 2003). Thus, acquaintance rape must be specially characterized and defined, recognized for its prevalence within communities, and addressed effectively by first disproving current myths that prevent its accurate identification (Indiana Coalition Against Sexual Assault *Plan,* 2003).

Marital rape. Marital rape can be defined as forced, unwanted sexual intercourse or penetration of other orifices by a spouse or life partner. Some experts estimate that ten to fourteen percent of married women experience marital rape in the United States. Furthermore, marital rape is associated especially with women in abusive relationships. Studies of battered women have shown that between one third and one half of battered women have been raped at least once by their partners. Despite this evidence however, the criminalization of marital rape is quite recent, demonstrating that society is only now beginning to officially recognize that rape

can happen in marriage or similar relationships. Historically, a marriage contract is seen in many cultures' eyes as an entitlement to sex (Indiana Coalition Against Sexual Assault *Plan,* 2003). For example, INCASA quotes Sir Mathew Hale, Chief Justice in the seventeenth century in England, as saying "the husband cannot be guilty of rape committed by himself upon his lawful wife, for by their mutual matrimonial consent and contract, the wife hath given herself in kind unto the husband which she cannot retract" (Indiana Coalition Against Sexual Assault *Plan,* 2003). Recently, a new law in Afghanistan has legalized marital rape specifically saying that a husband in that country can demand sexual intercourse from his wife every four days unless she is ill or unless sexual intercourse will cause imminent harm (Faiez and Vogt, 2009). Moreover, experts say that victims of marital rape are less likely to report the crime to proper authorities. Many believe this is the case because of the inadequate recognition of marital rape as a crime by individuals and communities (Indiana Coalition Against Sexual Assault *Plan,* 2003).

Male rape. Male rape can be defined as forced, unwanted sexual intercourse or penetration of orifices of a male victim. There are many documented myths surrounding the rape of men. Some examples include 1) men can't be raped because they are too strong, 2) all male victims are homosexual, 3) men can't be raped by women, and 4) male victims' sexual orientations change after being raped by another male. Reality demonstrates that men can be raped by both other men and women. Furthermore, both homosexual and heterosexual men are victims and perpetrators. Some experts report that rapists who rape men are heterosexual ninety-eight percent of the time. In addition, the majority of male victims are heterosexual. Social norms that support myths surrounding male rape significantly affect how victims react to such a traumatic event, such as the likelihood of reporting the incident or seeking out medical care. Additionally, these myths significantly affect how law enforcement, judicial systems, and health

care systems recognize and manage the problem (Indiana Coalition Against Sexual Assault *Plan*, 2003). Because there is little research and classification of this problem (Indiana Coalition Against Sexual Assault *Plan*, 2003), this type of victim highlights a priority population in need of adequate recognition, intervention, and support.

Elder sexual abuse. Elder sexual abuse can be labeled as the perpetration of nonconsensual sexual contact in which the victim is over the age of sixty. This has become an increasing and more recognized concern because of two factors. First, in 1978, the federal-level House Select Committee on Aging investigated elder abuse in depth and officially recognized the problem at a national level. Secondly, because the population of those over sixty years old is presently growing at a high rate, elder abuse rates will also increase unless the issue is adequately addressed. A main factor that contributes to the occurrence of elder sexual abuse is that elderly victims tend to be very frail in physical stature, leaving them very vulnerable to this type of abuse. While the elderly age group has shown to be the least victimized age group of any crime, this age group tends to experience the most severe consequences of crime when they are victimized, including when victimized by sexual abuse. Of those that perpetrate elder abuse, 47.3 percent are adult children, about twenty percent are spouses, and about ten percent each are other relatives and grandchildren respectively (Indiana Coalition Against Sexual Assault *Plan*, 2003).

Sexual violence within diverse populations. Within the state of Indiana, populations of different races and ethnicities have greatly increased over recent years, especially within the Hispanic population. This raises issues that pertain directly to cultural competency of sexual violence within specific subcultures. For example, the African American culture has been documented to have lower trust in legal authorities due to past police brutality among their race.

Thus, African American victims of sexual violence report to authorities less often. As well, sexual violence victims of color are not subscribed the same importance as Caucasian victims due to racism that has perpetuated throughout American history. For these reasons, there is a dearth of data pertaining to sexual violence among diverse populations and a dearth of support services and resources for these diverse victims (Indiana Coalition Against Sexual Assault *Plan,* 2003). This field of work remains open with enormous opportunities for development in Indiana by directly applying the concept of cultural competency to designing unique and tailored interventions for victims of different races and ethnicities.

Child sexual abuse. Child sexual abuse can be defined as the perpetration of nonconsensual sexual activity, either involving physical contact or no physical contact (Sexual Assault Response Services of Southern Maine, no date), of which the victim is under eighteen years old (The Free Dictionary by Farlex, 2009). In 2000, Indiana Child Protective Services (CPS) reported 4,200 cases of substantiated child sexual abuse. Furthermore, child victims of sexual violence are six times more likely to be sexually victimized again compared to child non-victims. Additionally, victims of child sexual violence are more likely to contract sexually transmitted diseases, have unprotected intercourse, and especially become teenage parents. Research has shown that pregnant teenagers experience higher than average rates of sexual assault. For example, a study done in Washington showed that out of 535 young women who had become pregnant as teenagers, sixty-six percent of them reported to being sexually abused as children. This study concluded that child sexual abuse is a common antecedent and risk factor for teen pregnancy, thus signifying a priority population in need of tailored services (Indiana Coalition Against Sexual Assault *Plan,* 2003).

Please refer to Table 2 in Appendix 1 for a listing of types of rape and sexual abuse.

Indiana's Law on Rape

Indiana's state statute on rape is as follows:

"**IC 35-42-4-1**
Rape
Sec. 1. (a) Except as provided in subsection (b), a person who knowingly or intentionally has sexual intercourse with a member of the opposite sex when:
(1) the other person is compelled by force or imminent threat of force;
(2) the other person is unaware that the sexual intercourse is occurring; or
(3) the other person is so mentally disabled or deficient that consent to sexual intercourse cannot be given;
commits rape, a Class B felony.
(b) An offense described in subsection (a) is a Class A felony if:
(1) it is committed by using or threatening the use of deadly force;
(2) it is committed while armed with a deadly weapon;
(3) it results in serious bodily injury to a person other than a defendant; or
(4) the commission of the offense is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-42-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge.
As added by Acts 1976, P.L.148, SEC.2. Amended by Acts 1977, P.L.340, SEC.36; P.L.320-1983, SEC.23; P.L.16-1984, SEC.19; P.L.297-1989, SEC.1; P.L.31-1998, SEC.3" (IN.gov, 2009).

According to a personal communication with Anita Carpenter, CEO of INCASA, on Tuesday, August 19th, 2008, Indiana's law on rape possesses a significant number of shortcomings. First, rape encompasses only the behavior of sexual intercourse. According to Merriam-Webster Online, the primary definition of sexual intercourse is "the heterosexual intercourse involving penetration of the vagina by the penis" (2009). Other definitions of sexual intercourse also include other sexual behaviors such as the penetration of the anus or mouth (Merriam-Webster Online, 2009). However, Anita attests that most law enforcement officers are trained to only recognize the traditional act of sexual intercourse involving male and female genitalia as rape. This excludes behaviors that involve the penetration of the vagina by foreign objects as well as the penetration of any other orifices using a penis or foreign object (personal

communication, Anita Carpenter, August 19th, 2008). Secondly, the law strictly points out that the act of rape must be between a man and a woman. Therefore, homosexual rape is not rape under the law in Indiana (IN.gov, 2009). Additionally, the definitions spelled out by Indiana law on rape are much narrower than national surveys that measure the prevalence of rape. For example, one such survey considers rape to have both male and female victims and to include the penetration of the mouth, vagina, or anus by a penis, fingers, or a foreign object (Indiana Coalition Against Sexual Assault *Data,* 2006).

