

Florida's 2012–2017 Sexual Violence Prevention Strategic Plan



This publication was supported by a Grant/Cooperative Agreement from the Centers for Disease Control and Prevention (CDC). The contents are solely the responsibility of the authors and do not necessarily represent the official view of the U.S. Department of Health and Human Services or the CDC.

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Acknowledgements

The Florida Department of Health (FDOH) Sexual Violence Prevention Program (SVPP) would like to thank members of the State Prevention Team (SPT), the Community Mobilization Team (CMT), Community Action Team (CAT) members, and numerous stakeholders who provided input into the development of this strategic plan.

This plan belongs to those who made it possible: survivors, advocates, prevention educators, and the dedicated people who continue to commit time, energy, and ideas to this important work. The SVPP team is grateful for the opportunity to collaborate with these individuals. We recognize that our work is guided by your expertise and ideas for the creation of a society that supports the end of sexual violence.

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Acronyms Defined

- Centers for Disease Control and Prevention: CDC
- Community Action Team: CAT
- Community Mobilization Team: CMT
- Domestic Violence Prevention Enhancement and Leadership Through Alliances: DELTA
- Florida Department of Corrections: FDOC
- Florida Department of Health: FDOH
- Florida High School Athletic Association: FHSAA
- National Intimate Partner and Sexual Violence Survey: NISVS
- Sexual Violence Prevention Program: SVPP
- State Prevention Team: SPT
- Youth Risk Behavior Survey: YRBS

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Ask people in your life to get involved.
Fathers, brothers, friends, and family teaching young people
about sexual violence prevention now will help create a safe,
healthy community in the future!



Message from Florida's Surgeon General

The Florida Department of Health's Sexual Violence Prevention Program (SVPP) has created the 2012–2017 Sexual Violence Prevention Strategic Plan with input from state and community stakeholders to create a vision, mission, goals, strategies, and activities to prevent sexual violence in Florida. Working together with community and state partners, Florida will continue its efforts to prevent sexual violence through the year 2017 and beyond.

Sexual violence is a major public health problem in Florida, the nation and the world. According to the 2010 National Intimate Partner and Sexual Violence Survey (NISVS), nearly 1 in 5 women (18.3%) and 1 in 71 men (1.4%) have been raped in their lifetime in the United States. *Rape in Florida: A Report to the State*, revealed that "...one out of every nine adult women, or nearly 713,000 adult women in Florida, has been the victim of forcible rape sometime in her lifetime." (Ruggiero and Kilpatrick, 2003). Preventing sexual violence in Florida's communities and providing access to services for victims of sexual violence is a public health priority.

Sexual violence is a complex, multifaceted issue that affects all sectors of Florida's communities. Solutions to prevent sexual violence include implementing primary prevention strategies designed to change risk and protective factors at the individual, relationship, community, and societal levels. Preventing sexual violence requires a comprehensive approach involving diverse individuals, organizations, and communities. Preventing sexual violence is essential to improving Florida's communities and the well-being of all its citizens and visitors.

As Florida's Surgeon General, I encourage anyone with an interest in preventing sexual violence to join our efforts to implement this plan, and become involved in future efforts. This plan is a commitment to prevent sexual violence in Florida, as we work to protect, promote, and improve the health of all people in Florida through integrated state, county, and community efforts.

John H. Armstrong, MD, FACS
Surgeon General and Secretary
Florida Department of Health

Executive Summary



Sexual violence occurs in public and private places: in homes, workplaces, schools, and communities.

Preventing sexual violence is critical. Sexual violence is a public health issue affecting the well-being of victims, their families, friends, and ultimately, communities and our society. According to the National Alliance to End Sexual Violence, crime victimization costs equal \$450 billion annually. Rape is the most costly of crimes, with an estimated cost of \$127 billion per year, excluding child sex abuse.

Sexual violence is any unwanted sexual contact. It includes crimes such as rape, incest, sexual assault, harassment, and sexual contact without consent. Sexual violence occurs in public and private places: in homes, workplaces, schools, and communities. Preventing sexual violence takes an understanding of the factors that influence its occurrence. Solutions preventing sexual violence require action on the part of all Floridians—as individuals, in their relationships, within their communities, and in society.

The Florida Department of Health’s (FDOH) Sexual Violence Prevention Program (SVPP) continues to bring state-level and community-based partners together to implement a comprehensive sexual violence primary prevention plan. Strategic plan stakeholders represent diverse agencies, organizations, groups, and populations; and provide knowledge, skills, experiences, and innovative ideas to this statewide initiative. Florida’s 2012–2017 Sexual Violence Prevention Strategic Plan is a five-year effort to create change in individuals, relationships, communities, and society—the key to preventing sexual violence in Florida.

This Sexual Violence Prevention Strategic Plan is the second consecutive five-year statewide effort to prevent sexual violence. Stakeholders have united in a shared vision to end sexual violence in Florida, and a shared mission to empower individuals and organizations in Florida to end sexual violence through social change, advocacy, education, and training.

Stakeholders created six goals and strategies for a universal population (focused on everyone), selected populations (focused on those at heightened risk of sexual violence), and indicated populations (focused on those who have been victims or perpetrators). The goals, strategies and objectives, and evaluation plan are a blueprint to prevent sexual violence by influencing individuals, relationships, communities, and society. Continuous evaluation of successes, challenges, trends, and new knowledge on how to prevent sexual violence will provide data for state and community partners to plan, refine, and/or develop activities for the next year.

2007–2012 Strategic Plan Highlights

Through activities on the SPT, the Florida High School Athletic Association (FHSAA) distributed resource kits to high school coaches statewide.

The First Five Years

In 2007, with funding and guidance from the CDC, the Sexual Violence Prevention Program (SVPP) coordinated efforts for stakeholders to discuss strategies on how to eliminate sexual violence in Florida. Over 120 state-level and community-based partners met to create a comprehensive sexual violence primary prevention strategic plan. Through October 2012, the partners worked together on activities to identify risk and protective factors, and prevent sexual violence by addressing each community's unique needs, cultures, and resources.

