New Jersey

Sexual Violence Primary Prevention Plan

August 2009

Submitted by the State Prevention Team
via
New Jersey Department of Community Affairs
New Jersey Department of Health and Senior Services
Ms. Karen Lang, Project Officer
National Center for Injury Prevention and Control
4770 Buford Highway, NE Mailstop K-60
Atlanta, GA 30341

Dear Ms. Lang:

The New Jersey Department of Community Affairs (DCA) is pleased to express its support of the state’s Sexual Violence Primary Prevention Plan. This plan represents a continued joint endeavor between this department, the New Jersey Department of Health and Senior Services (DHSS) and the New Jersey Coalition Against Sexual Assault (NJCSA). These three entities have been the co-leaders for the State Prevention Team, which has prepared this plan for the State of New Jersey.

DCA is committed to prevention efforts that make our state safer for all people. In 1992, the Office on the Prevention of Violence Against Women was established by Executive Order and placed in DCA’s Division on Women. In 1996, DCA accepted programmatic and administrative responsibility for the Rape Prevention and Education Program. DCA is also the host agency of other programs that provide support to victims and victim service provider such as the Address Confidentiality Program, Women’s Shelter Grants Program and the Domestic Violence Fatality and Near Fatality Review Board.

DCA is particularly proud of New Jersey’s current designation as an EMPOWER state. New Jersey takes seriously its role as a leader in this endeavor and is poised to continue its successful efforts in partnering with stakeholders such as the New Jersey Coalition Against Sexual Assault and its member programs as well as other government and non-government partners who have committed their resources to prioritizing sexual violence primary prevention. These partners have joined DCA as part of the State Prevention Team of the EMPOWER project and DCA intends to provide the necessary leadership to continue the project into its next phase.

We look forward to working with our partners in New Jersey and the Center for Disease Control and Prevention on the continued progress of New Jersey’s planning, capacity building and evaluation regarding sexual violence primary prevention.

Sincerely,

Charles A. Richman
Acting Commissioner
June 30, 2009

Ms. Karen Lang, Project Officer
National Center for Injury Prevention and Control
4770 Buford Highway, NE Mailstop K-60
Atlanta, GA 30341

Re: Funding Opportunity Number CDC-RFA-CE09-902

Dear Ms. Lang:

The New Jersey Department of Health and Senior Services (NJDHSS) is pleased to partner with the New Jersey Department of Community Affairs (DCA) for the continuation of New Jersey’s work in planning, capacity building and evaluation regarding the primary prevention of sexual violence through the State Sexual Violence Primary Prevention Plan (see enclosure).

Sexual violence is viewed by NJDHSS as a public health issue, and to that end, the Department is uniquely situated to bring a public health perspective to the discussion on primary prevention. The Department sees the continued work toward the development of a comprehensive, statewide rape prevention plan focused on primary prevention strategies as being essential to addressing the goals of Healthy People 2010, which are to reduce rape, attempted rape and other forms of sexual violence. New Jersey’s ultimate goal is to eliminate sexual violence.

As the legislated administrator of the Preventive Health and Health Services Block (PHHSB) Grant and the Rape Prevention and Education (RPE) Grant, the NJDHSS has an established track record in working on sexual violence. The Department also participates in the Attorney General’s Violence Against Women Act (VAWA) Advisory Committee, and recently piloted the Intimate Partner Violence and Sexual Violence Modules for the Behavioral Risk Factor Surveillance System.

We look forward to working with the Centers for Disease Control and Prevention toward continuing to build a sexual violence primary prevention program planning, implementation and evaluation model in New Jersey.

Sincerely,

Susan Walsh, MD, FACP
Deputy Commissioner

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Executive Summary

Over the last few years, New Jersey has embarked on a new direction in the area of primary prevention of sexual violence. For the first time, there is a concerted effort to look at ways to end sexual violence perpetration before it begins rather than to solely focus on interventions for victimization. The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (NCIPC) selected New Jersey as one of six (6) pilot sites for the EMPOWER (Enhancing and Making Programs and Outcomes Work to End Rape) Project. The goal was to build New Jersey’s capacity to conduct comprehensive planning, implementation and evaluation of sexual violence prevention efforts. This project, with shared leadership from the New Jersey Departments of Community Affairs and Health and Senior Services, and the New Jersey Coalition Against Sexual Assault, has been underway since 2005. Since primary prevention of sexual violence is in its infancy as a field, this project has required intensive, long term capacity building for planning, including the establishment of new collaborations of state level and local partners, and preparation for intensive research and evaluation of final plan goals and strategies.

The purpose of this plan is to document both the planning process and the final decisions made by the Prevention and Public Education Committee (PPEC) of the Governor’s Advisory County Against Sexual Violence (GACSV), also referred to as the State Prevention Team (SPT).

When New Jersey was selected as an EMPOWER state, the PPEC was identified to serve as the SPT for the project. A State Capacity Building Team (SCBT) of four members was created to serve as the steering committee for the SPT. An Empowerment Evaluator was hired as the fifth member of the SCBT and to coach both groups through the EMPOWER Project. The SPT was expanded to include many stakeholders of likely and unlikely partners throughout the state.

One of the initial tasks of the SPT was to develop a vision statement:

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

Additionally, the SPT agreed on an expanded definition of sexual violence which included prostitution and pornography as forms of sexual violence.

Using the *Getting To Outcomes* (GTO) framework, the SPT completed a needs and resources assessment for New Jersey including a review of current prevention methods, the magnitude of sexual violence, identified risk and protective factors and system capacity issues. This information informed the decisions of the SPT as it embarked on goal setting and strategy selection for implementation of those goals.

The work of the SPT revealed that there was limited data available to make an accurate assessment of the magnitude of sexual violence as well as limited funding and system capacity for primary prevention work. In fact, there were limited number of strategies being implemented anywhere that have been evaluated to show a decrease in perpetration. The SPT responded to that information by moving forward in this ground breaking work and setting the following goals:
State and Community Level Norms Change Goals:

- Create and market social norms in New Jersey that promote gender equity and respect for women and girls by reducing rigid sexual stereotypes and

- Increase bystander intervention along the continuum of sexual violence behaviors among middle school, high school, and college communities.

State Level Policy Change/Systems Advocacy Goals:

- Create and implement institutional and agency strategies that prevent the perpetration of sexual violence against people with developmental disabilities and inmates of correctional facilities.
- Identify and support delivery systems that would increase parental/caregiver attachment and increase empathy skills in children.
- Increase opportunities for healthy community connectedness for young males (middle, high school and college level) who have been exposed to family violence.

State Capacity Goals: Improve Funding, Data and Sexual Violence Provider System Capacity

- Increase funding available for sexual violence prevention strategies, data collection and system capacity upgrades and minimize negative financial impact on intervention activities
- Build a coordinated system for data collection and analysis in New Jersey
- Provide technical assistance and training to enable RPE funded SVP’s to implement and sustain viable strategies for long term reduction and primary prevention of sexual violence in New Jersey.
- Develop a baseline and track changes for New Jersey on societal perceptions, norms and attitudes toward key risk factors of sexual violence.

The SPT’s intention in preparing a comprehensive primary prevention plan is that it will influence state, local, public and private efforts aimed at reducing the perpetration of sexual violence. The plan as it exists is focused on reducing risk factors for perpetration while simultaneously promoting protective factors.
The EMPOWER Project
The Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (NCIPC) selected New Jersey as one of six (6) pilot sites for the EMPOWER (Enhancing and Making Programs and Outcomes Work to End Rape) Project. The goal was to build New Jersey’s capacity to conduct comprehensive planning, implementation and evaluation of sexual violence prevention efforts. This project, administered by the New Jersey Department of Community Affairs’ Division on Women, has been underway since 2005. Since primary prevention of sexual violence is in its infancy as a field, this project has required intensive, long term capacity building for planning, including the establishment of new collaborations of state level and local partners, and preparation for intensive research and evaluation of final plan goals and strategies.

Plan Contents
The purpose of this plan is to document both the planning process and the final decisions made by the Prevention and Public Education Committee (PPEC) of the Governor’s Advisory County Against Sexual Violence (GACSV), also referred to as the State Prevention Team (SPT) for the purposes of the project. Since the planning process was iterative, there are sections that are time specific and others that were reviewed and revised several times along the way. The project used the CDC pilot Getting To Outcomes framework and the contents of this plan following Steps 1-6 of that 10 step framework. The narrative on each step is a summary of the process and capacity building tasks undertaken as well as decision points reached and revised along the way.

Pre-Planning – Establishing the State Prevention Team (Fall 2006)
The GACASV was established by Executive Order 40 in November of 2002 and held its first meeting in October 2003. As part of this Council, the PPEC was created in May 2004 with six GACASV members to address the Governor’s charge to recommend solutions to prevent sexual violence. Major activities of the PPEC prior to involvement as the SPT for the EMPOWER Project included:

- increasing knowledge through participation in the University of North Carolina’s PREVENT 2004 workshops and 2005 Institute about effective principles for primary prevention planning using a public health approach
- developing a mission statement for the PPEC, which was to “...develop and promote a statewide strategic plan that focuses on primary prevention efforts that keep individuals from committing acts of sexual violence in New Jersey”
- planning and conducting focus groups to identify community readiness for prevention activities and to identify community perceptions of risk factors of sexual violence
- conducting telephone interviews with other prevention providers to assess the size and scope of various primary prevention efforts in New Jersey

When New Jersey was selected as an EMPOWER state in 2005, the PPEC was identified to serve the SPT for the project. A State Capacity Building Team (SCBT) of four members was created to serve as the steering committee for the SPT. An Empowerment Evaluator was hired as the fifth member of the SCBT and to coach both groups through the EMPOWER Project.
With the help of the SCBT, seven new members were added to the SPT to assist in the creation of membership materials and processes for selecting additional members, and to ensure the SPT was representative of the stakeholders of New Jersey.