These shortcomings in Indiana's law on rape significantly affect how communities view the crime. They shape social norms and define expectations of punishment for when rape or other sexually violent crimes occur (personal communication, Anita Carpenter, August 19th, 2008). According to Anita at INCASA, it can be very harmful to the victim when he or she considers him/herself a victim of rape while the Indiana law does not recognize the traumatic event as such. Moreover, labeling other violent, sexual behaviors as not rape may give the perception that these crimes hold less importance (personal communication, Anita Carpenter, August 19th, 2008). Lawmakers must consider victims of sexual violence as stakeholders when creating policy, and they must consider how victims identify with specific crimes. This will lead to more progressive guiding principles within the state of Indiana.

Please refer to Table 3 in Appendix 1 for the Indiana law on rape.

Indiana History of Sexual Violence Prevention

Prior to 1986, Indiana contained twenty-six small, grassroots response organizations for victims of sexual violence. Much of these services also focused on a combination of services for domestic violence, battery, sexual assault, and rape (Indiana Coalition Against Sexual Assault *Plan,* 2003). These response organizations operated independently of one another (Indiana

Coalition Against Sexual Assault *Data,* 2006) to serve all ninety-two counties in Indiana (Indiana Coalition Against Sexual Assault *Plan,* 2003). This meant that each organization collected data and treated/counseled victims differently, thus creating inconsistency across the state (Indiana Coalition Against Sexual Assault *Data,* 2006). However, in 1986, the Indiana Coalition Against Sexual Assault was formed in Indianapolis, Indiana in an effort to become the state leader in resource sharing and networking among smaller anti-sexual violence organizations. A main goal of INCASA's was to separate the problem of sexual violence from domestic abuse in order to focus more attention on this specialized, social issue. Through its creation, INCASA provided local, victim services with educational training where networking and information exchange could occur (Indiana Coalition Against Sexual Assault *Plan,* 2003). Additionally, INCASA provided these local organizations with technical support (Indiana Coalition Against Sexual Assault *Plan,* 2003) by creating a website listing all victim assistance programs, the areas they served, and their contact information (INCASA, 2002). However, as INCASA grew, it realized the need for continuity in data collection and victim treatment and services among service providers. Therefore, in 1994 and in 2003, INCASA drafted state plans that addressed these issues through making recommendations for better continuity in data collection, victim treatment, and data sharing (Indiana Coalition Against Sexual Assault *Plan,* 2003).

The history of rape data collection in Indiana. In 2006, INCASA conducted a study to assess the status of rape data collection within the state. They first looked at the Uniform Crime Report (UCR), a national source of crime data compiled by the Federal Bureau of Investigation (FBI). They found the UCR to report 93,934 rapes nationally and 1,856 rapes in Indiana in 2005. These numbers, however, differ significantly from other studies. For example, in 2004,

Legal Services Association (LSA) of Indiana conducted a review of sex crime cases brought to court that year. This study showed that approximately 9,000 rape cases were tried in court in 2004. Furthermore, the national UCR rape estimate of 2005 differs considerably from the National Crime Victimization Survey rape estimates of 2004 and 2005 and from the National Violence Against Women Survey rape estimates of 1995 and 1996. In fact, these latter two surveys estimate two to three times the national UCR rape estimate respectively (Indiana Coalition Against Sexual Assault *Data,* 2006).

Why are these estimates of rape prevalence so inconsistent? The answers lie with two caveats: underreporting and the utilization of different definitions of rape. First, those that report to the UCR each year are law enforcement agencies. Moreover, it is voluntary for these law enforcement agencies to report their crime statistics to the national database. Currently in Indiana, about one third of law enforcement agencies report their rape statistics to the national UCR. This means that the national and state rape estimates are grossly underestimated. Another example of this is the LSA study done in 2004. The LSA only reviewed rape cases that reached court. They did not account for rape cases that were pleaded out before they reached court or for rape cases that were never reported to authorities. Therefore, the estimate of 9,000 rapes in 2004 is another underestimation of the actual problem. Secondly, rape estimates are inconsistent with each other because of the differing definitions of rape utilized by data collection agencies. For example, the definition of rape used by the UCR does not include male victims. However, the National Crime Victimization Survey and the National Violence Against Women Survey both use much broader definitions of rape that account for various other sexually violent behaviors and gender equity in recognizing victims. Therefore, these latter two surveys have larger estimates than the UCR (Indiana Coalition Against Sexual Assault *Data,* 2006).

Within the state of Indiana, agencies that collect rape data include law enforcement agencies, victim health service providers, and victim judicial assistance providers. In 2006, INCASA surveyed a number of these agencies to see what data were gathered, to see how data were gathered, and to see how the data were used. A number of noteworthy observations were found. First, many of these institutions utilize different definitions of rape, a finding consistent with national data collectors. Additionally, many different types of data (time of event, alcohol, drug, or weapon involvement, etc.) were gathered between institutions based on what each institution felt was relevant to collect. Lastly, there was low information sharing between institutions across the state. From this study, INCASA concluded that preliminary prevalence estimates of rape and other types of sexual violence were impossible to make based on inconsistent data collected between Indiana agencies. Therefore, INCASA recommended that each agency use a standardized data collection tool and that this information be made accessible to all rape victim assistance programs through electronic and/or web-based technology such as an online database (Indiana Coalition Against Sexual Assault *Data,* 2006).

Funding History Turns to Primary Prevention

Prior to 2000, Indiana received most of its funding for anti-sexual violence programs from federal sources in the form of a block grant. Specifically, a portion of this block grant, termed Sexual Assault Services money, was divided and distributed throughout the state (Indiana Coalition Against Sexual Assault *Plan,* 2003). In 1994, however, Delaware Senator Joe Biden co-authored the Violence Against Women Act (VAWA) which was signed into law by President Clinton. This Act provided an additional source of income for anti-sexual violence organizations in Indiana. This money, however, was disbursed through the Criminal Justice Institute, the Department of Corrections, and through the Department of Family and Social Services. Thus,

health agencies, such as ISDH, were not in control of this money or its usage. Moreover, much of this money went to programs that promoted risk reduction and self-defense for women, which is still presently often confused with primary prevention or keeping sexual violence from ever happening (personal communication, Abby Kelly-Smith, March 12th, 2009). According to Abby Kelly-Smith of the Office of Women's Health at ISDH, it is a common school of thought that if you teach a woman to stay out of potentially dangerous situations or how to defend herself, this is keeping sexual violence from ever happening to them. On the contrary, this places the responsibility of avoiding sexual violence on the potential victim instead of the potential perpetrator. Furthermore, when talking about female or child potential victims, most women and children are unable to defend themselves adequately from potential perpetrators (personal communication, Abby Kelly-Smith, March 12th, 2009).

Shortly after federal VAWA money started flowing into the state, the CDC created RPE grant money. At this time, the CDC began to investigate modifying rape prevention into more of a health promotion issue instead of a risk reduction issue. The CDC made greater strides in 2005 when they shifted their RPE funding towards programs the sponsored primary prevention of sexual violence. Specifically, the CDC began looking for programs with characteristics focusing on changing community environments through altering current social norms and perceptions pertaining to the risk and protective factors of sexual violence. Moreover, the CDC wanted to see programs and interventions target systems level change in order to reach the goal of social norms change. For example, the CDC began to fund programs that promoted and fostered more equal gender roles among adults, gender socialization promoting gender equality among youth, and the encouragement of healthy relationships and social skills that handle conflict more peacefully (personal communication, Abby Kelly-Smith, March 12th, 2009).

