



Executive Summary

PATHWAYS IN PREVENTION

A Roadmap for Change

OHIO'S PLAN FOR SEXUAL AND INTIMATE PARTNER VIOLENCE PREVENTION



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Center for Disease Control and Prevention

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One out of every five adult women or nearly

9,800,000

adult women in Ohio have been the victim of a physical assault by an intimate partner at some time in their life.

INTRODUCTION

Sexual and Intimate Partner Violence are prevalent in the United States and generally occur behind closed doors. Our social norms create a context for secrecy that hushes the voices of victims as well as perpetrators of SV/IPV. The social stigma associated with SV/IPV perpetration and victimization perpetuates a tendency to ignore that the problem exists and to respond to the consequences rather than promote prevention strategies that endorse healthy sexuality and healthy relationships. The impact of SV/IPV permeates all levels of our society and calls for action that acknowledges the roots of the violence and the social change required to end its perpetration. Ohio's plan for sexual and intimate partner violence prevention is the culmination of three years of collaboration by over sixty consortium members representing state organizations, non profit organizations, foundations, universities, the faith community and individual members who accepted the call to help envision the roadmap for change in Ohio through the promotion of healthy sexuality and healthy relationships. This roadmap requires the inclusion and support of all citizens of the State of Ohio so that together we can achieve the vision of respectful, healthy sexuality and healthy relationships for all Ohioans.

The work to complete the plan was supported through the Center for Disease Control and Prevention (CDC) Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) and Rape Prevention Education (RPE) Programs. The Ohio Department of Health (ODH) received funding for the RPE program and the Ohio Domestic Violence Network (ODVN) was awarded funding for the DELTA initiative. Leadership in those initiatives recognized early on that through combining their human resources they were more likely to create a consolidated and efficient plan for primary prevention than they would be able to achieve alone. Thus the Ohio Sexual and Intimate Partner Violence Prevention Consortium was created in 2006 to take on the challenge of building individual, community and organizational capacity to engage in planning, implementation and evaluation of sexual and intimate partner violence prevention strategies for the State of Ohio through the use of an empowerment model framework supported by the Center for Disease Control and Prevention funding.



Everyone has a role and we invite you to identify where your contribution to a safe and violence free Ohio can be made.

A CALL TO ACTION

Drawing upon the rich diversity of Ohio's population that includes culture, ethnicity, race, religion, age, socio-economic status, ability, sexual orientation, gender and gender identity, each of us has a role in bringing to reality the vision of this plan. The elimination of gender inequality and other systemic oppression are an integral part of SV/IPV prevention work. Our ultimate goal is to achieve human rights and social justice for all Ohioans. Our task requires that Ohio's plan challenges the flawed social norms and raises the consciousness to achieve this vision of social justice and human rights.

The authors of and contributors to this plan invite you to accept this as a call to individual and collective action. We invite you to read this plan, its goals, outcomes and actions and become involved with our efforts at the local, organizational, and/or state levels.

If you are an...

... **Ohio Citizen** you have the opportunity to intervene in situations where there is a risk for perpetration of sexual and intimate partner violence. An involved population of men and boys working to end sexual and intimate partner violence will strengthen our ability to achieve the outcomes and actualize the vision contained within this plan.

If you are a...

... **Policy Maker** including a member or leader of an organization that creates and implements organizational policies as well as national, state, county and municipal legislators who create public policies you have a role. Consider that developing policies and infusing organizations and government with prevention-focused values and sexual and intimate partner violence prevention messages moves us toward the social change necessary to accomplish our mission.

If you are a member or leader of a...

... **Stakeholder Organization** including non-profit and for-profit organizations – you have a role in moving Ohio toward the vision of primary prevention contained in this plan by assisting with its implementation by serving on a workgroup and participating at the Consortium level.

If you are a member, leader, or staff of an...

... **Ohio Professional Association** you can impact your membership through collaboration and collective action. You can help us get the word out through your newsletter, conferences, or other education opportunities and by linking your website to the plan.



If you are a...

... **Business Owner and or Business Leader** you have the opportunity to influence the employees of your business to engage in healthy, respectful, peaceful relationships both on the job and off the job. Consider implementing policies that promote respectful relationships and work environments.

If you are a...

... **Person who works with youth or any youth serving organization** at the state or local level your opportunity to make a difference in the lives of young people is profound. Join with local and state efforts to create relevant messages that promote healthy sexuality and relationships for all young people.

If you are a...

... **Member of a faith community or a faith leader** what better way to encourage and promote the religious values of peace, equality, and freedom than to help move the vision of this plan forward.

If you are ...

... **Someone who works with struggling or at risk youth** we encourage you to reach out to local prevention partners who can help infuse your current work with sexual and intimate partner violence prevention.