**SPT Selection Process**

The original thirteen members of the PPEC met over four months in 2006 to identify key current and future stakeholders in sexual violence prevention. It was determined that the core requirements for membership would be:

A. dedication to a vision of a world free of sexual violence.
B. dedication to helping shift the focus of prevention and education to primary prevention efforts aimed at keeping individuals from committing acts of violence.
C. dedication to fostering collaborative relationships with diverse communities.
D. commitment to a minimum two-year membership on the PPEC.
E. regular attendance at monthly three to six-hour meetings generally held in Mercer County.
F. notification to the PPEC Chair in advance if unable to participate in a scheduled meeting.
G. commitment to completion of all related tasks, including reading, information analysis, and work on special projects.
H. participation in the planning, implementation and evaluation capacity-building activities regarding primary prevention of sexual violence in New Jersey. Work to be done within the guidelines and models approved by the CDC for the EMPOWER Project, including Empowerment Evaluation principles within a *Getting to Outcomes* (GTO) framework.
I. sharing of expertise and input from members’ individual background and/or community/constituency to further the goals of the project and the work of the PPEC.
J. discussion of relevant information from the PPEC with their community or constituency, as appropriate.
K. commitment to respectful, constructive participation in all PPEC work honoring all participants’ diverse and equally important voices.

**SPT Representation**

Member selection was carefully done to ensure that key constituencies would be represented on the SPT regardless of whether they had been active in the field of sexual violence prevention/intervention in the past. This included careful attention to adequate representation in the following areas:

- the state sexual violence coalition – New Jersey Coalition Against Sexual Assault (NJCASA)
- local Rape Prevention and Education Grant (RPE) funded Sexual Violence Programs (SVPs)
- other prevention fields (addictions, bullying, child abuse, etc.)
- colleges and universities
- offender treatment specialists
- racial/ethnic groups
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-the lesbian, gay, bisexual and transgender (LGBT) community
-religious communities/faith-based providers of service
-immigrants
-key departments of state government (Health and Senior Services, Community Affairs, Law and Public Safety, Education, Children and Families, and Human Services)
-civic and business groups
-the media

A final prospect list of sixty-five names was developed and calls were placed to each person introducing them to the work of the SPT and ascertaining their interest in joining. Over 50 people expressed interest and formal invitation packets to join the group were sent to each one. While at least half were expected to decline or not respond, over half of the Potential Member Profiles were returned. In 2006 the thirteen member SPT grew to a core group of thirty-five members that researched and created this prevention plan.

SPT Process Notes

Empowerment Evaluation Principles

The Empowerment Evaluation (EE) principles are appended to each meeting agenda and members are asked to assess the group’s adherence to these items at the end of each SPT meeting. The SCBT also reviews the list when creating the agenda for the meetings in order to ensure that the principles come alive in the discussions.

Member activity levels

- An average of twenty to twenty-five members representing a variety of disciplines and backgrounds attended monthly SPT meetings from Nov. 2006 to April 2009. However, it was difficult to regularly engage members from the business community, the media and education although there were representatives from other agencies that work with schools on related prevention issues.
- There was consistent and strong participation from a variety of areas within New Jersey state government including: Department of Health and Senior Services; Department of Community Affairs; Department of Children and Families; Department of Human Services; New Jersey State Police; Administrative Office of the Courts; University of Medicine and Dentistry of New Jersey; and The College of New Jersey.
- NJCASA, the state sexual assault coalition was heavily involved in the planning process, including active participation on the SCBT and SPT, and regular attendance at CDC technical assistance trainings and conference calls.
- Private nonprofits were very active, including the New Jersey Association of Mental Health, Catholic Charities, New Jersey Coalition for Battered Women, Jewish Family Services, New Jersey School Boards Association and the New Jersey Association for Treatment of Sexual Abusers
- Two representatives from local RPE funded SVP’s were regular members of the SPT. An additional 10 local SVP staff from around the state participated.
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as resource people on workgroups during the various steps of *Getting to Outcomes*.

- All SVP’s, by invitation from the SCBT, attended special SPT trainings/presentations on the topics of Consent; Prostitution and Pornography; and Social Norms Marketing. This gave the two groups the opportunity to begin working collaboratively on the prevention of sexual violence.

**Subcommittees**

The only subcommittee of the SPT was the SCBT, which was made up of the key partners in the work. This included the Executive Director of NJCASA, the RPE Coordinator from DCA, the Supervisor of the Office on the Prevention of Violence Against Women from DCA and the Director of the Office on Women’s Health from DHSS. The Empowerment Evaluator who was also a member of the SCBT acted in an advisory capacity.

The SCBT met monthly to plan upcoming SPT agendas, plan capacity building efforts, integrate workgroup efforts, and check progress on planning efforts. It also communicated regularly via e-mail to solve problems, address unexpected issues and check perceptions. The SCBT had a strong team focus and shared leadership of the group both through rotating meeting facilitation and sharing in the CDC’s twice monthly EMPOWER Project conference calls. The group proved especially important in preparing for potentially difficult conversations at the SPT level. This pre-work ensured that the process stayed committed to the EE principles and did not veer off track.

The SCBT also included workgroup chairs/delegates at critical points in the process, including at the goal setting stage and later in the development of the final workplan. This “expanded” SCBT was also called during Step 3 of the GTO process in order to help devise a capacity building plan for working through this very labor intensive step in the process.

**Workgroups**

Task-based workgroups were used extensively in the planning process. Workgroups were given specific tasks in each step of the process, and workgroup membership changed based on the task at hand. SPT members volunteered to form the basis of each workgroup with additional resource people added as needed. See GTO step descriptions for a listing of the various workgroups.

**Decision making**

Most decision making was done using a consensus-based approach with discussion continuing until all members present felt comfortable with the direction/decision. However, this process was amended for the final discussion of the SPT’s definition of sexual violence where full consensus was not achievable. It was agreed that the minimum level of approval be set at 80% of those present in order to be able to move ahead with the rest of the process.
Early discussions with SPT members made clear that the final plan would require the approval of the Governor’s Advisory Council Against Sexual Violence.

Vision and Mission

The following vision was developed and approved at the December 2006 SPT-PPEC meeting:

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

Process for Achieving Consensus on the Definition of Sexual Violence

Achieving full agreement on the definition of sexual violence presented a challenge and a learning opportunity. While the entire group was generally comfortable with the overall definition, there was initial reluctance to include pornography and prostitution as types of sexual violence.

The SCBT engaged nationally recognized speakers to assist the SPT in exploring these topics so that the group could make an informed decision about its definition for sexual violence. In June 2007 a special session was held with a presentation by Scott Hampton, Psy.D., Director of Ending the Violence in Dover, NH (home of the Consexuality Project, a sexual violence prevention initiative) on issues of consent and abuse in sexually exploitative industries. In November 2007 there was a special presentation on the mainstreaming of pornography by Robert Jensen, Ph.D., Associate Professor in the School of Journalism and Director of the Senior Fellows Honors Program of the College of Communication at the University of Texas at Austin.

The SPT followed these presentations with open discussions and ultimately decided to include both prostitution and pornography in the final definition. The following definition for sexual violence was approved by the SPT in November 2007.

**SPT Definition of Sexual Violence**

Sexual Violence is any criminal and non-criminal violation of a person, where this violation is of a sexual nature. Sexual violence can occur between any persons including acquaintances, strangers, family members or in dating relationships and is often part of domestic violence situations. Sexual violence occurs between individuals but is perpetuated at the system level by a set of community norms, behaviors and attitudes that allow for the sexual degradation, exploitation and objectification of individuals. The term “sexual violence” refers to the following verbal, pictorial, written or physical acts that form a continuum of sexual violence:

- Child Pornography - visual images or sometimes written passages depicting minors under the age of legal consent in explicit sexual activity
- Child Sexual Abuse - any sexual activity with a child by a person in a dominant position
• Drug-Facilitated Sexual Assault - the administration of any drug, including but not limited to alcohol, taken voluntary or involuntary to render a victim physically incapacitated or helpless and thus incapable of giving or withholding consent. Victims may be unconscious (incapacitated) during all or parts of the sexual assault and, upon regaining consciousness, may experience anterograde amnesia--the inability to recall events that occurred while under the influence of the drug

• Exposure/Lewdness - revealing of a person’s body, especially genitals, in a public setting

• Female Genital Mutilation - often referred to as 'female circumcision,' comprises all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs whether for cultural, religious or other non-therapeutic reasons

• Incest - sexual activity, either consensual or nonconsensual, between members of the same family

• Internet Predation (specifically in reference to children) - use of the internet to solicit children for sexual acts, sending sexually explicit emails or text messages to children, or arranging to meet children who are under the legal age of consent for the purpose of sexual intercourse or sexual activities

• Molestation - the act of subjecting someone to unwanted or improper sexual advances or activity (used mostly in reference to children)

• Pornography - exposure to the representation of the human body or sexual activity that is sexually exploitative, degrading and objectifies individuals. This includes, but is not limited to, the increased “pornification” of mainstream media messages.

• Professional Abuse - misuse of power or coercion by a professional (clinician, physician, etc.)

• Prostitution - when an individual, be it a child or an adult, is forced or coerced to engage in sex work that is degrading, exploitative and objectifying and/or obliged to give their earnings to another individual, organization or party.

• Sex Trafficking - the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, also referred to as human trafficking and commercial sexual exploitation
  o the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation

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- the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion, for the purpose of subjecting that person to involuntary servitude, peonage, debt bondage, or slavery.