Risk and protective factors for perpetrating sexual violence. Specifically, in order to keep sexual violence from ever happening, risk factors to perpetrating sexual violence must be removed while protective factors against perpetration must be promoted. Risk factors to commit sexual violence can be classified into individual-, relational-, community-, and societal-level factors. These factors have been shown by research to put people at risk of sexual violence perpetration and include: 1) on the individual level – alcohol and drug use, coercive sexual fantasies, antisocial tendencies, a preference for impersonal sex, hyper-masculinity, hostility towards the gender of attraction, and/or a childhood history of sexual abuse, 2) on the relational level – association with sexually aggressive or delinquent peers, a violent family environment with little alleviating resources, strong patriarchal relationships, and/or an emotionally unsupportive family environment, 3) on the community level – lack of employment opportunities, poverty, general tolerance of sexual violence within the community, and/or weak community sanctions against perpetrators, and 4) on the societal level – societal norms that support sexual violence, male superiority, male sexual entitlement, female sexual submissiveness, and high tolerance of other crimes and forms of violence. In contrast, protective factors against the perpetration of sexual violence include equal status of women and men in society, collective efficacy of a community to commit to intolerance of sexual violence, and positive youth development that includes equal gender socialization and the promotion of healthy dating relationships. These factors must be identified and modified within Indiana communities in order to prevent sexual violence on the primary level (Centers for Disease Control and Prevention *Risk*, 2009). Please refer to Table 4 in Appendix 1 for a listing of risk and protective factors.

Indiana's Primary Prevention Plan. Indiana's Sexual Violence Primary Prevention Plan, thus, aims to measure the baseline problem of sexual violence in Indiana quantitatively and qualitatively. This has already been done through a random telephone survey done through the Survey Research Center at IUPUI (Survey Research Center at IUPUI, 2008) and through ten district forum meetings across the state (Robbins and Russell, 2009). These two processes will be described later.

In addition to these two data gathering processes, ISDH assembled a Sexual Violence Primary Prevention Council composed of stakeholders from around the state. These stakeholders presently oversee the authoring of the Primary Prevention Plan including the mission, goals, objectives, and selections of priority/special populations. Furthermore, future implementation and evaluation of the plan will be supervised by this council in order to maintain this endeavor's sustainability (personal communication, Abby Kelly-Smith, March 12th, 2009).

What Other States Have Done

Prevention of sexual violence is beginning to focus more on primary prevention rather than tertiary prevention in other states as well as Indiana. Because of this, other states have made the effort to measure the prevalence of this social problem in their communities in order to build a foundation for evidence-based change. However, it is important to note that each state is or has measured different indices using different definitions of sexual violence behaviors according to what each state's agenda desires to accomplish (personal communication, Abby Kelly-Smith, August 19th, 2008).

The state of Oklahoma conducted a random telephone survey in 2005 to 2006 that focused on sexual violence behavior and prevalence. However, instead of collecting pure quantitative data, this survey asked participants their attitudes and beliefs surrounding sexual

violence. As well, if the participant was a victim, they were asked to describe the risk factors that might have lead to the assault such as alcohol and/or drug use. Victims were also asked their likelihood of reaching out to and knowledge of victim service providers (Oklahoma State Department of Health, 2006). In Iowa and Massachusetts, however, sexual violence data have been gathered via their state Behavioral Risk Factors Surveillance System survey. Only two to four questions are asked pertaining to sexual violence. Thus, the data gathered create a brief and small picture of the problem in those states (personal communication, Abby Kelly-Smith, March 12th and 13th, 2008). In New Hampshire, a random telephone survey was conducted in 2005 to 2006 that was modeled closely after the National Violence Against Women Survey conducted in 1995 and 1996. The telephone survey also included some questions borrowed from psychological scales on victimization. This particular survey was lengthy and focused on issues ranging from attitudes and beliefs, to barriers to care, to prevalence of sexual violence victimization (University of New Hampshire Survey Center, 2006). Lastly, in Virginia, a random telephone survey was conducted in 2002 to 2003 that assessed both females *and* males. Data collected pertained to prevalence of sexual violence, risk factors to the assault experience, reporting rates, and attitudes and beliefs relating to service needs and access/barrier issues. As well, Virginia was able to extrapolate from the original data set the prevalence of child sexual violence (Virginia State Department of Health, 2003). Thus, it is easy to see what each state's main focuses were in assessing sexual violence in their communities. This remains a positive aspect because each state was given the chance to use their abilities to assess the unique needs of their individual communities. However, a negative to this process is that state-to-state comparisons now cannot be accurately done because of the inconsistencies of types of data collected between states (personal communication, Abby Kelly-Smith, August 19th, 2008).

Summary of the 2007 Female Victimization in Indiana Survey

In an effort to measure the prevalence of sexual violence and other crimes among adult women living in the state of Indiana, INCASA partnered with the Survey Research Center at IUPUI to conduct such an endeavor (Survey Research Center at IUPUI, 2008).

Methodology and Format

The Survey Research Center conducted a random telephone survey of 2,871 adult, female, Indiana residents between October and December of 2007. The survey was voluntary for participants and confidential for their protection. Out of the 2,871 participants, 913 women finished the telephone survey completely, resulting in a response rate of 31.8 percent. The average interview lasted 6.88 minutes. After the data were collected, they were weighted to make up for under- or overrepresented populations. The data were stored in Microsoft Office Excel 2000 and analyzed using SPSS 15.0 (Survey Research Center at IUPUI, 2008).

The main goals of the survey were to measure the prevalence of specific crimes against adult women in Indiana as well as measure the prevalence of adult women reporting these crimes to authorities. The survey consisted of ten main question stems that asked if women were victims of a specific crime. These ten crimes in order included theft, stalking, verbal threats, physical assault, sexism, workplace sexual harassment, unwanted non-physical sexual situations, sexual assault, attempted rape, and completed rape. Therefore, the survey was designed with the least severe crimes asked first and the most severe asked last (Survey Research Center at IUPUI, 2008). This deliberate design was to "warm the participants up" to answering questions about victimization (personal communication, Anita Carpenter, August 19th, 2008). As well, for each question, the timeframe of the incident occurrence and reporting to authorities were asked. For questions pertaining to sexual assault, attempted rape, and completed rape, relationship to the

perpetrator was asked. The demographic variables collected included age, marital status, race/ethnicity, religious preference, Protestant denomination (if applicable), frequency of attending religious services, educational attainment, income level, and employment status (Survey Research Center at IUPUI, 2008).

Results and Limitations

The majority of the surveyed population was Caucasian, aged forty-five to fifty-four, married, Protestant, a high school graduate or earner of a GED, employed, and an earner of twenty to forty thousand dollars a year. The top two crimes most experienced by adult women in Indiana were sexism and verbal threats. Attempted rape ranked fourth with twenty percent of women responding to being a victim. Sexual assault ranked sixth with eighteen percent of women responding to being a victim, and completed rape ranked eighth with thirteen percent responding to being a victim. The crime of theft ranked last. Of those women who experienced a crime, theft, stalking, and physical assault were most likely to be reported to authorities (82.5 percent, 70.4 percent, and 55.3 percent respectively). Attempted rape and sexual assault ranked sixth and eighth on the list of crimes likely to be reported to authorities by adult women in Indiana, specifically 17.4 percent and 14.6 percent respectively. Completed rape ranked last with only 12.3 percent of victims reporting the crime to authorities. Lastly, those that reported being a victim of attempted rape and/or completed rape reported that the most likely person to perpetrate these crimes was a friend in relation to the victim (Survey Research Center at IUPUI, 2008). Please refer to Figures 1 and 2 in Appendix 1.