As an individual

- Become informed about the current pandemic of sexual and intimate partner violence.
- Stop tolerating language, actions, and norms that support sexual and intimate partner violence.
- Learn to notice and find ways to safely take action when you see sexism or abuse.
- Support or volunteer at agencies in your community that work to provide awareness, advocacy, and prevention education and learn how you can take this critical information to other venues to maximize the impact of this plan

As a member and/or leader of an organization or community

- Call on your members and find ways organizationally to be involved with local prevention efforts including representation on local prevention advisory committees and prevention coalitions.
- Attend local events and respond to calls for action from local, state and national programs.
- Train your staff and membership about sexual and intimate partner violence and its prevention.
- Review your organizational policies to make sure they are inclusive of issues related to perpetration and victimization of sexual and intimate partner violence as well as its prevention.

As you see yourself in the list above we ask you to take the next step.

Whether it is to educate yourself about the problem, identify an action you can take to stop the violence, volunteer at a local agency, write a letter to your state representative to advocate for state policy change, or to join a Consortium workgroup: Please get involved. Truly, it will only be by collective action that we will create a future free from sexual and intimate partner violence.

To read in its entirety, *Pathways in Prevention: A Roadmap for Change*, please visit www.odvn.org and click on the tab on the top of the screen named, "ODVN Prevention."



DEFINITION OF PRIMARY PREVENTION

The Center for Disease Control and Prevention emphasizes primary prevention of violence perpetration and victimization. This definition focuses on supporting efforts that prevent violence before it occurs through the use of strategies which reduce the factors that put people at risk for perpetration and victimization while increasing the factors that protect people from becoming perpetrators or victims of violence. The focus of this plan is primary prevention of perpetration of sexual and intimate partner violence (SV/IPV).

According to the CDC's Public Health Model, the SV/IPV primary prevention system is the network of organizations and individuals at the state or community level that supports and expands the work of the 4-Step public health approach to addressing SV/ IPV. Use of the public health model begins with defining the problem (see Figure 1). Once the problem is fully defined the next step is to identify risk and protective factors that contribute to the problem. In the third step funding is vetted for developing and evaluating prevention strategies and the final step is to broadly disseminate effective strategies for future use through replication of evidence-based models and practices. Each step feeds back into the preceding step to create a continuous feedback loop that informs future initiatives.

OHIO'S PLAN IS AIMED AT PREVENTING PERPETRATION OF SV AND IPV

Primary prevention of violence is a recent focus for funders. Most funding through the 20th century supported intervention that provides services to victims of SV/IPV and few programs were funded to prevent perpetration from occurring in the first place. This shift in focus requires a plan of action that creates a change in social norms and the infrastructure to promote and support these changes.

OHIO'S PLAN IS A CDC FUNDED EFFORT

In 1992 the Center for Disease Control and Prevention recognized the prevalence of SV/IPV as a public health issue and created a Division of Violence Prevention. This division supports and funds prevention strategies at the state and local levels to reduce the incidence and prevalence of violence as well as other injuries. The CDC Violence Prevention division developed three violence prevention strategic directions which include primary prevention of SV and IPV. The DELTA and RPE programs are two funding streams supported by CDC to create violence prevention strategies that will increase state and local community capacity to promote healthy relationships.

Figure 1. The Public Health Model for Primary Prevention



It was through the use of the public health approach to violence prevention that ODH and ODVN in collaboration with the Ohio Sexual and Intimate Partner Violence Prevention Consortium endeavored to establish a need for primary prevention of SV and IPV in Ohio.



Ohio rapes were reported to law enforcement in 2006

SUMMARY OF THE MAGNITUDE OF THE PROBLEM IN OHIO

Several gaps are identified in Ohio's communities' ability to track the magnitude of SV and/or IPV. Of primary importance in summarizing the magnitude of the problem it must be noted that reliable data with regard to SV/IPV is problematic for a number of reasons including failure to report, lack of comprehensive and integrated reporting systems and lack of standardized and broadly understood definitions of SV/IPV. The most available data source for rape and IPV is incidents reported to law enforcement by medical personnel. Research suggests that only one in six rapes is actually reported to police. Due to this fact, the actual number of rapes in Ohio is most certainly much higher than that reflected by FBI statistics. Moreover, because the data are unreliable, changes in data are difficult to interpret.

Given these caveats, the official statistics rank Ohio as 16th nationally in prevalence of forcible rape of adult women. Based on FBI statistics for Ohio, 4,548 rapes were reported to law enforcement in 2006. This is a rate of 39.6 forcible rapes per 100,000 Ohioans. The rate for the United States for 2006 was 30.9 forcible rapes per 100,000 inhabitants. This rate has remained relatively steady in both the U.S. and in Ohio, demonstrating that Ohio's rate of forcible rape has been consistently higher than the national average. A report released in 2003 by the CDC National Violence Against Women Research Center entitled "Rape in Ohio: A Report to the State," revealed that 14.3 percent of adult women in Ohio have been victims of one or more completed forcible rapes during their lifetime. This reported victimization is also higher than the national average of 13.4 percent. The report estimates that about one in seven adult women in Ohio, nearly 635,000 has been a victim of forcible rape sometime in their lifetime.