- Sexual Assault—the forced, manipulated or coerced oral, vaginal or anal penetration of a person without consent.
  - Rape—the carnal knowledge of a female forcibly and against her will. All assaults and attempts to rape are counted, but carnal abuse, rape without force (statutory rape) and other sex offenses are not included.
  - Martial/Intimate Partner Rape—when one spouse/intimate partner forces, coerces, and/or manipulates the other spouse/intimate partner into participating in sexual activity against his or her will
  - Statutory Rape—sexual intercourse between an adult and a child under the legal age of consent and between an older child and younger child under the legal age of consent
  - Frottage—rubbing against another person while fully clothed for sexual pleasure (without consent), also known as “grinding.”
  - Sexual contact—an intentional touching by the victim or actor, either directly or through clothing, of the victim’s or actor’s intimate parts for the purpose of degrading or humiliating the victim or sexually arousing or sexually gratifying the actor. Sexual contact of the actor with himself must be in view of the victim whom the actor knows to be present.

- Sexual Harassment—any unwanted and unwelcome behavior of a sexual or gender-specific nature (may include fondling, lewd comments, demanding sexual favors or you’ll be fired from your job, etc.). May also be known as “sexual bullying” and “professional boundary violation”

- Stalking—when an individual willfully and repeatedly engages in an intentional, constant harassment directed at another person, which reasonably and seriously alarms, torments, or terrorizes that person

- Voyeurism (Peeping)—deriving sexual satisfaction while secretly watching others undress or engage in sexual activity

Sexual violence can occur in the home, workplace, school, prison, religious institution and community. It includes the use of mainstream media messages that portray people as sexual

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2 Trafficking Victims Protection Act (TVPA) of 2000

3 Definition used by the Uniform Crime Report, State of New Jersey, Division of State Police. This definition utilizes a very restrictive means of reporting.

4 N.J.S.A.2C:14-1
objects. All the above acts also qualify as sexual violence if they are committed against someone who is unable to consent or refuse.

**Purpose of Plan**
The SPT’s intention in preparing a comprehensive primary prevention plan is that it will influence state, local, public and private efforts aimed at reducing the perpetration of sexual violence. The plan as it exists is focused on reducing risk factors for perpetration while simultaneously promoting protective factors.

It is the intention of the New Jersey Division on Women (DOW) to use the plan to inform decision making on existing state and federal funding dedicated to sexual violence prevention. Future RPE funds administered by DOW will require conformity to the plan’s goals while allowing for local decision making on strategies appropriate for use in the community. Building capacity for community collaboration and evaluation is underway as of 2009 and those efforts are being coordinated with the state planning efforts.

It is a goal of this plan to build state prevention capacity by attracting new partners and identifying/integrating alternative funding streams that can be re-focused on the plan’s goals. Current resources dedicated to sexual violence prevention in New Jersey are clearly inadequate to achieve plan goals, and new partners and funding will need to be considered.

One particularly significant state goal identified in this plan is to provide technical assistance to county-based SVP’s in order to build their capacity to plan and implement primary prevention programs. As a result NJCASA has contracted with the nationally renowned *Vera Institute for Justice* to provide capacity building technical assistance to each local program during the 2009 RPE grant year. This Sexual Violence Prevention Capacity Development Initiative (SVPCDI) project is currently underway during the state planning process to ensure adequate local capacity for needed community organizing and to ensure that local plans are responsive to local needs and state plan guidelines. Plans are required by DOW and due at the culmination of the 2009 RPE grant cycle.
Step 1: Needs and Resources Assessment *(2007 with updates)*

Committee Assignment and Leadership

Three subcommittees were established for the Needs and Resource Assessment requirements in Step 1 of GTO. SCBT members were assigned to lead and staff these committees. SPT members were asked to choose among the committees and only minor changes were made from these requests in order to ensure an even distribution of members. Each workgroup had from 5-10 active members and meetings were held in person and through telephone conferencing. Each workgroup met a minimum of five times. The workgroups included:

- **Magnitude of Sexual Violence Workgroup** – This group focused on developing the state profile and critically reviewing all data concerning the prevalence of sexual violence and characteristics on perpetrators/perpetration.
- **Risk and Protective Factors Workgroup** – This group reviewed available research on the risk and protective factors for perpetration as well as perpetrator focus group results. The groups’ task was to identify those risk and protective factors that should be prioritized in any New Jersey prevention effort.
- **Resources and Assets Workgroup** – This group reviewed the capacity of the current sexual violence system in New Jersey to identify strengths and weaknesses that will impact on future prevention work. This included review of results of SVP surveys, phone interviews with other prevention providers in the state, current funding streams for prevention, parent/teen and therapist focus group results and the findings from the Mathmetica Policy and Research’s initial Individual Prevention Capacity Questionnaire (IPCQ) instrument.

Each workgroup provided interim progress reports at the May and November 2007 SPT meetings. These reports facilitated the coordination and integration of the work across committees.

Additionally, each workgroup had a corresponding listserv (Google group) where all communications were archived and all reviewed data was stored. All SCBT members were added to all workgroups’ listservers in a further effort to coordinate work and stay aware of each workgroup’s progress.

Current prevention efforts

In late 2006 a survey was conducted of all the RPE funded SVP’s to assess the range of prevention efforts in place, existing evaluation capacity, funding diversity and understanding of primary prevention. This internal capacity assessment was completed prior to the development of the EMPOWER tools. At that time the focus of local strategies was on sexual violence awareness raising and risk reduction.

Phones surveys were also completed in 2006 with targeted prevention providers outside the sexual violence field to assess whether they were conducting primary, secondary or tertiary prevention activities; for overlapping issues and possible points of integration of work and opportunities to partners; and to determine if evidence-based prevention strategies were being employed in other fields.
The VERA Institute for Justice completed a more comprehensive follow-up assessment of local SVP prevention capacity in late 2008. The full report is part of the Appendix. This assessment identified foundational programs that, with expansion, could be used as a foundational tactic from which to build a larger plan-oriented strategy should programs decide that this direction is the most relevant for their community. These foundational programs speak to each site’s capacity to develop and design new programs or adapt existing programs. Sites would need to develop complementary tactics to sufficiently meet the criteria of the Nine Principles of Effective Prevention Programs and to address multiple levels of the social ecological framework.

The following foundational prevention programs were in place as of early 2009:

- **Part of the Solution**
  Extensive men’s campaign supporting pro-social messages for men and boys regarding violence against women which includes a public pledge ceremony and a broad-based community media distribution strategy

- **Denim Day Plus**
  Awareness day plus follow-up freshman assembly (300+ students) followed by breakout workshops for discussion groups and art projects related to sexual violence

- **Act It Out**
  Currently under development—a socio-drama program using skits and workshops run by student volunteers to teach other students skills for addressing sexual violence

- **Peer Education Program Using Expect Respect and Choose Respect**
  Currently suspended to do prevention planning—Ocean County had developed a two-day session with middle school-aged students to address healthy dating and relationships including prevention of sexual violence

- **SCREAM Theater and SCREAM Athletes**
  A freshman and athlete orientation program for college-aged students. SCREAM uses skits to demonstrate real-life scenarios for the purpose of education and awareness regarding responses to situations involving sexual violence

- **Steppin’ Into Manhood**
  A day-long annual conference for young boys to address issues regarding cultural expectations of manhood and providing knowledge and skills to develop healthy relationships and avoid domestic and sexual violence

- **Interpersonal Violence Prevention Program**
  An eight week, multi-level, interactive pilot program that encourages healthy relationships and social competence in middle-school aged students. It includes a component in which students participate in developing a program to address violence-related issues in their school community. It uses program outcome measures including pre and post-tests.
New Jersey State Prevention Plan for Sexual Violence

Geographic Focus
The geographic focus of this sexual violence prevention plan is the state of New Jersey. New Jersey has a very diverse population and many urban, suburban and even rural centers. While there are state level guidelines and standards on many issues, the final decision-making authority in New Jersey often rests with local municipalities or other local entities. This home rule tendency is very important to consider for planning prevention strategies to use within in this state.

New Jersey is also part of two major media markets, New York and Philadelphia, which makes it difficult to use major media outlets for messaging. Both the expense and the focus on those urban centers create a second class status for New Jersey media needs.

State profile

<table>
<thead>
<tr>
<th>People QuickFacts</th>
<th>New Jersey</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2007 estimate</td>
<td>8,685,920</td>
<td>301,621,157</td>
</tr>
<tr>
<td>Population, percent change, April 1, 2000 to July 1, 2007</td>
<td>3.2%</td>
<td>7.2%</td>
</tr>
<tr>
<td>Persons under 5 years old, percent, 2007</td>
<td>6.4%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Persons under 18 years old, percent, 2007</td>
<td>23.8%</td>
<td>24.5%</td>
</tr>
<tr>
<td>Persons 65 years old and over, percent, 2007</td>
<td>13.1%</td>
<td>12.6%</td>
</tr>
<tr>
<td>Female persons, percent, 2007</td>
<td>51.1%</td>
<td>50.7%</td>
</tr>
<tr>
<td>White persons, percent, 2007 (a)</td>
<td>76.3%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Black persons, percent, 2007 (a)</td>
<td>14.5%</td>
<td>12.8%</td>
</tr>
<tr>
<td>American Indian and Alaska Native persons, percent, 2007 (a)</td>
<td>0.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Asian persons, percent, 2007 (a)</td>
<td>7.5%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander, percent, 2007 (a)</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Persons reporting two or more races, percent, 2007</td>
<td>1.3%</td>
<td>1.6%</td>
</tr>
<tr>
<td>Persons of Hispanic or Latino origin, percent, 2007 (b)</td>
<td>15.9%</td>
<td>15.1%</td>
</tr>
<tr>
<td>White persons not Hispanic, percent, 2007</td>
<td>62.2%</td>
<td>66.0%</td>
</tr>
<tr>
<td>Foreign born persons, percent, 2000</td>
<td>17.5%</td>
<td>11.1%</td>
</tr>
<tr>
<td>Language other than English spoken at home, pct age 5+, 2000</td>
<td>25.5%</td>
<td>17.9%</td>
</tr>
<tr>
<td>High school graduates, percent of persons age 25+, 2000</td>
<td>82.1%</td>
<td>80.4%</td>
</tr>
<tr>
<td>Bachelor's degree or higher, pct of persons age 25+, 2000</td>
<td>29.8%</td>
<td>24.4%</td>
</tr>
<tr>
<td>Persons with a disability, age 5+, 2000</td>
<td>1,389,811</td>
<td>49,746,248</td>
</tr>
<tr>
<td>Homeownership rate, 2000</td>
<td>65.6%</td>
<td>66.2%</td>
</tr>
<tr>
<td>Housing units in multi-unit structures, percent, 2000</td>
<td>36.1%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Persons per household, 2000</td>
<td>2.68</td>
<td>2.59</td>
</tr>
<tr>
<td>Median household income, 2007</td>
<td>$67,142</td>
<td>$50,740</td>
</tr>
<tr>
<td>Persons below poverty, percent, 2007</td>
<td>8.5%</td>
<td>13.0%</td>
</tr>
</tbody>
</table>
Demographics and projections (state/county/region)
Source: New Jersey Economic Indicators As of January 2009