Major limitations to this survey are three-fold. First, geographic location was not used in the analysis of these data. Therefore, no geographic mappings could be done to cluster cases together. This would give a visualization of where hotspots of sexual violence were

occurring within the state. Secondly, males, children, and other special populations were not included in the sample. This leaves an enormous realm of sexual violence victimization open for discovery within these populations. Lastly, this telephone survey utilized landlines exclusively. Thus, exclusive cell phone users were excluded from the study (personal communication, Jim Wolf, February 19th, 2009). According to the Pew Research Center, cell phones are the biggest challenge to the commonplace landline telephone survey because exclusive cell phone usage is increasing drastically among younger, more mobile citizens. The Pew Research Center specifically describes this special population as significantly different from landline users. Therefore, this different and growing population is not being captured with common landline surveys (Keeter, 2007). This was the case for the 2007 Survey (personal communication, Jim Wolf, February 19th, 2009).

Logistic Regression

Methods

As previously described, the Survey Research Center at IUPUI conducted a random telephone survey to collect data on adult female victimization in Indiana as well as data on reporting rates of specific crimes. Survey questions asked consisted of "yes/no" outcomes as well as questions pertaining to demographic data. These data were stored in Microsoft Excel 2000 (Survey Research Center at IUPUI, 2008).

In order to perform logistic regression on these existing data, the Excel database was imported into SPSS 16.0. Logistic regression was performed using binary logistic regression because all dependent variables could only be "yes" or "no" outcomes. Moreover, the forward stepwise conditional method was used. Variables were coded appropriately for logistic regression using the reference category for each demographic set of variables as the category

with the most respondents. For example, Caucasians were used as the reference category for race/ethnicity because it was the group with the most respondents. Additionally, some current categories of data were collapsed together due to original, low response rates per cell. Specifically, the categories of Hispanic, Asian/Pacific Islander, Native American, Bi-racial, and Other were collapsed into one category of Other. As well, the categories Jewish and Other Religion were collapsed to make one category of Other. Lastly, demographic variable responses that coded for "don't know" or "refuse to answer" were discarded as they had little relevance and meaning if chosen as a predictor to being a victim of a crime or reporting a specific crime.

Ten sets of questions from the data set were analyzed using the demographic variables collected. These ten questions asked participants if they had been a victim of the following: theft, stalking, threats, physical abuse, sexism, sexual harassment in the workplace, exposure to sexual situations involving no physical contact, sexual assault, attempted rape, and completed rape. For each question, participants were asked a follow-up question pertaining to if they reported the crime to authorities. Therefore, twenty questions were analyzed using the demographic variables collected through logistic regression. Again, the demographic variables collected included the categorical variables of age, marital status, race/ethnicity, religious preference, Protestant denomination or preference (if applicable), frequency of attendance at church services, educational attainment, and income level per year. Employment was also asked as a demographic variable. However it was not used in the analysis because the grand majority of participants were employed, leading investigators to believe that employment would not be a relevant predictor.

Results

Please refer to Table 5 in Appendix 1 for the results of this study. For the crime of theft, those eighteen to thirty-four years old had 2.407 greater odds of responding to being a victim than the reference group of thirty-five to fifty year olds (95% Confidence Interval [CI]: 1.169-4.955). For those reporting theft to authorities, those that never attend church had a 7.48 greater odds of reporting the crime compared to those that attend weekly (95% CI: 1.426-39.235). However, this large confidence interval demonstrates the large inaccuracy of the odds ratio because large ranges in confidence intervals signify low accuracy in measurement. Moreover, those that earned forty to sixty thousand dollars a year had 4.322 greater odds of reporting theft to authorities than those that earned between twenty and forty thousand dollars a year (95% CI: 1.02-18.322). Those that earned eighty to 100 thousand dollars a year had a 3.149 greater odds of responding to being a victim of stalking as compared to those earning between twenty and forty thousand dollars a year (95% CI: 1.123-8.834). There were no statistically significant demographic predictors for responding yes to being a victim of a threat. Furthermore, there were no statistically significant demographic predictors to responding yes to reporting stalking, threats, physical abuse, and exposure to unwanted, non-physical sexual situations. Those that had some technical schooling and those that earned less than twenty thousand dollars per year had 1.797 and 0.47 greater odds to responding yes to being a victim of physical abuse as compared to high school graduates/GED earners and those earning between twenty and forty thousand dollars per year respectively (95% CIs: 1.030-3.134 and 0.285-0.776). Thus, earning less than twenty thousand dollars per year demonstrated a protective effect from physical abuse. Those that were single but living with a partner were almost statistically significant as a predictor to responding yes to being a victim of sexism (p-value of 0.051, 95% CI: 0.209-1.002). Those

that never go to church and those who have an associate's degree had 0.373 and 0.163 greater odds of responding yes to reporting sexism to authorities as compared to those who attend church weekly and high school graduates/GED earners respectively (95% CI: 0.141-0.985 and 0.068-0.394). This means that these individuals were less likely to report this crime. Technical school graduates and those earning forty to sixty thousand dollars per year had 0.419 and 2.158 greater odds of responding to being a victim of sexual harassment in the workplace as compared to high school graduates/GED earners and those earning between twenty to forty thousand dollars a year respectively (95% CI: 0.179-0.983 and 1.305-3.571). Moreover, those that were single and never married and those that earned sixty to eighty thousand dollars per year were almost statistically significant predictors of reporting sexual harassment in the workplace (p-values of 0.054 and 0.052, 95% CIs: 0.969-59.094 and 0.987-20.283 respectively). Asians and other races had a 0.434 greater odds of being a victim of unwanted, non-physical sexual situation as compared to Caucasians (95% CI: 0.194-0.970). Therefore, this shows a protective characteristic of this category. Those that never go to church and those that earned greater than 120 thousand dollars per year had 0.577 and 0.349 greater odds of being a victim of sexual assault as compared to those who attend church weekly and those who earned twenty to forty thousand dollars per year respectively (95% CIs: 0.343-0.970 and 0.176-0.691). Again, these predictors are identified as protective factors based on their odds ratios. Those that were single but living with a partner and those that had earned a professional degree had 0.054 and 0.134 greater odds of responding yes to reporting sexual assault as compared to married individuals and high school graduates/GED earners (95% CIs: 0.004-0.651 and 0.03-0.59 respectively). Those that were divorced and those that were Jewish or other religions had 0.371 and 0.398 greater odds of responding to being a victim of attempted rape as compared to married

individuals and Protestants respectively (95% CIs: 0.228-0.604 and 0.207-0.766). However, those having no religious preference had 2.303 greater odds of responding to being a victim of attempted rape as compared to Protestants (95% CI: 1.06-5.004). Those eighteen to thirty-four years old almost were significant predictors of reporting attempted rape (p-value of 0.056, 95% CI: 0.143-1.023). Those that were divorced and Jewish or other religions had 0.348 and 0.332 greater odds of reporting to being a victim of completed rape as compared to married individuals and Protestants respectively (95% CI: 0.201-0.604 and 0.166-0.664). However, those that were greater than fifty years old and those that had earned an associate's degree had 1.815 and 2.962 greater odds of responding yes to being a victim of completed rape as compared thirty-five to fifty year olds and high school graduates/GED earners respectively (95% CIs: 1.088-3.029 and 1.04-8.439). Lastly, those that earned an associate's degree had 0.079 greater odds of reporting completed rape as compared to high school graduates/GED earners (95% CI: 0.009-0.722) Those that were greater than fifty years old almost were a significant predictor for reporting completed rape (p-value of 0.057, 95% CI: 0.061-1.044).