2007–2012 Goals

- 1. To increase knowledge and awareness of sexual violence prevention across the lifespan;**
- 2. To influence social norms in support of gender equality, respect, and safety for men, women, and children;**
- 3. To advance policies that promote gender equality, respect, and safety;**
- 4. To increase capacity to prevent sexual violence;**
- 5. To increase funding for sexual violence prevention and intervention; and**
- 6. To improve and increase access to sexual violence prevention and intervention data.**

2007–2012 STRATEGIC PLAN MAJOR ACCOMPLISHMENTS

2007–2008 The SVPP identified and invited traditional and nontraditional stakeholders to participate on the State Prevention Team (SPT), and established roles, responsibilities, and a membership charter. Locally, the Community Mobilization Team (CMT), comprised of contract providers, identified and recruited key partners and leaders to serve on Community Action Teams (CATs) to implement activities for the six statewide strategic plan goals.

2008–2009 The CATs successfully strengthened agency and business policies related to sexual harassment, under Goal 3. Mission statements of many agencies comprising the CMT were revised to include prevention of sexual violence.

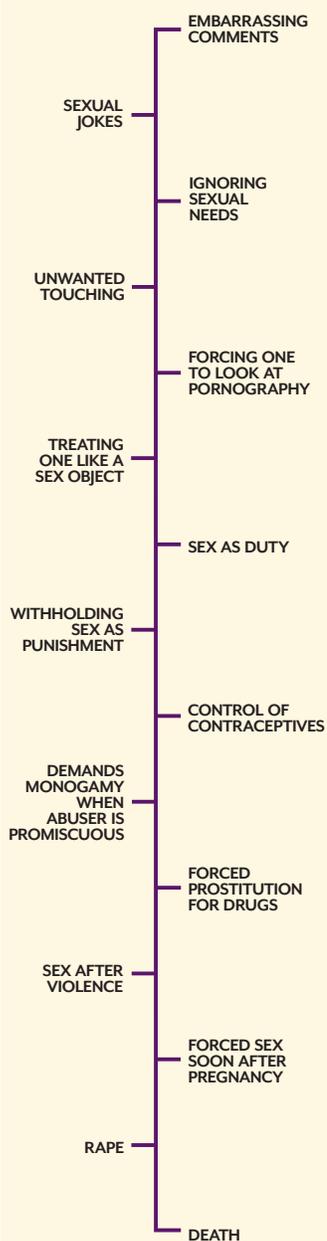
2009–2010 Through activities on the SPT, the Florida Department of Corrections (FDOC) incorporated sexual violence intervention and prevention information into the 100-hour FDOC inmate release curriculum. The curriculum is required for all inmates scheduled for release.

2010–2011 Through activities on the SPT, the Florida High School Athletic Association (FHSAA) distributed resource kits to high school coaches statewide. The resource kit included downloadable, free video links to vignettes, and sexual violence prevention materials. The FHSAA website also highlighted teen dating violence month resources.

2011–2012 The SVPP team, SPT members, CMT members, and local CATs, continued to increase state capacity for sexual violence prevention. The activities included drafting the new 2012–2017 strategic plan, creating fact sheets for distribution to partners, conducting five educational webinars, five goal team conference calls, four SPT conference calls, and maintaining and building CATs to prevent sexual violence in Florida's communities. The SVPP team and state prevention partners are prepared to implement the next phase of activities, prevention strategies, and conduct an evaluation assessment.

Understanding Sexual Violence

Sexual Abuse



The CDC defines interpersonal violence as “the intentional use of actual or threatened force—physical, sexual, or emotional—against an individual, a group, or a community.”

Sexual violence refers to those physical, verbal, or emotional sexual acts that are forced against someone’s will. There are many types of sexually violent acts. For each type, there is a victim who did not consent or was unable to consent. Sexual violence happens to men, women, young, old, rich, indigent, friends, family, and co-workers. In Florida law, the term used to refer to rape and other types of related violence is “sexual assault.”

TERMS USED TO DESCRIBE TYPES OF RAPE AND SEXUAL VIOLENCE

ACQUAINTANCE RAPE** Coercive sexual activities that occur against a person’s will by means of force, violence, duress, or fear of bodily injury. These sexual activities are imposed upon them by someone they know (a friend, date, acquaintance, etc.).

CHILD SEXUAL ABUSE** Sexual assault of children often includes incest as a subset of this form of sexual assault.

CONSENT* Words or overt actions by a person who is legally or functionally competent to give informed approval, indicating a freely given agreement to have sexual intercourse or sexual contact.

DRUG FACILITATED ASSAULT** Occurs when drugs or alcohol are used to compromise an individual’s ability to consent to sexual activity. In addition, drugs and alcohol are often used in order to minimize the resistance and memory of the victim of a sexual assault.

INABILITY TO CONSENT* A freely given agreement to have sexual intercourse or sexual contact could not occur because of age, illness, disability, being asleep, or the influence of alcohol or other drugs.

INCEST** Sexual contact between persons who are so closely related that their marriage is illegal (e.g., parents and children, uncles/aunts and nieces/nephews, etc.). This usually takes the form of an older family member sexually abusing a child or adolescent.

MALE SEXUAL ASSAULT** Men and boys are often the victims of the crimes of sexual assault, sexual abuse, and rape.

NON-STRANGER* Someone who is known by sight but is not a current or former spouse, another current or former intimate partner, another family member, a person in a position of power or trust, or a friend/acquaintance. Examples include guards, maintenance people, or clerks (not an exhaustive list).

PARTNER RAPE** Sexual acts committed without a person’s consent and/or against a person’s will when the perpetrator is the individual’s current partner (married or not), previous partner, or co-habitator is defined as partner rape.