Conclusive data for the State of Ohio that describes the magnitude of IPV does not exist. However, several sources of data are available that help provide a snapshot of IPV. One such study was completed by the Health Policy Institute at The Ohio State University. The study reported that in 2006, an estimated 166,000 people were physically or sexually assaulted by an intimate partner in Ohio. Furthermore, the report found that 64,000

children under the age of 18 were abused or neglected and 29,000 elders were abused or neglected. Based on these findings the authors surmise that each year, family violence directly costs Ohio more than 1.1 billion dollars in health care and social services (2008, Health Policy Institute of Ohio.) The costs and impacts of intimate partner violence on workplaces and on individuals in terms of adverse health outcomes are not included in these costs or the amount would no doubt be much higher.

The available research on SV/IPV nationally concludes that minority women and women in low income groups are disproportionately victims of sexual violence. Likewise, younger women are more likely to be victimized than older women. The negative health consequences of rape and physical assault are severe and chronic. They lead to "severely decreased health-related quality of life, with limitations of physical and emotional health, educational and financial attainment, and result in severe, recurrent problems with work and social activities." (Bonomi, 2007) A study completed in 2007 compared healthcare utilization and medical care costs of women with a history of intimate partner violence compared to women without a history of IPV (Rivara, Anderson, Fishman, Bonomi, Reid, Carrell & Thompson, 2007). The researchers determined that women with a history of IPV had significantly higher healthcare utilization and costs continuing long after IPV ended. They concluded that based on a prevalence rate for IPV of 44 percent, the excess costs due to IPV are approximately \$19.3 million per year for every 100,000 women age 18-64.

In absence of statistics specifically for the State of Ohio, national survey data results were extrapolated to get estimates for the specific Ohio counties with SV/IPV prevention programs. This method indicates that 7.7 percent of women and .3 percent of men have experienced a rape in their lifetime. Almost a quarter of the women reported being a victim of a physical assault (22.1%) and a rape and or physical assault (24.8%); this compares to about 8 percent of the men reporting being a victim of physical assault and a rape or assault. When these percentages are computed using the population of the state age 18 and over, the numbers are stark indicating that over a million Ohioans 18 years old or older have experienced rape and or assault at some point in their life. Even more alarming is that this data indicate that in the last twelve months, well over 100,000 of Ohio's adults have experienced rape or a physical assault by an intimate partner.

Other indicators of the scope and magnitude of SV/IPV are related to Ohio's young population. According to the Ohio Youth Risk Behavior Survey (OYRBS), 2007:

- Nearly ten percent of Ohio high school students report dating violence.
- More than 10% of Ohio high school students reported having been physically forced to have sexual intercourse.
- Latino students (18.6%) were significantly more likely than white students (9.1%) to have been forced to have sexual intercourse.



24% of Ohio's population is under the age of 18

SUMMARY OF CONDITIONS IN OHIO THAT MERIT ADDRESSING

The economic and other conditions that impact the lives of Ohioans and should be considered in the State SV/IPV plan include:

- **Ohio is one of the nation's leaders in housing foreclosures and predatory lending.** Housing foreclosures and predatory lending are having a major impact on Ohio's urban core areas where housing markets have been taken over by sub-prime lenders. As interest rates skyrocket when loans convert to flexible monthly rates, homeowners are caught between paying their mortgages and buying groceries. It is also a known fact that victims of intimate partner violence and sexual violence are often trapped by economic conditions that keep them from leaving their violent partners. Too often, they are unable to leave violent situations due to lack of resources, housing, and access to transportation. Moreover, financial strains are recognized as risk factors for perpetration of violence. As Ohio's economy declines the risk for SV/IPV is likely to increase.
- **Ohio's school funding has been declared unconstitutional by the United States Supreme Court and Ohio's General Assembly has yet to legislate an alternative school funding method.** Currently, Ohio schools are funded through property taxes and limited state funding. The burden for school funding is on each municipal school district and therefore creates an inequitable educational system, i.e., school systems in wealthy areas can afford higher property taxes and therefore fund schools at higher levels than those in poorer areas. The discrepancy between the highest and lowest per pupil spending is in

thousands of dollars. On the individual level, a risk factor for intimate partner violence is low academic achievement which may be supported by the school funding climate in Ohio.