District Forum Procedures

As previously described, the Indiana Sexual Violence Primary Prevention Plan aimed to measure two entities. First, it intended to measure the prevalence of sexual violence and other crimes against adult women living in Indiana. This was done through a random telephone survey performed by the Survey Research Center at IUPUI back in 2007 (Survey Research Center at IUPUI, 2008). As well, the plan sought to measure the opinions, beliefs, and social norms pertaining to the social issue of sexual violence and its prevention in diverse Indiana communities. This was done through district forum meetings which were held in all ten public health districts of Indiana from November to December of 2008 (Robbins and Russell, 2009).

Thus, the Plan illustrated its objectives to assess and measure the baseline problem of sexual violence in Indiana communities by collecting both quantitative and qualitative data (personal communication, Abby Kelly-Smith, March 12th, 2009).

As mentioned, the ten public health districts of Indiana were targeted as forum locations (Indiana Public Health Preparedness Districts, 2009). Specifically, these meetings took place in the cities of Fort Wayne, Elkhart, Bloomington, Lawrenceburg, Greencastle, Evansville, Lafayette, Muncie, Danville, and Gary. Local county health departments encompassing these cities, with the exception of Gary, were contacted and given the task of arranging and publicizing a district forum discussing the problem of sexual violence in Indiana communities. Because the area of Gary and Lake County are divided into many municipal health departments and a county health department, the Indiana State Department of Health felt that the Indiana Minority Health Coalition had better resources to organize, publicize, and recruit for a meeting in the Gary area. Thus, this organization was contacted for this task. Resulting meeting times, consequently, ranged from morning, to afternoon, to evening times based on what was most convenient for whichever organizing entity. Participation in these forums was open to all residents of Indiana. Therefore, a wide range of occupations and roles were represented including judges, law enforcement, teachers, social workers, nurses, doctors, mental health professionals, politicians, women's advocates, child advocates, GLBT (gay, lesbian, bisexual, and transgender) advocates, college representatives, reproductive health advocates, domestic abuse and other non-violence organizations, and the lay community. Finally, the district forums ranged from two and a half to three hours in length depending on the sample size of participants (Robbins and Russell, 2008).

Upon the commencement of the forums, participants were first asked to fill out an information sheet on themselves for future recordkeeping. Such information included gender,

race and ethnicity, educational attainment, age, county of residence, and re-contact information. Next, the local host of the meeting (usually a representative from the sponsoring local health department) welcomed the crowd and introduced them to representatives from the Indiana State Department of Health. Following this welcome, an ISDH representative gave a fifteen to twenty minute introduction accompanied with a Microsoft Office Power Point presentation. This presentation included information about the depth of the sexual violence problem in Indiana through statistics from the Uniform Crime Report, the 2007 Female Victimization in Indiana Survey, and from the Youth Risk Behavior Survey. Moreover, the concept of primary prevention was outlined for the participants in order to direct and focus their thoughts onto brainstorming ideas of how to apply this type of prevention to sexual violence. Following this information sharing, participants were called to action by a simple visualization exercise. Participants, first, were asked to remember when breast cancer was a health issue so taboo that most of society did not talk about the disease. ISDH representatives described how sufferers bore the ill effects of cancer, chemotherapy, and radical surgery in seclusion from society. Next, participants were asked to remember when smoking was allowed on airline flights. The presenter, furthermore, asked the participants to then think about how public awareness of both issues has changed dramatically public policy and public opinion for the better. ISDH representatives described how both breast cancer and smoking are now considered socially acceptable to talk about and immensely detrimental to one's health. The presenter asked the participants to be the first change-makers in making sexual violence just as socially acceptable to talk about and just as important as a social issue and detrimental to health as breast cancer and smoking are (Robbins and Russell, 2008).

After a better background knowledge over Indiana's sexual violence problem and sexual violence primary prevention, *and* after a call to change the horizons of sexual violence prevention for Indiana communities, members of the meeting were broken into smaller groups containing about four to ten individuals. These small groups, usually arranged in a discussion circle, were then instructed to do the following: 1) read silently a question on the Power Point presentation, 2) think quietly and write solutions to the question on sticky notes, one solution per note, 3) after about ten minutes, share with the group the solutions, one at a time, until all solutions are read, and 4) place the sticky notes on large, easel-size poster paper. Each participant was also instructed to leave no identifying marks (name, email, etc.) on the sticky notes in order to keep semi-anonymity during the process. While the discussion groups certainly were not designed to be anonymous, the utilization of sticky notes was designed to be anonymous because future analyzers of the qualitative data would most likely not remember associations between certain sticky notes and specific participants due to the large number of participants overall, the time (in months) between the forum meetings and the actual execution of the analysis, and the re-organization of data. In fact, for many participants, the discussion groups provided a great atmosphere for networking and resource sharing. This process was followed through six questions including: 1) Why do you think sexual violence occurs? 2) What do you think would help stop sexual violence in your community? 3) What can be done to prevent sexual violence on these levels – individual, community, society, and policy? 4) In times of adversity, sexual violence increases. What can be done to address this as an individual, a family, a community, and a state? 5) What is needed in a state sexual violence *primary prevention* plan? and 6) What did we not ask? These questions were specifically designed to be open-ended in order to generate a variety of responses. This was the case as evidenced by the lively discussions

that ensued after each question was deliberated over. At the termination of each meeting, six poster papers with sticky notes from each small group were collected by ISDH for future data analysis. This analysis phase is currently in process. Therefore, official, organized results are being waited on presently (Robbins and Russell, 2008).

Demographic Summary of District Forums

After all the district forum meetings were carried out, ISDH desired to find the demographic make-up for each district forum as well as for the entire Indiana sample from all ten forums (Robbins and Russell, 2008). For example, it was hypothesized that the urban location of Gary would draw a very different crowd, and thus, very different perceptions on sexual violence, than the meeting location in Lawrenceburg in Dearborn County, which is known for its rural characteristics. As well, a number of meeting sites were held in college towns in an effort to capture perceptions, beliefs, and opinions from campus representatives about sexual violence on college campuses (Robbins and Russell, 2008).

As mentioned previously, each participant in the forums was asked to fill out a small information sheet about themselves. Each information sheet included questions asking for gender, race and ethnicity, educational attainment, age, county of residence, and re-contact information (Robbins and Russell, 2008). Further analysis was done with these data using Microsoft Office Excel 2007 to find demographic summaries for each meeting as well as for the entire Indiana sample. The overall results for all ten district forum meetings can be seen in Appendix 1, Figures 3 through 8. As represented in Figure 3, there were 223 participants overall, and the meeting with largest attendance was in Evansville in Vanderburgh County with forty-three participants. The meeting with lowest attendance was in Lafayette in Tippecanoe County with four participants. On this particular day, bad weather affected the turn-out of

participants at this forum. In Figure 4, it was seen that thirty-eight Indiana counties, Illinois, and Kentucky were represented. County representation peaked wherever there was a meeting site, which was an expected occurrence. Overall about forty-one percent of Indiana counties were represented at these forums. Figures 5 through 8 showed demographic break-downs for gender, educational attainment, age, and race/ethnicity for the entire Indiana sample. According to Figure 5, eighty-five percent of the district forums were attended by women while only fifteen percent were attended by men. Figure 6 showed that eighty-three percent of participants had a college degree or higher. Only seventeen percent had lower than a college degree. Figure 7 showed that the age breakdown was pretty equal. There, however, was a glaring disparity in that there were no participants ages sixteen to nineteen. Lastly, almost eighty percent of participants were Caucasian, about fifteen percent were African American, and five percent were Asian, Native American, Latino, other, or they left this question blank. This is referred to in Figure 8.