PERPETRATOR* A person who inflicts the sexual violence is the perpetrator.

RAPE** Forced sexual intercourse, including vaginal, anal, or oral penetration. Penetration may be by a body part or object. Rape victims may be forced through threats or physical means. In about 8 out of 10 rapes, no weapon is used other than physical force. Anyone may be a victim of rape: women, men, or children, straight or gay.

Source: National Center on Domestic and Sexual Violence, 2001

SEXUAL ASSAULT** Unwanted sexual contact that includes sexual touching and fondling.

STRANGER* Someone unknown to the victim.

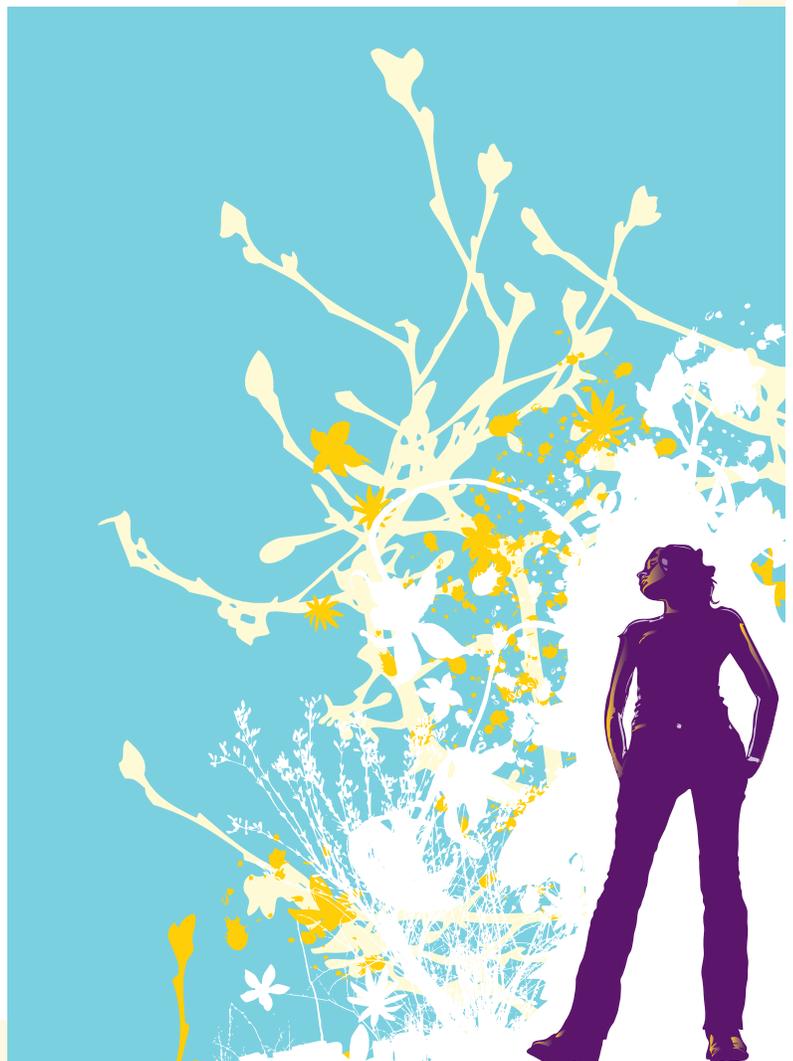
SEXUAL HARASSMENT** Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature in which submission to or rejection of such conduct explicitly or implicitly affects an individual's work or school performance or creates an intimidating, hostile, or offensive work or school environment.

SURVIVOR* Often used as a synonym for victim.

VICTIM* A person on whom the sexual violence is inflicted.

*Source: http://www.cdc.gov/ViolencePrevention/pub/SV_surveillance.html

**Source: <http://www.rainn.org/get-information/types-of-sexual-assault>



Sexual Violence Statistics

Based on the National Intimate Partner and Sexual Violence Survey (NISVS) conducted by the Centers for Disease Control and Prevention (CDC) in 2010, nearly 1 in 5 women have been raped in their lifetime, while 1 in 71 men have been raped in their lifetime.

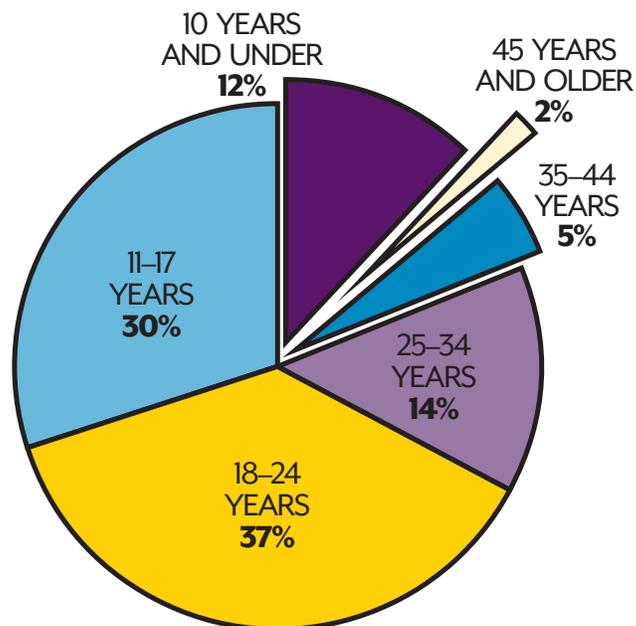
Those Numbers Tell Only Part of the Story

- More than half (51.1%) of female victims of rape reported being raped by an intimate partner and 40.8% by an acquaintance; for male victims, more than half (52.4%) reported being raped by an acquaintance and 15.1% by a stranger.
- Approximately 80% of female victims experienced their first rape before the age of 25 and almost half experienced the first rape before age 18.
- 28% of male victims of rape were first raped when they were 10 years old or younger.