- **Ohio is a conceal carry state.** This alone may have an impact on incidents of SV/IPV as carrying weapons becomes a social norm.
- **College is becoming increasingly unaffordable for Ohio residents as well as for those who might come to Ohio to attend college.** Tuition rates have continued to increase over the past 10 years as funding for state institutions is cut from the biannual State budget. Again, on the individual level, low academic achievement places Ohioans at risk for perpetration or victimization of SV/IPV. On the relationship level and community level, an uneducated populace increases the likelihood of economic stress due to low educational attainment and thus lower paid jobs which creates a risk factor for victimization as well as perpetration of SV/IPV.
- **Ohio ranks fifth in the nation in adult prison population.** In 2005 Ohio's incarceration rate was 400/100,000 adults, the same as the national average and 2,746/100,000 adults were under the supervision of probation which was 44 percent higher than the national average. Statistics about prison rape in Ohio indicate that it is a problem which impacts prisoners upon re-entry into communities. Many are released to communities which lack resources dedicated to assisting with their adjustment and healing.
- **The Ohio Coalition on Sexual Assault closed its operation in July 2006.** This loss has created a chasm for the sexual violence

prevention and intervention community in Ohio. To operate without a federally recognized coalition of organizations and members committed to ending sexual violence reduces a coordinated effort for responding to the problem. Currently there is a grassroots effort underway to re-establish a statewide sexual violence coalition which will hopefully assist in filling this gap.

The Conditions of Children and Families in Ohio points to some critical risks for Ohio's children

- 24 percent of Ohio's population is under the age of 18
- Over 86,000 grandparents are raising their grandchildren in Ohio
- New unduplicated reports of child abuse totaled 93,251 for 2005
- Help Me Grow served 56,469 children ages birth to three years of age. This program is currently being considered for extreme budget cuts
- An estimated 60,000 children ages birth through five years old do not have health insurance.
- Statewide, poverty increased to 16.9 percent in 2004 compared with 10.6 in 2000.
- Child poverty rates indicate that over one in five Ohio children are living in poverty
- In 2003, Ohio's teen birth rate was 53.4 per one thousand teens compared to 41.6 on the national level
- Sixteen percent of Ohio's estimated 2005 population of those five years of age or older are living with one or more disabilities.

Based on what little is currently known about risk factors for SV/IPV, these data indicate that Ohio's youth are vulnerable for multiple adverse outcomes. Without implementing services to decrease the risk factors, the magnitude of SV/IPV is unlikely to abate.

Until recently, little was known about the prevalence of behaviors practiced by young people that put their health at risk. The Youth Risk Behavior Survey (YRBS), developed by the Centers for Disease Control and Prevention (CDC), now provides such information. The YRBS provides information on risk behaviors among young people grades nine through twelve to more effectively target and improve health programs.

The YRBS is conducted every two years and Ohio has participated in the YRBS since 1993. The Ohio Department of Health, Ohio Department of Alcohol and Drug Addiction Services, and the Ohio Department of Mental Health jointly sponsor the Ohio YRBS. Most recently it was found that:

- Twenty eight percent of Ohio teens report being harassed or bullied by other students in the past 12 months
- Nine percent of Ohio teens report attempting suicide (a recent study found a high association between dating violence and suicide attempts for teens)
- Nationally, 9 percent of students report being victims of dating violence

These statistics further support the urgency to support and expand primary prevention strategies that promote healthy relationships.



has a strong network of non-profit organizations which adds to the potential violence prevention resources.

OHIO'S SYSTEM OF RESOURCES

In acknowledging Ohio's weaknesses we must also acknowledge the State's strengths and resources. Ohio has several strong resources available to assist with ameliorating the problem of SV/IPV. The resources include services at the state and local levels which increase the protective factors for youth including sources of prevention funding through the DELTA and RPE funding streams and The Anthem Foundation of Ohio. Likewise state agencies including The Ohio Department of Health, Ohio Department of Alcohol and Drug Addiction Services and The Ohio Office of Criminal Justice Services currently have health promotion strategies that can increase protective factors related to SV/IPV for Ohioans. These resources are being used to build capacity throughout the state to engage communities in planning, professional development and social marketing campaigns to raise awareness of and promote change in social norms regarding SV/IPV. Two organizations, The Ohio Children's Trust Fund and The Ohio Commission on Dispute Resolution and Conflict Management provide resources, training and direct services which promote positive relationships among youth and families. The Ohio Department of Education promotes anti-bullying policy in Ohio's public schools as a result of a legislative mandate enacted in 2006 and works with legislators, as well as the other aforementioned organizations, to address issues of violence and to promote violence prevention policies.

Ohio has a strong network of non-profit organizations which adds to the potential violence prevention resources. However, there is firm acknowledgement of a history that lacks coordination among and between various governmental systems,

state agencies, non-profit organizations and associations and local communities that could join resources to ally for planning and monitoring SV/IPV prevention efforts. The Consortium has become a model of collaboration among many of these agencies and will continue its collaboration efforts to implement the *Pathways in Prevention: A Roadmap for Change*, Ohio's plan for SV/IPV prevention. Allied state agencies, non-profit organizations and associations, and local communities must commit time and resources for building their capacities to better understand SV/IPV and its prevention. Data systems must be developed that help SV/IPV prevention practitioners at all levels better understand perpetration and not just victimization as is the current situation in Ohio. Currently, in Ohio, very little data that links specific risk factors or social norms to perpetration of sexual or intimate partner violence is collected in a standardized manner. Additionally, data about protective factors and factors that support health promotion are missing.