The total race and ethnicity break-down of the district forums matched fairly well with the census data taken in 2007 for Indiana. According to the U.S. Census Bureau, Caucasians represented eighty-three and a half percent, blacks represented nine percent, Latinos represented five percent, and all others represented one and a half percent or lower each. The educational break-down, however, did not match the 2007 census data for Indiana. Again, over eighty percent of participants in these forums had a college degree or higher. This contrasted with the census data that states only 19.4 percent of those living in Indiana had a bachelor's degree or higher in 2007. 82.1 percent of those living in Indiana in 2007 were only high school graduates. Therefore, the district forums represented the opinions, perceptions, and beliefs of a very educated sub-set of Indiana (US Census Bureau State and County Quick Facts, 2007). Consequently, the perceptions, opinions, and beliefs of less educated Indiana citizens were not

captured within these district forums. Lastly, the age group of sixteen to nineteen year olds was not captured in these district forums. As previously mentioned, primary prevention of sexual violence begins with changing the social norms of a community to accept more equally the roles of each gender. Thus, more positive and equal gender socialization among youth is a key goal within a priority population to prevent sexual violence from ever occurring (Centers for Disease Control and Prevention *Risk*, 2009). However, without this age group's input on their perceptions, opinions, and beliefs pertaining to sexual violence, a primary prevention plan cannot be adequately created. The district forums failed as a tool to capture this key stakeholder's viewpoint.

Conclusion

Sexual violence is a pervasive social problem that cannot be ignored. Credible medical associations have even termed it a silent and violent epidemic (Indiana Coalition Against Sexual Assault *Plan*, 2003). In Indiana, this problem cannot be ignored. Therefore, the Indiana State Department of Health, along with many partners and stakeholders, aim to prevent sexual violence from ever happening in an effort to prevent the ill health effects for individuals and to create more sustainable communities (personal communication, Abby Kelly-Smith, March 12th, 2009). In the past, breast cancer and cigarette smoking were both taboo health subjects, but now, society has moved past this to create positive change in the name of health. Sexual violence is now such an example that must be studied, researched, and talked about so that communities can stop sexual violence and improve health and well-being (Robbins and Russell, 2009). The Indiana State Department of Health started this process first by measuring the baseline problem of sexual violence in Indiana and second by creating a Primary Prevention Plan that will aim to enhance protective factor in society such as promoting the equal status of women and men in

communities. It will also aim to eliminate risk factors such as hyper-masculinity in males and sexual abuse of children. Equal gender socialization and healthy relationship development will be promoted in Indiana's youth. This, along with the input, from the Indiana district forum meetings, will all contribute to make Indiana's communities free of sexual violence (personal communication, Abby Kelly-Smith, March 12th, 2009). Hope is on the horizon for sexual violence prevention in Indiana.

Appendix 1

Table 1. Overview of Research Paper Objectives.

1.) A Literature Review 2.) A Summary of Results from the 2007 Female Victimization in Indiana Survey 3.) Further Statistical Analysis Using Logistic Regression to Find Predictors of Being Victimized and Reporting a Crime 4.) A Discussion of the Procedures Used to Collect Qualitative Data 5.) Data Analysis Documenting the Demographic Representativeness of Populations Used for Qualitative Data Gathering

Table 2. Types of Rape and Sexual Abuse.

• Acquaintance Rape • Stranger Rape • Marital Rape • Male Rape • Elder Sexual Abuse • Child Sexual Abuse

Table 3. The Law on Rape in Indiana.

"**IC 35-42-4-1** **Rape** Sec. 1. (a) Except as provided in subsection (b), a person who knowingly or intentionally has sexual intercourse with a member of the opposite sex when: (1) the other person is compelled by force or imminent threat of force; (2) the other person is unaware that the sexual intercourse is occurring; or (3) the other person is so mentally disabled or deficient that consent to sexual intercourse cannot be given; commits rape, a Class B felony. (b) An offense described in subsection (a) is a Class A felony if: (1) it is committed by using or threatening the use of deadly force; (2) it is committed while armed with a deadly weapon; (3) it results in serious bodily injury to a person other than a defendant; or (4) the commission of the offense is facilitated by furnishing the victim, without the victim's knowledge, with a drug (as defined in IC 16-42-19-2(1)) or a controlled substance (as defined in IC 35-48-1-9) or knowing that the victim was furnished with the drug or controlled substance without the victim's knowledge. *As added by Acts 1976, P.L.148, SEC.2. Amended by Acts 1977, P.L.340, SEC.36; P.L.320-1983, SEC.23; P.L.16-1984, SEC.19; P.L.297-1989, SEC.1; P.L.31-1998, SEC.3.*"

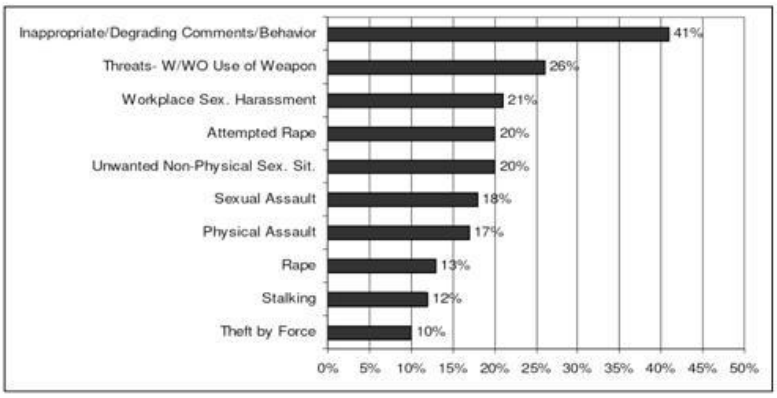
Table 4. Risk and Protective Factors to Sexual Violence.

Risk Factors for Perpetrating Sexual Violence	**Protective Factors against Perpetrating Sexual Violence**
<u>Individual Level</u> • Alcohol and/or drug use • Coercive sexual fantasies • Antisocial tendencies • A preference for impersonal sex • Hyper-masculinity • Hostility towards the gender of attraction • Childhood history of sexual abuse	• Perception of equal status between men and women in communities.
<u>Relational Level</u> • Association with sexually aggressive or delinquent peers • A violent family environment with little alleviating resources • Strong patriarchal relationships • An emotionally unsupportive family environment	• Collective efficacy of community to accept intolerance to sexual violence

<u>Community Level</u>
• Lack of employment opportunities
• Poverty
• Social norm of tolerance of sexual violence
• Weak community sanctions against perpetrators
	• Positive youth development
	  ○ Equal gender socialization
	  ○ Promotion of healthy dating relationships
	  ○ Promotion of social skills pertaining to peaceful conflict resolution

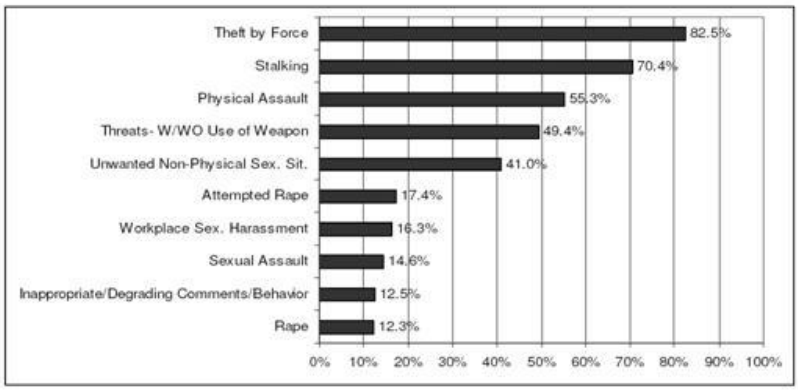
<u>Societal Level</u>
• Societal norms that support
  ○ Sexual violence
  ○ Male superiority
  ○ Male sexual entitlement\
  ○ Female submissiveness
• High tolerance of other crimes and forms of violence	

Figure 1. Frequency Compilation of Crimes Experienced.