These findings emphasize that sexual violence is an important and widespread public health problem in the United States.

Approximately 80% of female victims experienced their first rape before the age of 25 and almost half experienced the first rape before age 18...

Age at Time of First Completed Rape Victimization in Lifetime Among Female Victims



SOURCE: 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.

Florida's Teens

Since 1991, the YRBS has been conducted in Florida public high schools every two years.

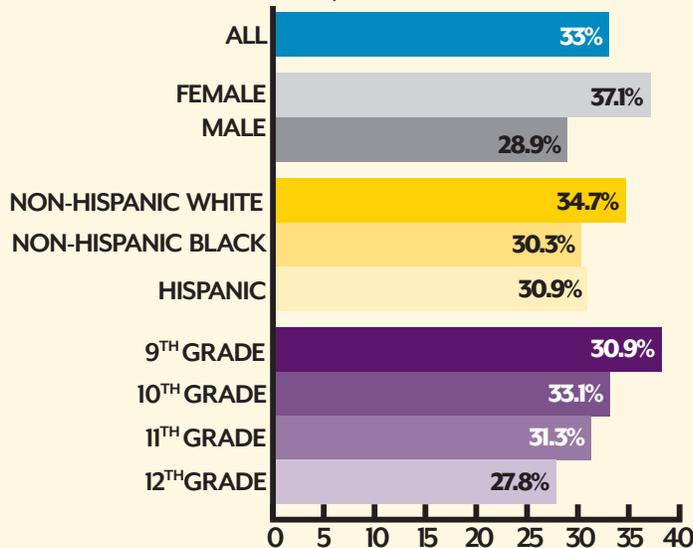
The Youth Risk Behavioral Survey (YRBS)

The CDC has found a connection between bullying and sexual violence, such as verbal assaults and physical acts, beginning in adolescence or earlier.

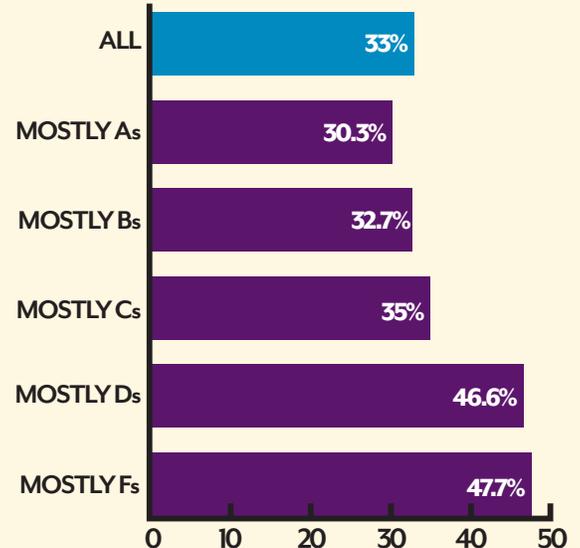
The YRBS is a self-administered, school-based anonymous survey of Florida's public high school students. Since 1991, the YRBS has been conducted in Florida public high schools every two years. This national survey effort, led by the CDC, monitors priority health-risk behaviors that contribute to the leading causes of death, disability, and social problems among youth.

For the YRBS, bullying is defined as "the act of one or more students who tease, threaten, or spread rumors about, hit, shove, or hurt another student repeatedly. It is not bullying when two students of the same strength or power argue, fight, or tease each other in a friendly way." Using this definition, approximately 256,600 Florida public high school students (33.0%) experienced some form of bullying, teasing, or name calling in 2011.

Percentage of Students Who Experienced Bullying, Teasing, or Name Calling in the Past 12 Months, by Sex, Race/Ethnicity, and Grade Level, 2011 Florida YRBS



Percentage of Students Who Experienced Bullying, Teasing, or Name Calling in the Past 12 Months, by Self-Reported Grades, 2011 Florida YRBS



SOURCE: Florida Department of Health, Bureau of Epidemiology http://www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/YRBS/2011/2011_YRBS.html



OTHER BULLYING FINDINGS

- Many students get bullied in multiple ways.
- 9.4% of students are the victim of teasing or name calling because someone thought they were gay, lesbian, or bisexual.
- 12.4% of students are electronically bullied.
- 14.0% of students are bullied on school property.
- 22.3% of students are the victim of teasing or name calling because of their weight, size, or physical appearance.

OTHER SEXUAL VIOLENCE FINDINGS

- Overall, 9.3% of Florida high school students have ever been hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the past year.
- Overall, 7.2% of Florida high school students have ever been physically forced to have sexual intercourse when they did not want to.
- The prevalence of a variety of risk behaviors is significantly higher among students affected by bullying, dating violence and sexual violence, as compared to their peers.

SOURCE: Florida Department of Health, Bureau of Epidemiology http://www.doh.state.fl.us/disease_ctrl/epi/Chronic_Disease/YRBS/2011/2011_YRBS.html

Health Consequences

Sexual assault can have short and long-term consequences and victims often face severe health problems such as chronic pelvic pain, headaches, asthma, gastrointestinal disorders, and psychological issues. Victims may also engage in risky health behaviors.

HEALTH CONSEQUENCES

MEN AND WOMEN who experienced sexual violence were more likely to report frequent headaches, chronic pain, difficulty sleeping, activity limitations, poor physical health, and poor mental health than men and women who did not experience these forms of violence.

81% OF WOMEN WHO EXPERIENCED RAPE, stalking, or physical violence by an intimate partner reported significant short or long-term impacts related to the violence experienced in this relationship, such as Post-Traumatic Stress Disorder symptoms and injury, while 35% of men report such impacts of their experiences.

SOURCE: 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.



81% of women who experienced rape, stalking, or physical violence by an intimate partner reported significant short or long-term impacts.