Given the conditions and resources that currently exist in Ohio, SV/IPV prevention efforts are insufficient to meet the growing need to incorporate a primary prevention model that will change social norms. Those efforts that do exist are operating in an economic climate of budget cuts and funding decreases that will ultimately impact the provision of prevention services. Because SV/IPV prevention efforts are in the early stages of development, program evaluation data that indicate promising and best practices are just beginning to emerge. Wise use of limited prevention resources coupled with better coordinated state and local evaluation efforts will likely assist with the development of a body of evidence on what works and does not work regarding SV/IPV prevention. However, without prevention resources in

terms of funding for both state and local initiatives, forward movement will be hampered.

In Ohio today there exists a good and growing foundation of prevention services. The foundation includes the ODH Sexual Assault and Domestic Violence Prevention Program and its funded local programs, the ODVN DELTA Program and its funded local programs, The Anthem Foundation of Ohio and its continued interest in funding family violence prevention efforts. On that foundation stands the Ohio Sexual and Intimate Partner Violence Prevention Consortium and the high level of

collaboration that is modeled through its processes. As Pathways for Prevention is implemented, it is hoped that the girders of a strong SV/IPV prevention system will be erected. One day, in Ohio, all the necessary components of that system will be in place to better establish current needs and resources. Ohio will be a recognized leader in the development of a growing body of culturally inclusive and relevant evidence-based best practices for SV/IPV prevention. Through these efforts, perhaps one day in Ohio social norms will reflect a commitment to healthy sexuality and healthy relationships.

The Corporate Alliance | www.caepv.org

Centers for Disease Control | www.cdc.gov

National Coalition Against Domestic Violence | www.cdc.gov

National Resource Center SDV
www.pcadv.org/About-Contact/National-Projects/National-Resource-Center-on-Domestic-Violence.asp

National Network End Domestic Violence | www.nnedv.org

Ohio Alliance to End Sexual Violence

The Ohio Domestic Violence Network | www.odvn.org

Ohio Resource Network for Safe and Drug Free Schools and Communities | www.drugfreeactionalliance.org
| www.ebasedprevention.org

The Ohio Sexual Assault Task Force

Ohio Sexual Violence Prevention Network

The Ohio Sexual and Intimate Partner Violence Prevention Consortium

Prevent Child Abuse Ohio | www.pcao.org

Public Children's Services Association of Ohio | www.pcsao.org

The Office of Criminal Justice Services
www.publicsafety.ohio.gov/odps_ocjs/index.stm

Ohio Department of Alcohol and Drug Addiction Services
www.odadas.state.oh.us

The Ohio Department of Mental Health | www.mh.state.oh.us

The Ohio Children's Trust Fund | jfs.ohio.gov/OCTF/index.stm

The Ohio Commission on Dispute Resolution and Conflict Management | disputeresolution.ohio.gov/commissn.htm

The Ohio Department of Education | www.ode.state.oh.us



SUCCESSFUL COLLABORATION WHEEL

When to collaborate?

The general rule is that agencies should engage in collaboration with other organizations or individuals when stakeholders share a common, long-term goal; are committed to working together as a team; and cannot achieve the goal more efficiently as independent entities. Not all relationships must be collaborative, nor should they strive to be. Under some circumstances, it may be more appropriate for agency personnel to establish a good communication plan or interpersonal relationships. Perhaps coordination between two agencies to avoid duplication of effort is all that is required. Collaboration is, however, critical for the effectiveness of many community endeavors and there is a growing body of literature that supports the value of collaborative efforts.

SUMMARY OF STRATEGIC PLANNING PROCESS

From the Consortium's evolution as an Advisory Committee in 2005, members agreed to adopt the principles of empowerment evaluation as guideposts for work conducted during full Consortium meetings and in between meetings by work groups convened on behalf of the Consortium. Empowerment evaluation as a concept integrates empowerment of individuals and organizations with program, process, and outcome evaluation practices. A core component of empowerment evaluation is building the capacity of organizations such that they become better able to conduct elements of evaluation independent of an outside expert. As a practice, empowerment evaluation includes conducting business by keeping at the forefront principles of inclusion community knowledge, and social justice.

The use of Technology of Participation® group facilitation methods brought forth the principles of democratic participation, community ownership, community knowledge, inclusion and encouraged members to engage in the process along the way. Members of the Consortium were asked to commit to work jointly toward the development of an Ohio sexual and intimate partner violence prevention plan, in support of the programmatic goals of the RPE Program of the ODH and the DELTA Program of the ODVN. As the Consortium continued to meet, it developed a culture of decision making by consensus with a vote taking place only after discussion and when decisions needed to be explicit and expedited to move processes forward. In addition, per a memorandum of understanding between ODH and ODVN, two co-chairs were appointed to represent the SV/IPV communities. The Consortium Co-chairs along with ODH and ODVN staff liaisons to the Consortium became a leadership team that convened before each meeting to plan the content and processes for meeting agendas. As work groups of the Consortium were formed and convened in between full Consortium meetings, ODH and ODVN staff members committed to facilitating those meetings. To facilitate the creation of the plan once the needs assessment was completed, the work groups independently focused on the five strategic areas that emerged from the needs assessment to create the goals, activities and outcomes outlined later in this document. Work group facilitators and the leadership team (Consortium co-chairs, ODH and ODVN staff liaisons) met regularly to discuss Consortium business and guide its processes.