Source: Survey Research Center at IUPUI. (2008). *Female victimization in Indiana – 2008: Summary of methods and findings*. Indianapolis, IN: Sidenbender, S., Wolf, J., & Jolliff, A.

Figure 2. Summary of Proportions of Those Who Experienced and Reported Crimes.

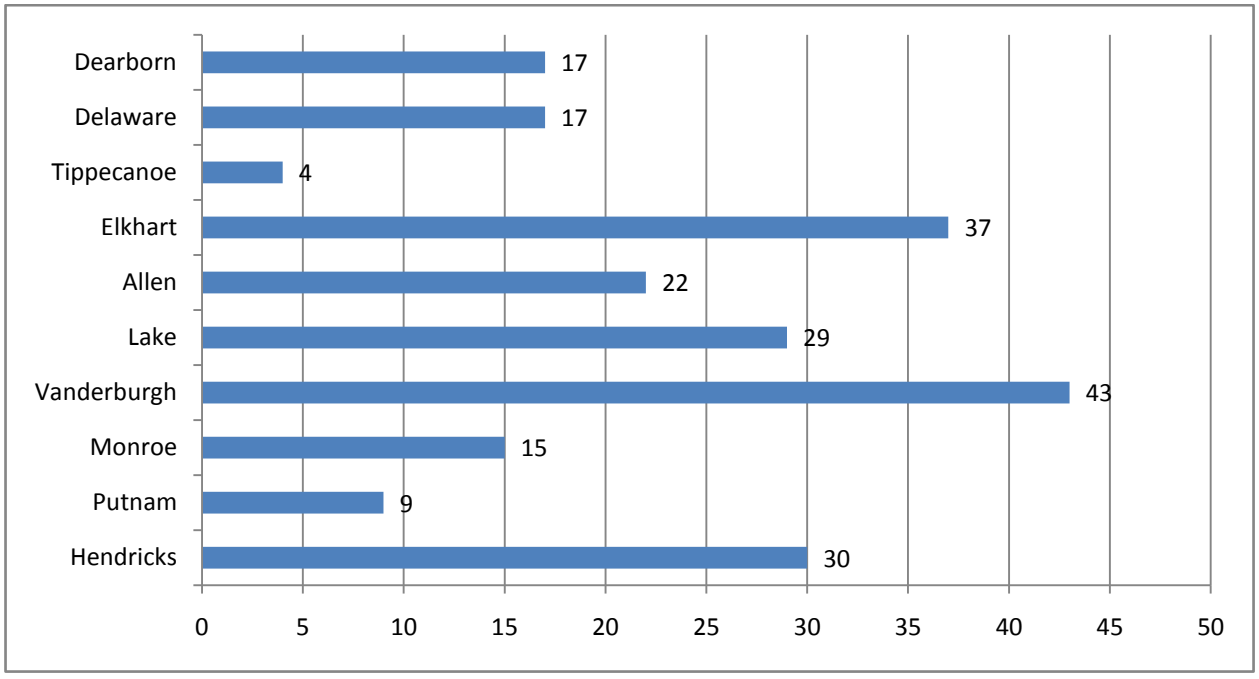


Source: Survey Research Center at IUPUI. (2008). *Female victimization in Indiana – 2008: Summary of methods and findings*. Indianapolis, IN: Sidenbender, S., Wolf, J., & Jolliff, A.

Table 5. Predictors of Being Victimized and of Reporting Crimes.

Question	Significant Variables	P-Value	Odd Ratio	95% Confidence Interval		Approaching Significance?
				Lower	Upper	
Victim of Theft?	18 to 34 years old	0.017	2.407	1.169	4.955	
Report Crime?	Never Go to Church	0.017	7.48	1.426	39.235	
	Earned $40-60 Thousand/Year	0.047	4.322	1.02	18.322	
Victim of Stalking?	Earned $80-100 Thousand/Year	0.029	3.149	1.123	8.834	
Report Crime?	**********	*********	**********	*******	**********	
Victim of a Threat?	**********	*********	**********	*******	**********	
Report Crime?	**********	*********	**********	*******	**********	
Victim of Physical Abuse?	Some Technical School Completed	0.039	1.797	1.03	3.134	
	Earned less than $20 Thousand/Year	0.003	0.47	0.285	0.776	
Report Crime?	**********	*********	**********	********	**********	
Victim of Sexism?	Single, Living with a Partner	0.051	0.458	0.209	1.002	Yes
Report Crime?	Never Go to Church	0.046	0.373	0.141	0.985	
	Associates Degree Earned	<0.005	0.163	0.068	0.394	
Victim of Sexual Harassment in the Workplace?	Technical School Graduate	0.045	0.419	0.179	0.983	
	Earned $40-60 Thousand/Year	0.003	2.158	1.305	3.571	
Report Crime?	Single, Never Married	0.054	7.567	0.969	59.094	Yes
	Earned $60-80 Thousand/Year	0.052	4.474	0.987	20.283	Yes
Victim of Exposure to Unwanted, Non-Physical Sexual Situations?	Asian or Other Race/Ethnicity	0.042	0.434	0.194	0.97	
Report Crime?	**********	*********	**********	**********	**********	
Victim of Sexual Assault?	Never Go to Church	0.038	0.577	0.343	0.97	
	Earned greater than $120 Thousand/Year	0.003	0.349	0.176	0.691	
Report Crime?	Single, Living with a Partner	0.022	0.054	0.004	0.651	
	Professional Degree Earned	0.008	0.134	0.03	0.59	
Victim of Attempted Rape?	Divorced	<0.005	0.371	0.228	0.604	
	Jewish or Other Religions	0.006	0.398	0.207	0.766	
	No Preference of Religion	0.035	2.303	1.06	5.004	
Report Crime?	18 to 34 years old	0.056	0.383	0.143	1.023	Yes
Victim of Completed Rape?	Greater than 50 years old	0.023	1.815	1.088	3.029	
	Divorced	<0.005	0.348	0.201	0.604	
	Jewish or Other Religions	0.002	0.332	0.166	0.664	
	Associates Degree Earned	0.042	2.962	1.04	8.439	
Report Crime?	Greater than 50 years old	0.057	0.252	0.061	1.044	Yes
	Associates Degree Earned	0.025	0.079	0.009	0.722	

Figure 3. Range in Attendance Levels per Meeting among the Ten District Forums.



Total number of Indiana participants equaled 223.

Figure 4. Indiana County Representation after the Completion of All Ten District Forums.