According to the latest population estimates, New Jersey had 8,682,661 residents as of July 1, 2008, a net gain of 29,535 residents from a year ago. The 0.34 percent growth rate between 2007 and 2008 was slower than 39 other states in the nation. Total population increased by 0.92 percent nationally between 2007 and 2008. Parallel to the population trend in the Northeast region (includes 6 New England and 3 Middle Atlantic states), New Jersey has gained population at an increasing rate since 2006, a turnaround from its declining growth rate between 2000 and 2006. Population growth in New Jersey decelerated gradually from 0.7 percent per annum in the 2000-2001 period to 0.1 percent per annum in the 2005-2006 period. The deceleration of growth resulted mainly from the state’s estimated net losses in migration. Although New Jersey has the nation’s third highest percentage of foreign born population, after 2003, the state’s net gains in international immigration were no longer large enough to offset its net losses due to domestic migration. However, the state’s flow of domestic out-migrants has subdued after reaching a peak in 2006 and its population growth rate has accelerated somewhat to 0.15 percent and 0.34 percent per annum during the 2006-2007 and 2007-2008 years.

New Jersey was the nation’s eleventh most populous state in 2008, unchanged from its 2007 status. New Jersey’s population ranked ninth nationally in 2000. Its rank descended to the tenth and eleventh in 2002 and 2005, respectively. New Jersey’s distinctive status as the nation’s most densely populated state (with 1,171 persons per square mile in 2008) remains unchallenged. Rhode Island (population density: 1,006 persons per square mile) was the only other state with

<table>
<thead>
<tr>
<th>Business QuickFacts</th>
<th>New Jersey</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Private nonfarm establishments, 2006</td>
<td>243,055</td>
<td>7,601,160</td>
</tr>
<tr>
<td>Private nonfarm employment, 2006</td>
<td>3,645,381</td>
<td>119,917,165</td>
</tr>
<tr>
<td>Private nonfarm employment, change 2000-2006</td>
<td>2.7%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Nonemployer establishments, 2006</td>
<td>573,819</td>
<td>20,768,555</td>
</tr>
<tr>
<td>Total number of firms, 2002</td>
<td>708,837</td>
<td>22,974,655</td>
</tr>
<tr>
<td>Black-owned firms, percent, 2002</td>
<td>5.1%</td>
<td>5.2%</td>
</tr>
<tr>
<td>American Indian and Alaska Native owned firms, percent, 2002</td>
<td>0.4%</td>
<td>0.9%</td>
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<tr>
<td>Asian-owned firms, percent, 2002</td>
<td>7.3%</td>
<td>4.8%</td>
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<tr>
<td>Native Hawaiian and Other Pacific Islander owned firms, percent, 2002</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Hispanic-owned firms, percent, 2002</td>
<td>7.0%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Women-owned firms, percent, 2002</td>
<td>26.1%</td>
<td>28.2%</td>
</tr>
<tr>
<td>Land area, 2000 (square miles)</td>
<td>7,417.34</td>
<td>3,537,438.44</td>
</tr>
<tr>
<td>Persons per square mile, 2000</td>
<td>1,134.5</td>
<td>79.6</td>
</tr>
</tbody>
</table>

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.
Source: US Census Bureau State & County QuickFacts
more than 1,000 persons per square mile as of 2008. By comparison, the nation’s 2008 population density was 86.0 persons per square mile, while Alaska’s 1.2 persons per square mile made it the most sparsely populated state in the nation.

New Jersey’s net gain from international migration (384,700), thus far this decade, was the sixth largest in the nation. However, the state also lost 438,600 residents to other states due to domestic migration during this eight-year period. Natural increment (344,000 more births over deaths) was another major source of the state’s population growth from 2000 to 2008.

Economic Information

As the recession in the national economy deepened at the end of 2008, New Jersey felt the impact with a steep increase in the unemployment rate and widespread employment losses. Construction and planned homebuilding continued to trend down providing little optimism in the troubled housing market. Weakening economic conditions eroded consumer confidence in the Middle Atlantic region during the past year with December’s index down more than 50 percent from the level of a year ago. Employment fell by 15,200 in December 2008, following a revised loss of 19,600 jobs in November 2008. Compared with a year ago, payrolls were down by 63,000, a decline of 1.5 percent. More than half of the annual employment decline occurred during the last two months.

Magnitude of Sexual Violence – Workgroup Final Report
Data Reviewed and Findings
A full listing of data reviewed for this planning process is part of the Appendix and includes the strengths and limitations of each data set.

<table>
<thead>
<tr>
<th>Data Problem/Needs Statements</th>
<th>Desired Data Outcomes in 5 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no longitudinal data on either perpetrators or survivors so, as a result, we cannot track individual or group trends.</td>
<td>1. There will be a coordinated system for data collection and analysis in New Jersey that:</td>
</tr>
<tr>
<td></td>
<td>1. has demographic data on perpetrators and victims/survivors.</td>
</tr>
<tr>
<td>There is little uniform, regular analysis of sexual violence data. Data is collected but not collated or analyzed at the state level.</td>
<td>2. tracks cases over time including relevant past history.</td>
</tr>
<tr>
<td>There is serious lack of integration for sexual violence data across functions/departments. This includes data from DCJ, State Police, DOW, DHSS, DCFS, DOE, DOC, JJC, Colleges, NJCASA and NJCBW. Each has some data but there is no standardization of definitions, time frames, cross functionality, etc.</td>
<td>3. demonstrates the effectiveness of strategies.</td>
</tr>
<tr>
<td>There is no New Jersey data available about people’s perceptions, norms and attitudes toward sexual violence to use as a baseline for prevention work.</td>
<td>4. has sufficient state, county and major urban area data.</td>
</tr>
<tr>
<td></td>
<td>5. identifies shared characteristics of perpetrators.</td>
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<tr>
<td></td>
<td>6. makes optimal use of existing data collection systems, for example, add SV module to BRFSS, YRBS and other student health surveys.</td>
</tr>
<tr>
<td></td>
<td>2. New Jersey is able to measure changes in</td>
</tr>
</tbody>
</table>
There is little data on child sexual assault publicly available. There is data on child abuse but not on the subset of child sexual abuse.

<table>
<thead>
<tr>
<th>Perceptions, norms and attitudes of the general public and select populations especially:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. increased willingness to intervene.</td>
</tr>
<tr>
<td>2. decrease in rape myths/rape culture.</td>
</tr>
</tbody>
</table>

**Potential Priority Select Populations**

**Highest Risk of Perpetration (UCR, DOC, PREA, SANE data)**
- Males
  - Ages 13-39
  - Witnessing family violence/community violence
- Caregivers of vulnerable populations (disabled, unsupervised youth, prisoners)

**Highest Risk of Victimization (American Community Survey, National Accessing Safety Initiative, Student Health Survey, SANE data, Emergency Room data)**
- African American males who are sexually active before the age of 13
- Disabled community
- Unsupervised youth
- Children under the age of 11 (especially African American and Hispanic)

**Best Opportunities for Prevention Strategies**
- Bystanders (Friends, Peers, Guidance Counselors, etc)
- Youth under the age of 13, before norms change is difficult
- Caregivers
- Parents

Special Note: While there was significant data that suggest overrepresentation of minority males (both African American and Hispanic) as perpetrators, it was strongly felt that this data may be misleading. The data reflects those most likely to be arrested and in prison, not necessarily those most likely to offend. A similar issue exists for victims of child sexual abuse (under age 11) in terms of possible overrepresentation in emergency rooms.

**Risk and Protective Factors – Workgroup Final Report**

<table>
<thead>
<tr>
<th>Data Problem/Needs Statements</th>
<th>Desired Outcomes in 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>- There is limited data on risk and protective factors regarding perpetration of sexual violence in New Jersey.</td>
<td>- Maximize use of scarce resources by integrating data collection in New Jersey for all issues that have overlapping risk and protective factors.</td>
</tr>
<tr>
<td>- Of the data that is available on perpetrators, it is potentially skewed toward a population involved in the criminal justice system (re: meta analysis). There are some studies, however, that looked at undetected perpetrators - those not involved in the</td>
<td>- New Jersey is able to use the risk and protective factors highlighted by the workgroup as part of the primary prevention strategy implementation and will be able to</td>
</tr>
</tbody>
</table>
New Jersey State Prevention Plan for Sexual Violence

- Significant historical New Jersey data exists on similar risk and protective factors for addictions but the Division of Addictions Services has recently changed the survey to focus more on patterns of use.
- Many more data sources focus on victimization and on girls and women.

document measurable outcomes.