ADDITIONAL SEXUAL VIOLENCE HEALTH CONSEQUENCES

Sexual violence can have harmful and lasting consequences for victims, families, and communities. The following list describes some of them.

PHYSICAL More than 32,000 pregnancies result from rape every year.

Long-term consequences include:

- Premenstrual syndrome
- Gynecological and pregnancy complications
- Migraines and other frequent headaches
- Back pain
- Facial pain
- Disability that prevents work

PSYCHOLOGICAL Victims of sexual violence face both immediate and chronic psychological consequences.

Immediate psychological consequences include:

- Shock
- Denial
- Fear
- Confusion
- Anxiety
- Withdrawal
- Guilt
- Nervousness
- Distrust of others
- Symptoms of post-traumatic stress disorder
- Emotional detachment

- Sleep disturbances
- Flashbacks
- Mental replay of assault

Chronic psychological consequences include:

- Depression
- Attempted or completed suicide
- Alienation

SOCIAL Sexual violence also has social impacts on its victims, such as:

- Strained relationships with the victim's family, friends, and intimate partners
- Less emotional support from friends and family
- Less frequent contact with friends and relatives
- Lower likelihood of marriage

HEALTH BEHAVIORS Some researchers view the following health behaviors as both consequences of sexual violence and factors that increase a person's vulnerability to being victimized again in the future.

- Engaging in high-risk sexual behavior includes:
 - *Unprotected sex*
 - *Early sexual initiation*
 - *Choosing unhealthy sexual partners*
 - *Having multiple sex partners*
 - *Trading sex for food, money, or other items*
- Using harmful substances
 - *Smoking cigarettes*
 - *Drinking alcohol*
 - *Drinking alcohol and driving*
 - *Taking drugs*
- Unhealthy diet-related behaviors
 - *Fasting*
 - *Vomiting*
 - *Abusing diet pills*
 - *Overeating*

SOURCE: <http://www.cdc.gov/violenceprevention/sexualviolence/consequences.html>

The 2012–2017 Strategic Plan



Vision Statement: To end sexual violence in Florida.

Mission Statement: To empower individuals and organizations in Florida to end sexual violence through social change, advocacy, education, and training.

Five-Year Goals:

- 1. To increase knowledge and awareness of sexual violence prevention across the lifespan.**
- 2. To mobilize stakeholders to create social change to promote gender equality, respect, and safety for all.**
- 3. To inform policies that promote gender equality, respect, and safety for all.**
- 4. To develop and/or expand leadership and stakeholder capacity to prevent sexual violence.**
- 5. To increase funding for sexual violence prevention and intervention.**
- 6. To improve and increase access to sexual violence prevention and intervention data.**

Strategic Plan Implementation

The SVPP supports prevention through statewide and local strategic planning efforts. This coordination occurs at the state and community levels. The State Prevention Team (SPT) includes representatives from state agencies, diverse populations, and entities identified by the CDC. The SPT provides oversight for the strategic plan and implements activities at the state level.

The Community Mobilization Team (CMT) implements the strategic plan in the local communities to prevent sexual violence. Each funded provider creates or enhances a Community Action Team (CAT) comprised individuals in their community interested in preventing sexual violence.

Goal 1

■ **To increase knowledge and awareness of sexual violence prevention across the lifespan.**

STRATEGY 1.1: Seek opportunities to reach populations 4th grade and older with sexual violence prevention education programs; provide age-appropriate programs designed to increase knowledge and awareness.

STRATEGY 1.2: Seek opportunities to reach groups at heightened risk of sexual violence with prevention education programs; provide programs designed to address their needs.

OBJECTIVE 1A: Within 1, 2, 3, 4, and 5 years, the number of individuals who attend sexual violence prevention education programs will increase at least 5% from the previous fiscal year, as documented by the Florida Sexual Violence Data Registry (SVDR) based on reports from lead community agencies.

OBJECTIVE 1B: Within 1, 2, 3, 4, and 5 years, 50% of individuals who attend a sexual violence prevention education program and submit a “Tell Us About Today’s Program” written feedback form will answer “a lot” and “some” to the questions—(1) How much did today’s program increase your awareness (2) How much did today’s program change your attitudes, and (3) How much did today’s program change your actions?

OBJECTIVE 1C: Within 1, 2, 3, 4, and 5 years, increase by 5% the number of prevention information materials distributed (brochures, posters, awareness/promotional items), as documented by the Florida Sexual Violence Data Registry based on reports from lead community agencies.

OBJECTIVE 1D: Within 1, 2, 3, 4, and 5 years, increase by 5% the number of educational presentations to populations at heightened risk of sexual violence, as documented by the Florida Sexual Violence Data Registry based on reports from lead community agencies.

Goal 2

■ **To mobilize stakeholders to create social change to promote gender equality, respect, and safety for all.**

STRATEGY 2.1: Identify social norms in the population that are threats to gender equality, respect, and safety for men, women, and children.

STRATEGY 2.2: Mobilize and train groups and individuals potentially willing and able to positively influence social change.

STRATEGY 2.3: Develop and disseminate culturally appropriate primary prevention activities that promote social change contributing to gender equality, respect, and safety for men, women, and children.

OBJECTIVE 2A: Within 1, 2, 3, 4, and 5 years, 50% of individuals who attend a sexual violence prevention education program and submit a “Tell Us About Today’s Program” written feedback form will answer “almost always” and “sometimes” to the questions—(1) My friends respect me, (2) My friends treat me as an equal, and (3) I am safe when I am with my friends.

Goal 3 ■ To inform policies that promote gender equality, respect, and safety for all.

STRATEGY 3.1: Research, inform and educate groups and individuals about policy alternatives and their potential impact upon gender equality, respect, and safety.

OBJECTIVE 3A: Within five years, the SPT and lead community agencies will report the adoption of four new or revised voluntary sexual violence-related policies in their agency and/or community.