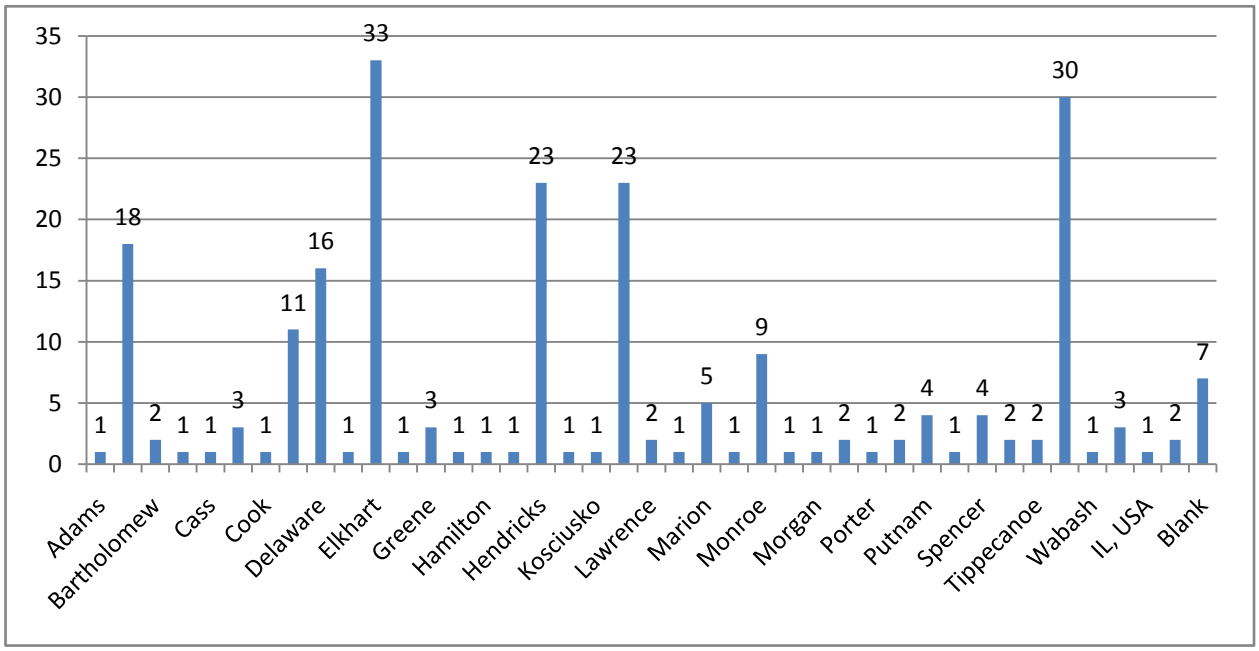


Figure 5. Total Gender Representation of All District Forums.

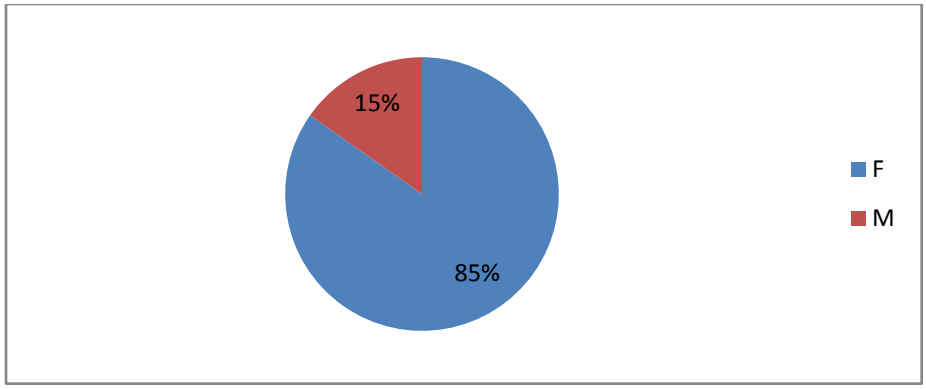
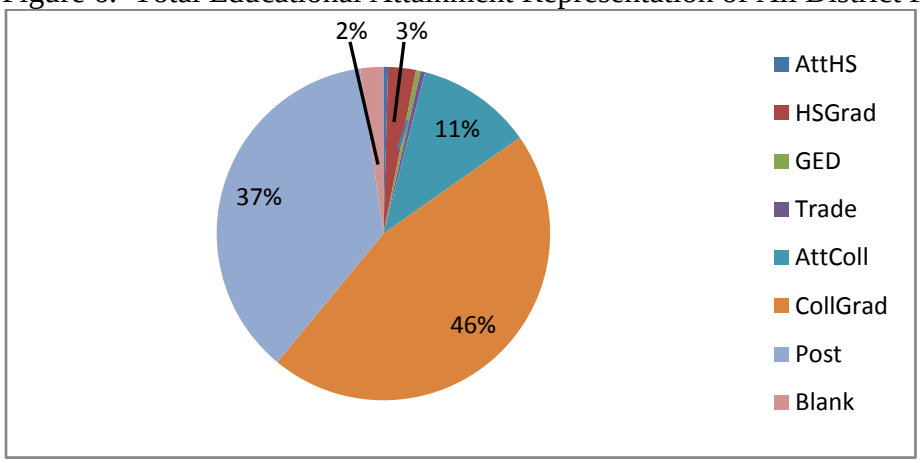


Figure 6. Total Educational Attainment Representation of All District Forums.



"Attended Some High School," "GED," & "Trade School Graduate" are all less than or equal to 1%.

Figure 7. Total Age Representation of All District Forums.

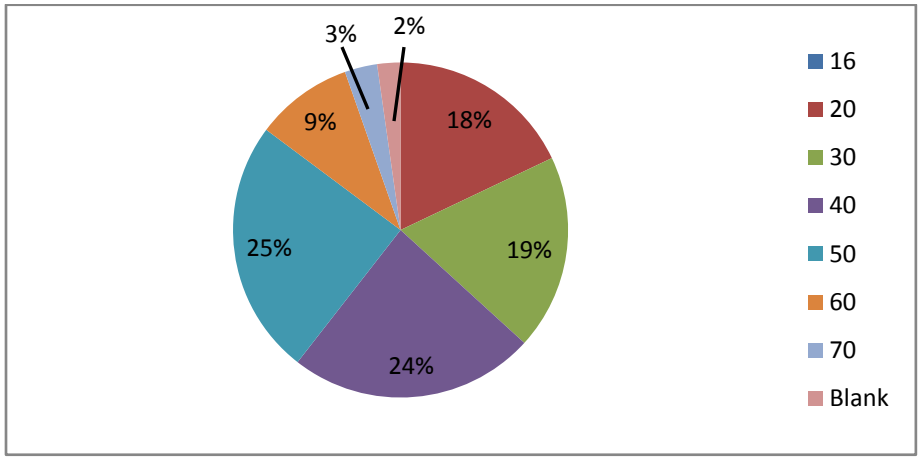
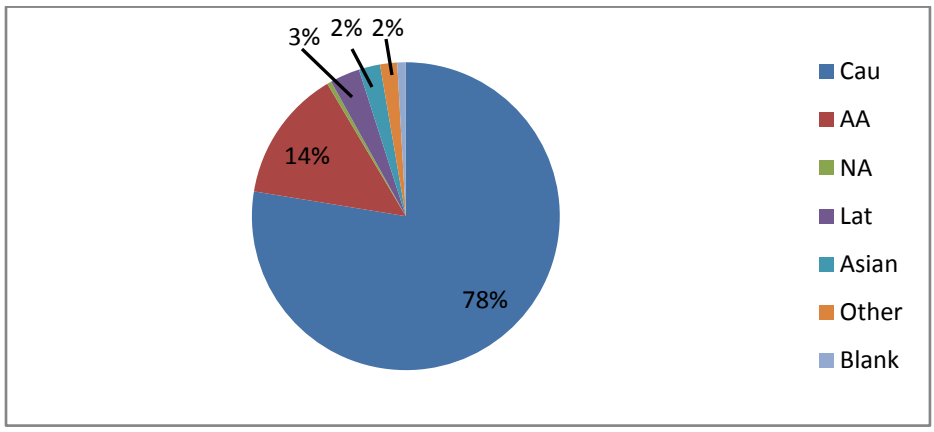


Figure 8. Total Race/Ethnicity Representation of All District Forums.



"Blank" and "Native American" are less than or equal to 1%.

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