Potential Priority Protective and Risk Factors

After review of relevant research, the annotated bibliography and the CDC’s Table of Risk and Protective factors for bullying and sexual violence perpetration, the workgroup identified this list of risk and protective factors to be elevated above the rest on the existing list. The factors are separated into three categories: first priority, second priority and third priority risk and protective factors.

- **Protective Factors**
  - First Priority
    - Attachment/Parenting/Empathy
    - Social Support, including community connectedness, security and a sense of having options and hope
  - Second Priority
    - Media Literacy
    - Pro Social Moral Reasoning
  - Third Priority
    - Emotional Health
    - Healthy Sexuality
    - Self-esteem

- **Risk Factors**
  - First Priority
    - Hyper-masculinity - encompassing rigid gender roles, high levels of anger toward women, bullying, anti-social behavior, and substance abuse
  - Second Priority
    - Witnessing Family Violence
  - Third Priority
    - Early Sexual Behavior
    - Entitlement
    - Lack of Attachment/Empathy
    - Pornography
Sexual Violence Prevention System Capacity Assessment – Workgroup Final Report

Problems with Data on Prevention: Capacity, Assets and Resources

- All data sources are based on self-reporting.
- There is a lack of data related specifically to the capacity to prevent sexual violence.
- Responses and data are still largely anecdotal.
- Numbers of participants in existing data is very low making it difficult to have a broad scope of capacity, resources, or assets.
- Data is not collected with the intent to include either targeted populations or broad and representative communities.
- There is no direct information on State and/or Federal pass-through funding for Sexual violence prevention or prevention in other fields.
- Definition of “prevention” used in various surveys is vague or not consistently presented to participants, or poorly understood by participants.
- Data sources do not specifically address the “two-tiered” system in place for sexual violence - one for adults and one for children - making it nearly impossible to assess capacity in either of these areas specifically or to which area data sources were referring.

Summary of Sexual Violence Prevention Capacity Assets

- A diversity of skills and knowledge as well as agencies and communities is represented on SPT.
- Large SPT is actively engaged in process.
- Other organizations are doing prevention work in New Jersey in other fields.
- Some other umbrella agencies do exist in New Jersey for possible collaboration: NJCASA, NJCBW, Public Health Departments (state, local, and university related), NJ Prevention Network.
- Sexual Violence Programs are already doing educational outreach in every county and already have some training in primary prevention.
- There is support of DOW, GACASV, NJCASA, and CDC for prevention work in New Jersey.
- “SCREAM” theater is already a state-wide project.
- EMPOWER has support from CDC.
- State laws regarding sexual offenses are already inclusive.

Summary of Challenges in Sexual Violence Prevention Capacity

- There is a general lack of understanding of “primary prevention”. Prevention has overlapped with intervention for too long.
- There is a low level knowledge of how to implement primary prevention.
- There is a lack of sufficient tools, resources, curricula in primary prevention, including in the CDC.
- There is a lack of knowledge about how much it would cost to implement statewide primary prevention of sexual violence.
The current level of state/federal funding specifically for prevention of sexual violence is approximately $1 million, which is allocated to DOW, NJCASA and 21 county sexual violence programs and Rutgers University “Scream” theater.

There is a lack of knowledge as to level of support and/or commitment by agencies, departments, and communities represented by individuals on SPT.

There is low level of community representation on the SPT that is crucial to planning and implementation. Specifically men, young people, college students, and the disabled are under-represented.

There is limited expertise among SPT members in areas of planning, implementation, and evaluation.

Capacity Outcome/Desired Result

Sufficient skill, experience, funding, leadership, information, human resources, plans, evaluative tools, and statewide collaboration through governmental and community-based systems to implement and sustain a viable and effective plan for long-term reduction and prevention of sexual violence in New Jersey.

Recommendations for Increasing Capacity (Short Term and Long Term)

• Develop public institutional commitment (financial, human and other resources) from state leadership for the state-wide prevention of sexual violence plan implementation and for integrated data collection/data analysis including, but not limited to, the following offices and departments:
  ▪ Governor’s office,
  ▪ Department of Community Affairs/ Division on Women (DCA/DOW)
  ▪ Department of Corrections (DOC)
  ▪ Department of Education (DOE)
  ▪ Department of Law and Public Safety (DLPS)
  ▪ Department of Human Services. Divisions of Developmental Disabilities and Mental Health (DHS/DDD/DMH)
  ▪ Department of Health and Senior Services (DHSS)
  ▪ Department of Children and Families (DCF)
  ▪ Department of Military and Veteran’s Affairs (DMVA)
• Ascertain and develop as necessary commitment of agencies and communities represented by individuals on the SPT to the plan and its implementation to prevent SV in New Jersey.
• Develop skill level of SPT members in planning, implementation and especially evaluation.
• Develop skill level of SVPs in planning, implementation, and evaluation.
• Develop specific guidelines and criteria for the prevention model (and activities that are excluded) to assist SVPs and others in developing their prevention capacity and plans.
• Develop and maintain additional funding resources.
• Utilize collaborative approaches to disseminate and use funding in addition to SVPs.
• Develop a process to engage community members and groups in planning, implementation and evaluation.
• Develop resources and practices for extensive evaluation tools and processes to measure the effectiveness of the plan and its implementation on all levels.
Step 2 – Goal Setting (January 2008 with April 2009 revisions)

SPT Priority Setting Process

After all workgroups reported to the SPT in November 2007, a special subcommittee was established to integrate the findings and prepare recommended goals and outcomes. The Step 2 workgroup was made up of SCBT members and at least one representative from each of the assessment workgroups. This group met twice in January 2008 and created recommendations that were reviewed, revised and approved in late January 2008. Score sheets were created for both the workgroup process and the final goal selection process. The workgroup scored goals based on criteria contained in Step 2, including whether the goal was realistic, focused on perpetration, had convincing data or community knowledge and addressed real norm change in the community/society. The SPT members ranked the recommended goals in priority order, giving separate rankings to the prevention goals and the system capacity goals.

The goals were revisited at the end of Step 3 and modified to reflect new information acquired during the strategy selection process. The modifications were made in February of 2009.

The following goals are the results of this process:

Final New Jersey Need, Goal and Outcome Statements for Sexual Violence

SYSTEM CAPACITY GOALS

System Capacity Goal – Increase and Diversify Funding

Needs Statement - Funding

a. Funding for sexual violence prevention in New Jersey is $1 million of RPE funding, which also covers hotlines. This level of funding will need to be supplemented to meet the data needs, systems capacity upgrades and core prevention strategies covered by this plan.

b. There are additional resources being allocated for data collection and risk reduction in other prevention fields (i.e.: ATOD, Bullying, child abuse) that have overlapping risk and protective factors. There is no current coordination or integration with these other systems and the sexual violence system.

Goals

a. Increase funding available for sexual violence prevention strategies, data collection and system capacity upgrades and minimize negative financial impact on intervention activities.

b. Maximize use of scarce resources by integrating data collection in New Jersey for issues that have overlapping risk and protective factors with a priority focus on addictions, bullying, domestic violence and child abuse.

Outcomes

a. There will be a new, dedicated state level funding stream based on user fees (to be determined), increased federal and private support for use in sexual violence prevention
and intervention strategies. This increase in funding will at least double the resources available for both prevention and intervention.

b. There will be cooperative agreements in place for cross-departmental cooperation, funding and integration on data collection for overlapping risk and protective factors.

System Capacity Goal – Develop Integrated Date and Commitment

_Needs Statement – Institutional Collaboration and Commitment_

a. Levels of commitment and support by agencies, departments and communities currently represented on the SPT need to be clarified so that local commitments can be developed, pointing to these models of high level support.

b. There is no longitudinal data on either perpetrators or survivors so, as a result, we cannot track individual or group trends.

c. There is little uniform, regular analysis of sexual violence data (data is collected but not collated or analyzed at the state level).

d. Standardization of data definitions, timeframes and cross functionality does not exist between state departments collecting data related to sexual violence. This includes data from the Department of Law and Public Safety, Department of Community Affairs, Department of Health and Senior Services, Department of Children and Families, Department of Education, Department of Corrections, the Juvenile Justice Commission (JJC), Colleges and the New Jersey Coalition Against Sexual Assault. Each has some data but there is no standardization as previously mentioned.

e. The lack of integrated data results in the lack of data driven strategies for prevention.

_Goals_

a. Ascertain and develop clear commitment of state agencies and communities represented on the SPT for the sexual violence prevention plan and its implementation.

b. Create a coordinated system for data collection and analysis in New Jersey

_Outcomes_

a. There will be formal sign off from other state department leadership to the plan goals.

b. A core group of identified liaisons that are empowered to share data, improve data collection and pool resources between departments will be identified.

c. Data collection systems will be integrated and will produce:
   i. demographic data on perpetrators and victims/survivors.
   ii. data that tracks cases over time, including relevant past history.
   iii. data that demonstrates the effectiveness of strategies.
   iv. sufficient state, county and major urban area data.
   v. data that identifies shared characteristics of perpetrators.
   vi. optimal use of existing data collection systems (i.e., add sexual violence module to BRFSS, YRBS and other student health surveys).

System Capacity Goal – Increase Capacity of Sexual Violence Programs (SVP)

_Needs Statement – Planning, Implementing and Evaluating Primary Prevention_
There is a recently emerging understanding of and varying levels of local capacity for “primary prevention” and an overlap between prevention and intervention for local sexual violence programs. This results in difficulty sustaining sufficient individual and institutional commitment to primary prevention efforts. This is exacerbated by a lack of sufficient tested tools, resources and curricula for planning and implementing primary prevention and a lack of knowledge and infrastructure for program evaluation at the state and local level.