VISION, MISSION, AND STATEMENT OF PHILOSOPHY

The consensus achieved by the Consortium was to adopt vision and mission statements that reflect a holistic approach to the prevention of SV/IPV.

VISION

The vision of the Ohio SV/IPV Prevention Consortium is that SV/IPV is universally recognized and rejected. Freedom from such violence is a fundamental human right. We seek to create communities where:

- SV/IPV is recognized as a preventable public health issue;
- Women and men work together to promote healthy and safe attitudes and beliefs about sexuality and intimate relationships;
- Social norms and cultural systems, both formal and informal, that tolerate violence will be challenged;
- Those who witness violence are empowered to speak out;
- The root causes of violence in our society are addressed;
- The importance of raising the status of women and girls is acknowledged while simultaneously addressing the roots of male violence; and,
- Emerging social norms and cultural systems reflect a commitment to healthy relationships.

MISSION

The mission of the Ohio SV/IPV Prevention Consortium is to promote the prevention of SV/IPV by creating an infrastructure that connects state agencies and local communities in working together toward the elimination of gender inequality and other systemic oppression.

STATEMENT OF PHILOSOPHY FOR INCLUSIVITY AND ATTENTION TO DIVERSE COMMUNITIES

The elimination of gender inequality and other systemic oppression are an integral part of SV/IPV prevention work. Our ultimate goal is to achieve human rights and social justice for all Ohioans. Our intention is to develop a plan that is both inclusive and attentive to the diverse communities in Ohio. The plan aspires to encompass the universal population of the state, while consciously taking into account the varied range of experiences which affect each individual's ability to participate in our work to create the vision we seek to achieve.

We recognize the need to expand organizational capacity to incorporate cultural competence, inclusiveness and appropriateness, and to encourage ourselves, our colleagues and allied partners in anti-oppression work to increase organizational as well as individual capacity. Within the scope of cultural competence, inclusiveness, and appropriateness are included but not limited to the following: culture, ethnicity, race, religion, age, socio-economic status, ability, sexual orientation, gender and gender identity.

Our task requires that the plan challenges and raises consciousness of flawed social norms to achieve our vision of social justice and human rights. We recognize that achieving cultural competence, inclusiveness and appropriateness requires our collective desire and effort to be open, accepting and respectful of Ohio's diversity and mindful of its constant evolving nature.

EXPECT RESPECT

ARE YOU ON YOUR WAY TO HAVING A HEALTHY RELATIONSHIP?

Use this checklist to find out.

- My partner and I trust each other.
- My partner likes my friends, encourages me to spend the time with them and wants to include them.
- My partner understands when I need time for myself.
- We share a friendship as well as physical attraction.
- My partner encourages me to enjoy different activities and wants me to reach my goals.
- My partner likes me for who I am—not just what I look like.
- I am not afraid to say what I think and why I think that way.
- I like to hear how my partner thinks even when it is different.
- Our time together is mostly happy, not miserable.
- I don't have to be with my partner all of the time.
- I don't have to call at certain times, or be available 24/7.
- I don't have to explain myself or my feelings constantly.
- I can dress and act however I want, without confrontation or arguments.
- I can say no to sex or anything else I do not want to do.

If you checked 10 or more of these, you are probably in a healthy relationship

WHAT IS AN UNHEALTHY RELATIONSHIP

An unhealthy relationship is one in which a person is controlling and abusive towards the other person. It can happen in straight or gay relationships. It can include verbal, emotional, physical, or sexual abuse, or a combination.

Verbal abuse: Any type of name-calling or put-downs

Emotional abuse: A range of behaviors designed to make a person feel badly about her/himself or the relationship.

Physical abuse: any type of physical contact designed to punish or make one person do what the other wants.

Sexual abuse: forcing, coercing or pressuring any kind of sexual contact that is not desired by the other partner.

SUMMARY OF UNIVERSAL AND SELECTED POPULATIONS

Ohio's Universal Populations (populations identified without regard to specific risks for perpetration or victimization) are described as:

- All residents of the State of Ohio
- All Ohio youth ages six to twenty-four
- All Ohio men and boys

The universal population of youth ages six to twenty four was identified because over one-third of Ohio's population is included in this age range. Furthermore, accessing this population of youth through Ohio's educational institutions will likely be easier because most are in elementary, middle, high school or some sort of post secondary education. On the public policy level, the Ohio House of Representatives has introduced a bill that if passed by both the House and Senate, will mandate education about teen dating violence and its prevention in grades 7 through 12. "All Ohio men and boys" was selected as another universal population since all relevant data about SV/IPV perpetration point to men as most likely to perpetrate and boys as most likely to become perpetrators.