Goal 4 ■ To develop and/or expand leadership and stakeholder capacity to prevent sexual violence.

STRATEGY 4.1: Identify, recruit, and train leaders for involvement in sexual violence prevention initiatives.

STRATEGY 4.2: Develop and implement annual state and community activity work plans for sexual violence prevention.

STRATEGY 4.3: Train, empower, and encourage staff and volunteers to help prevent sexual violence in the community.

STRATEGY 4.4: Train new lead community agencies funded to enhance systems operations into Florida's sexual violence prevention initiative.

STRATEGY 4.5: Provide prevention activity data and information to the Florida Sexual Violence Data Registry.

STRATEGY 4.6: Train staff, volunteers, and men in sexual violence prevention training, partnerships and/or community outreach to increase human resources.

STRATEGY 4.7: Provide an application and annual report to the CDC documenting results and outcomes of state and community level sexual violence prevention activities.

OBJECTIVE 4A: Within 1, 2, 3, 4, and 5 years, at least one leader from a previously unrepresented population will accept an appointment to the SPT, as confirmed by the Florida Department of Health Sexual Violence Prevention Program.

OBJECTIVE 4B: Within 1, 2, 3, 4, and 5 years, the SPT and 90% of lead community agencies will develop an activity work plan for the following fiscal year, as measured by the electronic submission of a completed one-year activity work plan to the Florida Department of Health Sexual Violence Prevention Program.

OBJECTIVE 4C: Within 1, 2, 3, 4, and 5 years, 25% of lead community agencies will strengthen their community focus on prevention by completing the Primary Prevention Assessment and submitting it electronically to the Florida Department of Health Sexual Violence Prevention Program.

OBJECTIVE 4D: Within 1, 2, 3, 4, and 5 years, 90% of lead community agencies will provide data and information about their prevention activities to the Florida Department of Health, as documented in the Florida Sexual Violence data Registry reports and responses to the Sexual Violence Prevention Program assessment.

OBJECTIVE 4F: Within 1, 2, 3, 4, and 5 years, lead community agencies will increase by 10% the involvement of men as human resources (e.g., staff members and/or volunteers) in their sexual violence prevention initiatives, as documented in their responses to the Sexual Violence Prevention Program assessment.

OBJECTIVE 4G: Within 1, 2, 3, 4, and 5 years, the Florida Department of Health Sexual Violence Prevention Program will document results and outcomes of state-level and community-level sexual violence prevention activities, as measured by the submission of an application and annual report to the CDC.

Goal 5: ■ To increase funding for sexual violence prevention and intervention.

STRATEGY 5.1: Identify specific needs for added sexual violence prevention funding.

STRATEGY 5.2: Match needs to potential donors' funding availability and requirements.

STRATEGY 5.3: Enlist support and involvement from those able to influence potential donors.

STRATEGY 5.4: Submit funding requests that satisfies potential donors' criteria.

OBJECTIVE 5A: Within five years, 5% of lead community agencies will obtain funding or in-kind contributions earmarked for local sexual violence prevention activities in addition to federal funds provided through the Florida Department of Health Sexual Violence Prevention Program as documented in their responses to the Sexual Violence Prevention Program assessment.

Goal 6: ■ To improve and increase access to sexual violence prevention and intervention data.

STRATEGY 6.1: Identify data needed by lead community agencies for sexual violence prevention and intervention planning, education, and evaluation.

STRATEGY 6.2: Provide information about and links to needed data through accessible channels.

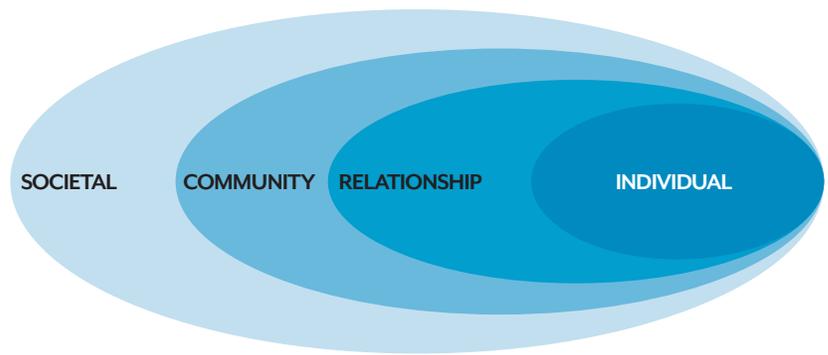
STRATEGY 6.3: Identify gaps between needed and available data.

STRATEGY 6.4: Develop and implement a plan to address data gaps.

OBJECTIVE 6A: Within 1, 2, 3, 4, and 5 years, the Florida Department of Health will create and update yearly the Sexual Violence Data Registry, as documented by an updated data user's manual.

OBJECTIVE 6B: Within 1, 2, 3, 4, and 5 years, a data resource page will be updated and maintained by the Sexual Violence Prevention program, as documented by a resource data web page on the Sexual Violence Prevention Program web site.

The Social Ecological Model



A focus on primary prevention involves implementation of strategies that stop violence before it occurs. These strategies reduce factors that put people at risk for experiencing violence, while increasing factors that protect people from risk. The social ecological model is a visualization of the interconnectedness of factors among all levels—individuals, relationships, communities, and societies.

There is no single factor that explains why one person may experience sexual violence and another does not. Violence is the result of the complex interaction among all four of the levels that represent our society.

Source: <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

Definitions

Risk Factor—

Characteristic that increases the likelihood of a person becoming a victim or perpetrator of violence.

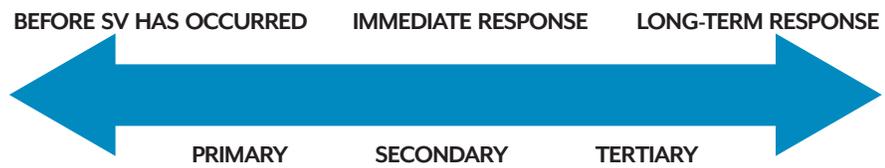
Protective Factor—

Characteristic that decreases the likelihood of a person becoming a victim or perpetrator of violence.