Goal
Establish sufficient skill, experience, leadership, information, human resources, evaluation tools and collaboration in RPE funded SVP’s to implement and sustain viable strategies for long-term reduction and primary prevention of sexual violence in New Jersey.

Outcomes
- New Jersey will develop a required list of core competencies for sexual violence prevention provider staff.
- All RPE-funded SVP’s will commit to the principles of CDC primary prevention, including community organizing, community planning, norms change and prevention of first time perpetration.
- All RPE-funded SVP’s will demonstrate a clear understanding of primary prevention and community organizing/community planning when responding to RFP’s for funding.
- Local RPE-funded SVP’s will establish collaborative relationships with other local prevention providers in order to create funding and operational efficiencies.
- There will be sufficient state level and local expertise in program evaluation so that prevention strategies can demonstrate that they reduce risk factors and increase protective factors of perpetration.
- RPE sub-grant awards will require the use of evidence informed prevention strategies, the existence of core competencies for prevention staff, and the existence of sufficient internal capacity for required evaluation.

System Capacity Goal – Track Changes in Attitudes

Needs Statement – System Capacity and Lowering Risk of Perpetration
Our review of New Jersey data clearly indicates that there is no statewide data available about perceptions, norms and attitudes toward sexual violence to use as a baseline for prevention work.

Goal
Develop a baseline and track changes for New Jersey on societal perceptions, norms and attitudes toward key risk factors of sexual violence.

Outcomes
- Comparative data will be gathered on gender norms for strategy refinement and evaluation.
- The ability to measure change in attitudes on gender norms over time will be developed.
PRIMARY PREVENTION GOALS

State Level Policy Change and Systems Advocacy

Prevention Goal – Decrease Perpetration against Highly Vulnerable Populations

Needs Statement – Select Populations and Risk Reduction – Community Level
Perpetration and victimization data in New Jersey and nationally identified the disabled population and prisoners as highly vulnerable to victimization.

Goal
Create and implement institutional and agency strategies that prevent the perpetration of sexual violence against people with developmental disabilities and inmates of correctional facilities.

Outcomes
These strategies will:
- increase supervision of caregivers.
- improve screening of staff for potential of perpetration.
- create and implement educational programs for a wide range of service recipients, caregivers, and supervisors (organizational, family and peers) on primary prevention of sexual violence.
- revise and upgrade existing policies and procedures and expand implementation of prevention standards to a variety of settings and across populations.

Prevention Goal – Increase Empathy and Attachment

Needs Statement – Select Populations and Risk Reduction – Individual Level
Numerous studies point to a lack of empathy and low attachment as risk factors for perpetration. Since these conditions are set early in life, it is critical that prevention activities must be focused on children (birth to 12 years) and their parents/caregivers.

Goal
Identify and support delivery systems that would increase parental/caregiver attachment and increase empathy skills in children.

Outcomes
- Providers of identified empathy and attachment strategies will understand the connection between these risk and protective factors and sexual violence perpetration and will integrate age appropriate content about sexual violence into their curriculum.
- Providers of identified empathy and attachment strategies and sexual violence programs will have developed collaborative relationships through periodic meetings and cross training opportunities.
Prevention Goal – Increase Community Connectedness

Needs Statement – Select Populations and Risk Reduction – Individual and Community level
Arrest data show that males between the ages of 13-39 are at higher risk of perpetration. Other perpetration data shows a linkage between exposure to family violence and sexual violence perpetration. Protective factor research demonstrates that adequate social support, including community connectedness, security and a sense of having options and hope can reduce perpetration.

Goal
Increase opportunities for healthy community connectedness for young males (middle, high school and college level) who have been exposed to family violence.

Outcome
Partnering with NJCBW and domestic violence programs through DELTA Prep, the SPT will identify cooperative strategies for targeted high risk young males. The resulting strategies will demonstrate increased healthy community connectedness within their school community based on pre- and post -testing. This community connectedness initiative will link with other programs and settings that have demonstrated social norms supporting healthy sexuality and non-rigid sex roles.

PRIMARY PREVENTION GOALS – State and Local Level Community/Societal Norms Change

Prevention Goal – Increase Gender Equity Norms

Needs Statement – Lowering Risk of Perpetration
Focus group responses demonstrated that New Jersey residents continue to focus on victim blaming based on rigid expectations of female behavior. This has been identified as a risk factor for perpetration by the following studies: Carr, Forbes, Baron, Lisak and Roth 1990; Koss and Dinero, 1998; Malamuth, 1986; Malamuth, et al., 1996; Seidman, Marshall, Hudson, and Robertson, 1994; Murnen, Wright and Kaluzny, 2002. In addition focus group participants also expressed concern about media messaging and its impact on youth. A number of studies show that exposure to unfiltered, uncensored media messages, sexualized media messages in all forms and a lack of media literacy (the ability to filter/judge messages) supports community norms about sexual violence.

Goal
Create and market social norms in New Jersey that promote gender equity and respect for women and girls by reducing rigid sexual stereotypes and

Outcomes
• Social norms that support rigid sexual stereotyping will decrease by 20%, and social norms which support healthy sexuality and male accountability will increase by 20% as
measured by a periodic community and school-based surveys administered to a representative sample of males and females.

- Recognition of the impact of sexualized mass media on gender inequality, healthy sexuality and gender roles will increase by 20% as measured by periodic community and school-based pre- and post-tests.

Prevention Goal – Increase Bystander Intervention

Needs Statement – Select Populations and Risk Reduction – Relationship Level
Research by Carlo, Suzuki, Lisak and Kirnburg demonstrate that Pro Social Moral Reasoning demonstrated through self-reflection, learning from past experience and focusing on “ally” behavior can be a protective factor for perpetration and can change community norms about perpetration.

Goal
Increase bystander intervention along the continuum of sexual violence behaviors among middle school, high school, and college communities.

Outcome
- Students’ skills and knowledge on how to intervene will increase by 50% as measured by pre- and post-testing.
- Skills and knowledge on how to intervene will also increase for other allies by 50% as measured by pre- and post-tests
- Students' willingness to intervene as engaged bystanders will increase 25% as measured by pre- and post-tests
- Students' helping bystander behaviors will increase by 25% for those who have the opportunity to intervene as measured by pre- and post-tests
Steps 3 - Strategy Selection (April – December 2008)
Process for Researching and Selecting Strategies
We decided to focus on the primary prevention goals during Step 3 of the process and leave the capacity goals to be integrated in Step 5. The SPT broke into four workgroups (details below) and the Empowerment Evaluator provided a comprehensive list of strategy resources for evidence based programs in a variety of fields. Workgroup Co-Chairs were identified from the SPT membership and SCBT members were assigned to staff each workgroup. Workgroup members also received a strategy vetting form to pilot (since the final form for Step 3 was not yet available). Workgroups adapted the vetting form several times for their specific uses. The Step 3 process began in April 2008 with final workgroup recommendations made to the full SPT in December 2008.

Step 3 activities proved to be very difficult for the workgroups and full SPT. The concepts in Step 3 (especially: activities/strategies/programs, the theoretical basis and the continuum of evidence) were difficult for members to operationalize and the time needed to actually research strategies was considerable. This placed both a time and lack of confidence burden on members that hindered forward progress. Even with capacity building efforts all along the way (detailed below), workgroup members expressed a repeated concern about not feeling they had the expertise for the task. The SCBT intervened several times to get the workgroups re-focused and to streamline the strategy research workload.

The following workgroups were created and SPT members volunteered to serve on one workgroup each:
- Gender Equality and Media Literacy – This group researched approximately fifty media and gender equity strategies that included social norms campaigns and media literacy programs.
- Empathy, Attachment and Community Connectedness – This group researched eighteen strategies related to these risk factors. There was a dearth of evidence based strategies for community connectedness that focused on former child victims of domestic violence.
- Bystander Intervention – This group researched nine strategies that included evidence informed and “home grown” strategies currently in use in New Jersey.
- Vulnerable Populations – A lack of institution based strategies for both the disabled and prison populations resulted in a strong focus on pending PREA standards and public policy options. The group researched about a dozen existing strategies, all of which focused on reducing victimization and ensuring timely intervention. The workgroup decided that these strategies did not meet the needs of the original goal.

Resource People
During Step 3 of the process, we added a number of resource people from local RPE programs and other prevention programs in New Jersey. It was important to get local buy-in to the process for selecting strategies and to have practical strategy expertise in each workgroup. Each workgroup had at least one local RPE program representative actively engaged during the vetting process. The additional expected long-term benefit of adding resource people was to ensure
transparency and regular communication (through the NJCASA Prevention Committee) to all current local prevention providers under RPE.

Workgroup Process for Vetting Strategies

The workgroups met at least monthly and some had additional phone conference calls between meetings. Each monthly SPT meeting was either wholly or partially devoted to workgroup meeting needs. Google groups were used to share files and create targeted listservs for ongoing communication between group members. The use of this technology was helpful, but there were significant capacity issues that made the technology cumbersome:

- State employees experienced the most difficulty in the use of Google groups since access to the groups was denied by the state IT system. We routinely had to create “work-arounds” to ensure that state employees received the materials and could participate in group e-mail communication.
- A significant number of SPT members had never used online groups and had to be individually coached in how to sign up as a user, access/post materials and send/reply to messages. NJCASA staff and the Empowerment Evaluator spent considerable time doing technical assistance.
- Maintaining the various lists used by the SPT was cumbersome and required significant coordination between NJCASA and the Division on Women. The addition of Resource people to the workgroups added a level of complexity that needed regular coordination between NJCASA and DOW. There was some initial confusion about whether resource people would be invited to full SPT meetings with a final decision to keep the SPT invitee list as inclusive as possible.