Further, Ohio's selected population (population identified based on specific risk factors for perpetration or victimization.) is described below. For the purpose of this plan, Consortium members have agreed to focus on perpetration of SV/IPV rather than victimization.

The selected population for Ohio is men and boys who have the following risk factors:

- A need for power and control in relationships
- Hyper masculinity and/or beliefs in strict gender roles
- Exposure to violence (all types, across the entire social ecological model, and across the lifespan)
- Hostility and anger toward women

While there is a dearth of relevant social norms data that describe Ohio's populations, it is commonly understood that in a large portion of Ohio's rural communities as well as in Ohio's urban areas women are viewed through the particular lens of strict gender roles and men are viewed in traditional roles that can lead to hyper-masculine beliefs. There is less Ohio data available about "hostility and anger toward women" as a risk factor for SV and IPV perpetration. With regard to exposure to violence, all Ohio children are vulnerable to traumatic events that may include exposure to family violence, community violence, violence that is portrayed through media, the violence of natural disasters, and acts of domestic and/or international terrorism. As Ohio's economy continues to suffer and the social fabric continues to erode, opportunities increase for all types of violence to manifest including an increase in SV/IPV.

Therefore, the Consortium recommends working on reducing these risk factors through outreach to the universal population, knowing that the selected population is a subset of the universal population and that within the universal population people are on a continuum across the risk factors. The goal in intervening will be to move populations from where they are currently toward more protective factors and less risk factors. Thus, toward reduced risk of perpetration of SV/IPV.

However, knowing that the universal population contains members of the selected population is not enough. In Ohio, we must find a way to identify men and boys who are at most risk for perpetrating SV/IPV and provide them with effective preventive services to increase protective factors. It behooves us to work with juvenile justice systems, foster care systems, and child protection systems to those ends. Similarly, it makes sense that data systems will be developed to help identify those at most risk for perpetration of SV/IPV such that prevention strategies may be implemented well before the possibility of perpetration occurs.

In 2007, **five strategic directions** were identified by the Consortium as a result of the needs assessment findings. The workgroups and Consortium members at large were tasked with developing goals, outcomes and a five year timeline for each of the five strategic directions. The strategic directions and their accompanying goals and outcome statements are presented in this section.

- Effective Youth Sexual and Intimate Partner Violence Prevention Recommended Practices
- Integrated Intra-State Collaboration
- Leveraging Resources for Maximizing Sustainability
- Integrated Strategic Evaluation and Data Collection
- Empowered Local Communities

EFFECTIVE YOUTH SEXUAL AND INTIMATE PARTNER VIOLENCE PREVENTION RECOMMENDED PRACTICES

Goal 1: Create effective culturally competent, inclusive and appropriate statewide sexual and intimate partner violence primary prevention recommended practices for youth age six to twenty-four.

Outcome: By the end of 2013 the Consortium will create and distribute effective statewide sexual and intimate partner violence primary prevention recommended practices for youth age six through twenty-four.

Goal 2: Create effective culturally competent, inclusive and appropriate statewide sexual and intimate partner violence primary prevention recommended practices for men and boys with a need for power and control in relationships, hostility towards women, hyper-masculinity, and with exposure to all forms of violence across the lifespan.

Outcome: By the end of 2013 the Consortium will create and distribute effective statewide sexual and intimate partner violence primary prevention recommended practices for Ohio's selected population.

Goal 1: Improve the knowledge and skills of education, health and human services professionals in relation to sexual and intimate partner violence primary prevention.

Outcome: By the end of 2012, at least three professional associations/ organizations and one college/university will have implemented sexual and intimate partner violence primary prevention training.

Outcome: By mid 2013, resources related to sexual and intimate partner violence primary prevention will be broadly available for professional education.

Goal 2: Increase the number of government agencies (municipality, county, state) private sector and non-profit employers that adopt sexual violence, intimate partner violence, and sexual harassment prevention policies that are both inclusive and attentive to diverse communities in Ohio.

Outcome: By mid 2011, three government agencies, private sector or non-profit employers/networks identified by the Consortium will adopt sexual violence, intimate partner violence, and sexual harassment workplace policies.

Outcome: By mid 2013, at least one government agency, private sector or non-profit employer will champion the adoption of sexual violence, intimate partner violence, and sexual harassment workplace policies with similar industries.

Goal 3: Identify and support culturally responsive public policy efforts that are in the interest of sexual and intimate partner violence primary prevention and to increase the Consortium's understanding of those efforts.

Outcome: By end of 2013, and continuing onward, Consortium members will support statewide public policy organizing and advocacy efforts and encourage further local dissemination.

Goal 4: Leverage and make available those resources that will positively influence media discourse (and, therefore, public opinion) related to sexual and intimate partner violence and opportunities for sexual and intimate partner violence primary prevention.

Outcome: By the end of 2013, three local sexual and intimate partner violence programs will have institutionalized media advocacy strategies within their Communications Plan or their organization.