SOCIAL ECOLOGICAL MODEL LEVEL	RISK FACTORS	PROTECTIVE FACTORS
INDIVIDUAL	<ul style="list-style-type: none"> Alcohol and drug use Coercive sexual fantasies Impulsive and antisocial tendencies Preference for impersonal sex Hostility towards women Hypermasculinity Childhood history of sexual and physical abuse Witnessed family violence as a child 	<ul style="list-style-type: none"> Strong and healthy child-caregiver relationships Modeled Healthy relationships High self esteem Self-efficacy
RELATIONSHIP	<ul style="list-style-type: none"> Association with sexually aggressive and delinquent peers Family environment characterized by physical violence and few resources Strong patriarchal relationship or strained environment 	<ul style="list-style-type: none"> Emotionally supportive familial environment Positive peer relationships Courageous bystanders Positive leaders
COMMUNITY	<ul style="list-style-type: none"> Lack of employment opportunities Lack of institutional support from police and judicial system General tolerance of sexual violence within the community Weak community sanctions against sexual violence perpetrators 	<ul style="list-style-type: none"> Awareness of partner violence Vigilant local law enforcement Supportive network Caring community
SOCIETAL	<ul style="list-style-type: none"> Poverty Societal norms that support sexual violence Societal norms that support male superiority and sexual entitlement Societal norms that maintain women's inferiority and sexual submissiveness Weak laws and policies related to gender equity High tolerance levels of crime and other forms of violence 	<ul style="list-style-type: none"> Protective laws and fair policies Social norms that do not tolerate sexual violence Promotion of social justice legislation

Source: <http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>

Prevention: When Do We Intervene?



Primary prevention efforts are aimed at preventing sexual violence before it occurs. Secondary prevention efforts focus on the immediate response after initial victimization. Tertiary efforts are responses to address long-term consequences of sexual violence.

The ultimate goal of sexual violence prevention is to stop sexual violence before it occurs. The CDC's definition of primary prevention of sexual violence is "population-based and/or environmental system level strategies, policies, and actions that prevent first time sexual violence perpetration or victimization. Such prevention efforts work to modify and/or eliminate the event, conditions, situations, or exposure to influences (risk factors) that result in the initiation of sexual violence and associated injuries, disabilities, and deaths."

"Additionally, sexual violence prevention efforts address perpetration, victimization, and bystander attitudes and behaviors, and seek to identify and enhance protective factors that impede the initiation of sexual violence in at-risk populations and in the community." Preventing sexual violence is a complex process that involves intervening by creating safe, healthy environments, and behaviors.

SOURCE: <http://www.cdc.gov>



The ultimate goal of sexual violence prevention is to stop sexual violence before it occurs.

The Public Health Model



The focus of public health is to protect the safety and well-being of the entire population.

Public health relies on knowledge from a broad range of disciplines including medicine, epidemiology, sociology, psychology, criminology, education, and economics. This broad knowledge base helps public health professionals respond successfully to a range of health conditions across the globe.

The Public Health approach provides a systematic process for understanding and eventually preventing violence. It includes four main steps:

STEP 1: DEFINE THE PROBLEM

DETERMINE THE BURDEN AND DEVELOP A PLAN OF ACTION.

STEP 2: IDENTIFY CAUSES: RISK AND PROTECTIVE FACTORS

DESIGN AND IMPLEMENT INTERVENTIONS.

STEP 3: DEVELOP AND TEST PREVENTION STRATEGIES

PROVIDE TECHNICAL ASSISTANCE AND TRAINING TO ENSURE THE STRATEGY IS WORKING.

STEP 4: ASSURE WIDESPREAD ADOPTION

EVALUATE, REVIEW EVIDENCE AND ASSURE ACCEPTANCE.

Image Source Page: <http://www.cdc.gov/ViolencePrevention/overview/publichealthapproach.html>

Content Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention

The Public Health approach provides a systematic process for understanding and eventually preventing violence.



Community Mobilization: Community Action Teams

The purpose of Community Action Teams (CATs) is to bring together community members and agencies in partnership to prevent sexual violence. Through awareness, education, advocacy, and support, CATs utilize a diverse and collaborative approach to impact risk and protective factors specific to their community to promote gender equality and respect. The CAT consists of traditional and non-

traditional partners that come together at the community level to create social change and prevent first-time perpetration of sexual violence and victimization. Members make changes to policies, practices, and perceptions about rape and violence in the home and community. CATs develop activities that relate to the strategic plan goals. Members are able to identify the unique priorities, needs, and cultures of their own communities as they pertain to sexual violence risk and protective factors. Strategic plan goal activities focus on sexual violence prevention on the individual, relationship/family, community, and societal levels.

The Community Mobilization Team (CMT) is comprised of the Sexual Violence Prevention Program (SVPP) funded agencies that coordinate CATs responsible for carrying out activities at the community level to address each community's unique needs, cultures, and resources.

CATs:

- Build momentum for community support for sexual violence prevention.
- Help the community overcome denial of sexual violence (i.e., the “it doesn’t happen here” mentality).
- Promote local ownership and decision-making about sexual violence prevention work.
- Encourage collaboration between individuals and organizations.
- Limit competition and redundancy of services and outreach efforts.
- Provide a focus for prevention planning and implementation efforts.
- Create public presence and pressure to change laws, policies, and practices—progress that could not be made by just one individual or organization.
- Bring new community volunteers together (because of increased visibility). Increase cross-sector collaboration and shared resources.
- Increase access to funding opportunities for organizations and promote long-term, organizational commitment to social and health-related issues.