Responding to SPT Capacity Issues During Step 3

The following capacity building steps were taken during the Step 3-5 process:

- In April 2008 the full SPT used Expect Respect and Safe Dates to pilot the strategy vetting forms, after receiving training on the continuum of evidence and the RPE theories of change. Small group discussion and full group report out helped identify problem areas and concepts that needed reinforcement.
- In May 2008 Karen Lang from CDC visited the group to discuss the differences between activities, strategies and programs and the CDC continuum of evidence. We subsequently used a Jeopardy game format to reinforce these concepts while engaging the group in low risk problem solving.
- Continued difficulty in applying the core concepts of Step 3 and increasing concern about the work by workgroup leaders and SCBT members in June 2008 resulted in the need to step back from the process, affirm frustrations and reduce expectations (See Strategy Vetting Workgroup Notes from 7/30/08 in the Appendix). A meeting of workgroup Co-Chairs and the SCBT resulted in a plan to bring in representatives from other EMPOWER states to hear about their Step 3 process and to share strategy research results across states. Additionally, we set clear expectations regarding finding evidence based strategies for sexual violence (few actually exist) and the degree to which a workgroup should continue researching during this Step. It was critical to avoid the “analysis paralysis” that was setting in and to affirm that there were no perfect choices of
strategies. It was also reinforced at this time that the New Jersey goals could/should be amended to reflect the community learning during this step in the process.

- In September 2008 the SPT hosted Kentucky and North Carolina representatives in face-to-face conversations about strategy choices. Massachusetts and North Dakota joined the meeting by conference call. The New Jersey SPT found this dialogue extremely helpful in refocusing on goal related strategies. There was also significant excitement on the SPT about the opportunity for cross-state strategies that could create wider and stronger communities of practice and better prepare us all for future research opportunities.

- In November 2008 the SPT met as a whole body to hear workgroup reports and to begin the integration of strategies and refinement of goals. The SCBT created a Bingo game that aligned potential strategies with the elements of the social ecology and targeted age groupings. We also discussed the need for aligning strategies at the state and local level to ensure “mutually enhancing” strategies and a reasonable set of expectations at the state and local level.

- In February 2009 the SPT heard final recommendations from each of the workgroups. These recommendations included final revisions to the goal statements and revisiting the Theory and Activities models to ensure that the plan was consistent with these models. The work of strategy selection was long and intense and the GTO tools available were confusing and too complicated. The Theory Model was especially difficult to absorb by many members and required several reminders during the process that this was the guiding document for the final plan. The process design was not sufficient for keeping the focus on state level work and community and system level strategies.

- A special joint SPT-PPEC and RPE provider session was held in February 2009 to learn more about the concept of Positive Social Norms Marketing from Michael Haines, former Director of the National Social Norms Resource Center. This joint session included both a presentation on the model and small group discussion on how best to implement this strategy as part of a larger comprehensive program that includes bystander strategies, media literacy and system level advocacy. This event also afforded an opportunity for SPT members to interact directly with local sexual violence providers and create plan guidelines that are directly responsive to local capacity needs. New Jersey deemed it vital to include local sexual violence providers in the final discussions of the plan to develop an ownership interest in the final plan recommendations.

**Strategy Selection**
The following strategies were recommended by the workgroups:

**State Level Strategies**

- Positive Social Norms Marketing
  - Baseline data collection
  - Setting of implementation standards and core messaging
- Advocacy and Support for Empathy and Attachment Strategies
  - Addition of sexual violence content to identified strategies
  - Advocacy for increased funding and expanded implementation of identified strategies
Integration of efforts with DCF (Strengthening Families), DOE (I Can Problem Solve, Incredible Years, Second Step, Social Decision Making and Dare to be You) and PCANJ (Healthy Families), which oversee and fund the noted strategies.

- Advocacy for use of PREA Standards in Prisons, Disabled Institutions and community-based programs. This includes integration of standards in the certification process for Home Care Workers.
- Advocacy for use of Offender Registry in institutional hiring for vulnerable populations.
- Advocacy for changes to 2C14 regarding the definitions of sexual assault and aggravated sexual assault with a focus on attributes of caregivers of vulnerable individuals.
- Bystander Strategies
  - Customization of strategies for specific populations or to meet CDC standards for primary prevention.
  - Capacity building for SVPs to implement strategies.
- Capacity Building
  - SV Data development, upgrades and integration.
  - System buy-in.
  - Funding alternatives.
- Build SV prevention strategies into DOE Core Standards.

Local Level Strategies

- Bystander Strategies
  - Middle school through college.
  - Caregivers of vulnerable populations.
- Media Literacy.
- Men Can Stop Rape - MOST Clubs.
- Positive Social Norms Marketing
  - Customizing communication channels to implement state strategy for targeted local communities.
**Step 4 - Evaluating Community Context and Need for Adaptation (January – March 2009)**

*Process Description*

Each workgroup created core standards for strategies that either ensured adherence to the goal or ensured fidelity for evidence based strategies from other fields. A core issue for adaptation was the need to develop sexual violence specific content for strategies from other fields. Additional adaptation issues under consideration included the opportunities for piloting core strategies in targeted communities.

A key concern for the SCBT was that a number of valued SPT members that represented critical ethnic/cultural communities and local nonprofits had dropped out of the planning process due to work pressures in their own areas. There was a concern that these voices in the final discussions would be muted or missing altogether at a critical point in the planning process. The following attempts were made to ensure the inclusion of these important community voices:

- Reaching out to key SPT members who represent key constituency groups but who could not sustain their long term involvement in the SPT. These individuals will be asked to review the final recommendations and provide input on how best to ensure the plan is responsive to community needs.
- Asking that the Plan Workgroup, made up of SCBT members and Step 3 Workgroup representatives, consider piloting strategies and incorporating strategy focus groups into the workplan design

*Adaptation Considerations*

At the Feb 4th SPT meeting the full group brainstormed contextual issues that will impact on strategy implementation and adaptation. See final Plan in Step 6 for a full list of considerations. 
**Step 5 – Aligning Strategies With State and Local Capacity (January – March 2009)**

Core components of this step include integrating System Capacity goals into each workgroup final report and using the local capacity assessment completed by NJCASA and VERA Institute for Justice for setting implementation timelines for overall strategies. The SPT reviewed the above-mentioned reports in January – March and approved the final list found in the Step 6 Plan.

**Capacity Considerations**

Preliminary capacity issues included: (see final Plan for full list of capacity issues)

- SVPs have serious resource limitations and high turnover rates for prevention staff. Capacity building in community organizing/community mobilization must continue to focus on finding nontraditional allies and collaborators who will also “do” the work. The local program must take on the task of being a trainer, not just a “doer.” We will never reach the desired community saturation if SVPs continue to take on sole responsibility for this work.

- Even if there is success in changing the norms in SVPs about their role, there remain serious funding limitations at both the state and local levels. Constant threats of funding loss for intervention work and minimal funding for prevention work poses an unfair burden on the field. Alternative funding streams must be a capacity priority and realistic expectations for plan implementation must be considered. We need both quick, low priced strategies and longer term, more intensive strategies that are timed in a manner that support resource growth.
Step 6 – The Plan (Feb – April 2009)

Process Description
The level of detail needed to create the final timeline was not conducive to full SPT discussion, so a smaller, but highly informed team was created to do this work. Representatives of each of the strategy workgroups were added to the SCBT to develop a final timeline for plan implementation, taking into consideration the January and February SPT (and local sexual violence provider discussions) about context and capacity. The final workplan was presented to the full SPT in April 2009 for final discussion and approval.

SPT members received the summary of selected strategies, the workplan and revised goals. At the April 22nd meeting, the SPT approved the plan for submission to the CDC and each member present has an opportunity to share what they saw as their role in plan implementation over the next eight years. There was a very high level of member engagement in the discussion of the workplan and a clear commitment to sustaining an “ownership” interest during the implementation and evaluation stages. Discussion of the plan centered on the following questions:

- Does the plan hang together as a whole while addressing appropriate populations?
- Is New Jersey's context and capacity for prevention accurately accounted for in the plan and timeline? If not, what needs to be changed?
- Are there items that need more work or clarification?
- Can you and your organization get behind this plan and become involved in the implementation of the plan?
- Do we have support for submitting this plan to CDC?

The following issues were raised and addressed during the meeting:

- Year One and Two tasks must be realistic considering the limited capacity available. PPEC partner involvement will be critical for the implementation phase.
- The proposed DDD Central Registry is not a public document like the New Jersey Sex Offender Internet Registry. This should be made clear in the plan and to other people.
- We need to advocate with the publisher of SAFE DATES to add sexual violence content.
- We need to add a strategy on how to collaborate with RWJF on SAFE DATES. It makes sense to be in the loop on evaluation work and asking them to join our PPEC during that phase.
- There is a need for mandating PREA-like standards for other fields. There are already mandates for prisons but not the developmentally disabled or mental health populations.
- What will be the impact of the plan on the funding model for RPE in New Jersey?
- What opportunities are there for funding based on stimulus funding at state and federal level?
- What will be the non-RPE funded agency involvement? There are opportunities to integrate plan strategies but no funding to do so. Joining county coalitions is not enough. Strong consideration should be given to looking for opportunities for joint grant writing as partners in implementation.
Overall Logic Model for Sexual Violence Prevention in New Jersey

NJ Sexual Violence Prevention Plan

**Inputs**
- RPI: Funding $1 million per year
- DOW staff support
- NJCASA Training Institute and staff support
- 20 local Sexual Violence Providers
- State PPEC Partners and their agencies
- Local Community coalitions
- Broad based prevention providers
- GACASV
- VERA Institute of Justice Capacity Building Project

**Strategies**
- Bystander Strategies
- Media Literacy Strategy
- Social Norms Change Strategy
- Vulnerable Populations Policy Strategies
- Empathy, Attachment & Community Connectedness Collaboration Strategy
- System Capacity Building Data, Funding, Providers

**Long term outcomes**
- Local SV providers will transition to plan identified strategies and core principles
- New partners will be fully engaged and mobilized at the state and local level
- Overlapping risk and protective factors will be recognized by other fields resulting in increased integration of efforts
- PREA standards will be adopted in NJ for institutions serving the disabled and prisoners
- An SV prevention training institute will be in place for capacity building
- A realistic funding model will be identified

**Short term Outcomes**
- Evidence informed prevention strategies will be in place and routinely evaluated
- Sexual violence prevention will have broad based support in the community
- Providers meet core standards for prevention capacity
- Integrated data systems will be in place to inform prevention work
- A sustainable funding model is in place for SV prevention and intervention
Capacity Building Goals:

- Increase funding available for sexual violence prevention strategies, data collection and system capacity upgrades and minimize negative financial impact on intervention activities
- Build a coordinated system for data collection and analysis in New Jersey
- There will be sufficient skill, experience, leadership, information, human resources, evaluation tools and collaboration in RPE funded SVP’s to implement and sustain viable strategies for long term reduction and primary prevention of sexual violence in New Jersey.
- Develop a baseline and track changes for New Jersey on societal perceptions, norms and attitudes toward key risk factors of sexual violence.