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- Goal 1:** Create a centralized strategy for collecting inclusive statewide evaluation data on sexual and intimate partner violence primary prevention efforts in Ohio.
- Outcome:** By the beginning of 2013, the Consortium will create and distribute a directory of evaluation measures that have been assessed for cultural competency and accurate measurement of sexual and intimate partner violence prevention outcomes.
- Outcome:** By mid-2013, Ohio local sexual and intimate partner violence prevention efforts will demonstrate increased capacity for using evidence-based practices.
- Goal 2:** Create a centralized strategy for collecting statewide data on the incidence and prevalence of sexual and intimate partner violence in Ohio.
- Outcome:** By mid-2013, the Consortium will create a comprehensive tool for the collection of statewide data on the incidence and prevalence of sexual and intimate partner violence in Ohio.

LEVERAGING RESOURCES FOR MAXIMIZING SUSTAINABILITY

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- Goal 1:** Leverage resources for maximizing sustainability of culturally competent, inclusive and appropriate sexual and intimate partner violence primary prevention efforts in Ohio.
- Outcome:** By the end of 2013, a unified concept for sexual and intimate partner violence primary prevention will be articulated and broadly disseminated in Ohio.
- Goal 2:** Develop a public, representative of Ohio's diverse communities, that is knowledgeable about and supportive of sexual and intimate partner violence primary prevention efforts in Ohio.
- Outcome:** By the end of 2013, Ohio's diverse public has demonstrated an increase in knowledge and support for SV and IPV primary prevention.
- Goal 3:** Create and maintain the necessary infrastructure and resources to ensure the process of implementation of the *Pathways for Prevention: A Roadmap for Change*, with attention to the needs of Ohio's diverse communities.
- Outcome:** By 2013, the *Pathways for Prevention: A Roadmap for Change* will be implemented on schedule and the infrastructure and resources for culturally competent, inclusive, and appropriate primary prevention in Ohio will be maintained beyond 2013.

EMPOWERED LOCAL COMMUNITIES

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- Goal 1:** Establish a culturally competent, inclusive and appropriate program that generates awareness and recognition of the plan among state level youth serving social and community organizations and their local affiliates.
- Outcome:** By the end of 2012, youth serving organizations at the state and local level will have integrated sexual and intimate partner violence culturally competent, inclusive and appropriate primary prevention messages.
- Outcome:** By the end of 2012, through the distribution of a toolkit, a statewide kickoff event, and regional replication, communities across Ohio will access and utilize identified primary prevention messages through the following organizations which may include but are not limited to: 4H/Extension agencies, Boy Scouts, Girl Scouts, sports including both community sports and school-based athletics, United Way, Family and Children First groups, YW/YMCAs, Boys/Girls clubs, Big Brothers/Big Sisters, church groups, Jewish groups, other religious associations, etc.
- Goal 2:** Engage youth and ensure their voices are reflected in the final toolkit and kickoff event.
- Outcome:** By mid-2012, increase youth engagement as leaders and role models in being actively intolerant of abuse and violence in their communities.

SUMMARY

As demonstrated by the data reflected and data missing from this plan as well as the tremendous costs of sexual and intimate partner violence in terms of dollars and lives, it behooves all Ohioans to take action to prevent this violence. Every day in Ohio, someone is victimized by sexual or intimate partner violence. More likely, many are victimized. For the most part, these crimes primarily committed against Ohio women citizens, go undetected, unreported, and are relegated into the collective unconsciousness. Those crimes that are recognized and given media attention are related to as somehow different from the sexual assaults and domestic violence incidents that occur every day. For the most part, they are not different - save for the demographics that cause the focus of attention on select few annual incidents.

Where is the outrage? Where is the collective and political will to end this shameful scourge? When will fathers, brothers, uncles, and all Ohio men unite and stand together to stop the perpetration of these countless acts of violence? The women and men who contributed to this plan know that unless and until men in Ohio and across the country are empowered to stand up for their sisters and mothers, and all women in Ohio, victimization will continue and likely increase as risk factors across the social ecology increase.

The goals and outcomes as articulated above provide a pathway for us to begin working toward the Consortium's vision for Ohio. It is a vision we hope can inspire and be adopted by all Ohioans. No matter how large or small an action may be, whether the action is joining with the Consortium to help achieve its goals or the action is to be an engaged bystander who will no longer tolerate sexist or homophobic jokes, only collectively can a difference be made that will transform the current conditions into that of freedom, justice, and equality for all Ohio citizens. We hope you are inspired to participate and to make a contribution to ending sexual and intimate partner violence in Ohio. We welcome your contribution. Below is contact information for the Ohio Department of Health Sexual Assault and Domestic Violence Prevention Program and the Ohio Domestic Violence Network's DELTA Program:

Ohio Department of Health: 614-728-2176, ask for Debra Seltzer

Ohio Domestic Violence Network: 800-943-9840, ask for Rebecca Cline

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