Community Mobilization Team Members

Abuse Counseling & Treatment, Inc.
Fort Myers

Another Way, Inc.
Lake City

Bridgeway Center, Inc.
Fort Walton Beach

Broward County Board of County Commissioners, Sexual Assault Treatment Center
Fort Lauderdale

Center for Abuse & Rape Emergencies of Charlotte County, Inc. (C.A.R.E.)
Punta Gorda

Crisis Center of Tampa Bay, Inc.
Tampa

Family Counseling Services of Greater Miami
Miami

Florida State University
Tallahassee

Jerome Golden Center for Behavioral Health
West Palm Beach

Lakeview Center, Inc.
Pensacola

Lee Conlee House, Inc.
Palatka

Leon County Health Department
Tallahassee

Manatee Children's Services
Bradenton

Palm Beach County Rape Crisis Center
Palm Beach

Peace River Center for Personal Development, Inc.
Bartow

Quigley House, Inc.
Orange Park

Refuge House, Inc.
Tallahassee

Safe Place & Rape Crisis Center, Inc. (SPARCC)
Sarasota

Safety Shelter of St. John's County, Inc. (dba Betty Griffin House)
St. Augustine

Salvare, Inc. (dba Dawn Center)
Springhill

Sexual Assault Victim Services of the 18th Judicial Circuit, Inc.
Viera

South Brevard Women's Center, Inc.
Melbourne

Suncoast Centers, Inc.
Clearwater

Sunrise of Pasco County, Inc.
Dade City

University of Central Florida
Orlando

University of South Florida
Tampa

Washington County Health Department
Chipley

Washington County School Board/Panhandle Area Educational Consortium
Chipley

Women's Center of Jacksonville, Inc.
Jacksonville

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Rape Crisis Center

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Florida Coalition Against Domestic Violence/DELTA*

Morgan Moeller, Prevention and Social Change Initiatives Coordinator
Florida Coalition Against Domestic Violence
Tallahassee, FL

**DELTA: Domestic Violence prevention Enhancements and Leadership Through Alliances*

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Florida Department of Education

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Lake City, FL

University

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Department of Legal Affairs

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Florida Department of Legal Affairs
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Executive Office of the Governor

Susan Smith, Victims' Rights Coordinator
Executive Office of the Governor
The Capitol
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Urban

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Crisis Center of Tampa Bay
Tampa, FL

County Health Department

Sharron Hobbs, Community Programs Coordinator
Washington County Health Department
Chipley, FL

Take Action

What You Do to Help Prevent Sexual Violence

- Learn more about sexual violence prevention. Visit the websites provided in this plan. Share violence prevention information with family, friends, and co-workers.
- Speak up when you hear someone say something or talk in a way that is not respectful. Let them know it is not okay.
- Find out who is working to prevent sexual violence in your community and work with them to change societal norms.
- Ask people in your life to get involved. Fathers, brothers, friends, and family teaching young people about sexual violence prevention now will help create a safe, healthy community in the future!

Bystander Intervention

The Bystander Intervention Model predicts that people are more likely to help others under certain conditions. Do not be a bystander to sexual violence. Stop these incidents before they occur, and talk to your friends about it so that they will intervene as well. Below are actions a person can take to help prevent sexual violence.

NOTICE THE INCIDENT Bystanders first must notice the incident is taking place. The bystander must have an awareness of the possible potential negative outcomes.

INTERPRET THE INCIDENT. IS THIS AN EMERGENCY? Bystanders need to evaluate the situation and determine whether it is an emergency or if someone may need assistance.

ASSUME RESPONSIBILITY A decision bystanders make is whether they should assume responsibility for giving help. One repeated finding of research studies indicate a bystander is less likely to help if there are other bystanders present. When other bystanders are present responsibility for helping is diffused. If a lone bystander is present, he she is more likely to assume responsibility.

ATTEMPT TO HELP A bystander may need to help the person leave the situation, confront a behavior, diffuse a situation, or call for other support/security.

Source: University of Wisconsin La Crosse

The Bystander Intervention Playbook

DEFENSIVE SPLIT Step in and separate two people. Let them know your concerns and reasons for intervening. Be a friend and let them know you are acting in their best interest. Make sure each person makes it home safely.

PICK AND ROLL Use a distraction to redirect the focus somewhere else: “Hey, I need to talk to you.” or “Hey, this party is lame. Let’s go somewhere else.”

THE OPTION Evaluate the situation and people involved to determine your best move. You could directly intervene, or alert friends of each person to come in and help. If the person reacts badly, try a different approach.

FULL COURT PRESS Recruit the help of friends to step in as a group.

FUMBLEROOSKI Divert the attention of one person away from the other person. Have someone standing by to redirect the other person’s focus (see Pick and Roll). Commit a party foul (i.e. spilling your drink) if needed.

Source: University of Vermont

Resources

National

An Abuse, Rape & Domestic Violence Aid & Resource Collection: www.aardvarc.org/

Centers for Disease Control and Prevention: www.cdc.gov/ncipc/dvp/SV

Violence prevention: www.cdc.gov/ViolencePrevention/index.html

Sexual violence prevention: www.cdc.gov/ViolencePrevention/SexualViolence/index.html

Futures Without Violence: www.futureswithoutviolence.org

National Sexual Violence Resource Center (NSVRC): www.nsvrc.org

National Online Resource Center on Violence Against Women: www.vawnet.org

Men Can Stop Rape: www.mencanstoprape.org

Rape, Abuse, and Incest National Network (RAINN): www.rainn.org

Prevent-Connect: www.preventconnect.org

Veto Violence: www.vetoviolence.org

Florida

Florida Council Against Sexual Violence (FCASV): www.fcasv.org

Florida Network of Victim Witness Services: www.fnvws.org

Florida Department of Health, Sexual Violence Prevention Program:
www.doh.state.fl.us/family/SVPP/index.html