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Strategies</th>
<th>Outputs</th>
<th>Interim Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1 million dollars per year in RPE funding for prevention</td>
<td>Research and advocacy for dedicated funding stream</td>
<td>Feasibility plan with options for dedicated funding stream</td>
<td>Sponsors in Assembly and Senate and Governor’s Support</td>
<td>At least a 100% increase in funding available for prevention and intervention</td>
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<tr>
<td>$1 million dollars per year in state funding for intervention</td>
<td>Collection of baseline attitudinal and norms data</td>
<td>$100K in public/private funding for data collection</td>
<td>State/SVPs use data for implementing norms change strategies and evaluation</td>
<td>Comparative norms data available for strategy refinement and evaluation Measure change in attitudes on gender norms over time</td>
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<tr>
<td>Proposed 10% cut to state intervention funding and elimination of Governor’s Grant in Aid funding shared with DV.</td>
<td>Integrate prevalence data collection and analysis</td>
<td>Formal affiliation agreements with State Police, DCJ, DOW, DOE, DHSS</td>
<td>Core standards in place on data collection and sharing</td>
<td>Demographic and trend data on perpetration informs future targeting of prevention resources</td>
</tr>
<tr>
<td>22 Local SVPs currently providing foundational prevention services</td>
<td>NJCASA Training Institute focus on strategy implementation, cultural competency, evaluation and community mobilization</td>
<td>Minimum of 1 training biannually on each prevention strategy, cultural competency and evaluation for SVPs and community partners</td>
<td>Plan strategies implemented consistently across state and in a culturally competent manner</td>
<td>Fidelity of strategy implementation is at least 80%</td>
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<tr>
<td>NJCASA Training Institute</td>
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<td>Interested community partners (other non RPE funded prevention providers)</td>
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<td>DOW mandated technical assistance in RPE contracts</td>
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State Level Policy Change/Systems Advocacy Goals:
- **Create and implement institutional and agency strategies that prevent the perpetration of sexual violence against people with developmental disabilities and inmates of correctional facilities.**
- **Identify and support delivery systems that would increase parental/caregiver attachment and increase empathy skills in children.**
- **Increase opportunities for healthy community connectedness for young males (middle, high school and college level) who have been exposed to family violence.**

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<tr>
<td>Federal PREA Standards</td>
<td>Systems advocacy for Central registry of offenders in DDD system of care</td>
<td>Registry implemented</td>
<td>Central registry lists all identified perpetrators who care for DDD population</td>
<td>Known perpetrators not re-hired in DDD system of care</td>
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<tr>
<td>DDD current work on central registry and consent redefinition</td>
<td>Policy change on Consent definition in 2C14</td>
<td>DDD representation added to goal workgroup</td>
<td>2C14 amended</td>
<td>Caregivers held accountable for consent, rather than victim</td>
</tr>
<tr>
<td>NJ Dept of Children and Families (Strengthening Families)</td>
<td>PREA policy adoption, monitoring and adaptation</td>
<td>Formal agreement for policy implementation by DOC, DDD and DMH</td>
<td>Implement PREA standards for Prisoners, DD and MH clients</td>
<td>Increased screening and supervision in institutions and community care facilities</td>
</tr>
<tr>
<td>NJ Dept. of Community Affairs – Div. On Women</td>
<td>Bystander strategy for caregivers</td>
<td>State level caregiver groups attend bystander training</td>
<td>Customized bystander strategy for caregivers</td>
<td>Increased caregiver intervention in institutions and community care settings</td>
</tr>
<tr>
<td>NJ Dept. of Education – Office of Educational Support Services – Drug Free Schools (I Can Problem Solve, Incredible Years, Second Step, Social Decision Making, Dare to be You)</td>
<td>Cross systems advocacy and training with child abuse community</td>
<td>At least one cross system training session Quarterly meeting between partners for integration work</td>
<td>Sexual violence content added to empathy/attachment strategies Cross advocacy for funding</td>
<td>Increased early intervention for potential risk factors of perpetration Increased funding for both systems</td>
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<td>Prevent Child Abuse NJ (Healthy Families America)</td>
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<td>NJCBW</td>
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<td>Rutgers VAWC</td>
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New Jersey State Prevention Plan for Sexual Violence

State and Community Level Norms Change Goals:
- **Create and market social norms in New Jersey that promote gender equity and respect for women and girls by reducing rigid sexual stereotypes and**
- **Increase bystander intervention along the continuum of sexual violence behaviors among middle school, high school, and college communities.**

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<tr>
<td>22 Local SVPs currently providing foundational prevention services</td>
<td>Gender Equality: New Mexico Media Literacy MOST Clubs Positive Social Norms Marketing Bystander: Green Dot Mentors in Sexual Violence Learning to Scream Other approved locally designed strategies that meet core principles of each goal area</td>
<td>A minimum of one strategy implemented in each county that selects these goals 10% of private, public and parochial schools implementing bystander strategies at the middle school, high school and college level Each county program will recruit and engage 1-3 community partners to share in implementation</td>
<td>Strategy customization to meet core principles of plan Local SVPs will transition foundational services to align with plan strategy choices and/or core principles Community partners will adopt and implement plan strategies in cooperation with local SVPs</td>
<td>Social norms that are supportive of rigid sexual stereotyping will decrease by 20%, and social norms which support healthy sexuality and male accountability will increase by 20% Recognition of the impact of sexualized mass media on gender inequality, healthy sexuality and gender roles will increase by 20% Student’s skills and knowledge on how to intervene will increase by 50% Skills and knowledge on how to intervene will also increase for other allies by 50% Students' willingness to intervene as engaged bystanders will increase 25% Students' helping bystander behaviors will increase by 25% for those who have the opportunity to intervene</td>
</tr>
</tbody>
</table>
The New Jersey Sexual Violence Prevention Plan for 2009-2017 is based on several years of hard work by the Prevention and Public Education Committee of the Governor's Advisory Council Against Sexual Violence. This committee acted as the State Prevention Team (SPT) for the Centers for Disease Control and Prevention, NCIPC - Division of Violence Prevention, EMPOWER pilot project on sexual violence prevention. The following workplan takes into consideration several very important assumptions and current realities:

- The work of sexual violence prevention cannot be the sole responsibility of those individuals and organizations who currently provide critical services to survivors of sexual violence. Prevention will take a coordinated state and community effort that engages new partners, mobilizes communities to act and change societal norms in significant and profound ways. This plan assumes that current RPE funded Sexual Violence Programs (SVPs) will act as facilitators, trainers and community liaisons for these new partnerships and that other organizations and communities will take an ownership interest in the work of prevention. The SPT welcomes and needs new partners and strongly encourages others to be part of the plan implementation and evaluation.

- Funding currently available for prevention under the Federal Rape Prevention and Education (RPE) Program will be treated as seed money for supporting state and county level work for facilitation, training and community mobilization. The workplan includes strategies and tasks that go far beyond the capability and resources currently available through this RPE funding.

- New Jersey is not starting from ground zero in the work of sexual violence prevention. State level and county sexual violence programs have been learning, adapting and working in the field of sexual violence primary prevention throughout the planning process and there are strategies in use that may or may not be reflected in the workplan. Transitioning the collective work into this integrated system will require multi-year efforts at testing and piloting new practices, assessing system development, customizing best practices and realigning the work. A full transition to priority strategies and best practices is not expected to occur until year three to four of the plan. The SPT also expects that current local efforts at innovation might be combined with plan priorities to create hybrid strategies that meet core principles, reflect best practices but also integrate local community priorities and efforts to date. Not all plan strategies will be implemented in all communities due to very limited resources for implementation. The plan encompasses a range of suggested strategies, including low cost, less intensive strategies and higher cost, more staff and capacity intensive strategies. New Jersey will need a balanced approach along this range while we build resources and internal capacity across the state.
Other Contextual Considerations

Final adaptation considerations include:

Political
- As a strong home rule state, we must make sure that there is both top down and bottom up buy-in strategies that match the culture in each area. A key example is that the SPT must add our strategy recommendations to the state level Department of Education Core Curriculum Standards while also engaging local schools districts directly. While the state standards have some clout, local decision making takes precedence.

Geographic Location
- New Jersey is a highly diverse state where each county has a mix of urban, suburban and rural attributes. Any considerations for piloting strategies and data collection would not be at the county level but must be a representative mix of urban, suburban and rural settings.
- New Jersey has two strong media markets, neither located in the state itself. Broadcast media (TV and Radio) is heavily controlled out of New York City and Philadelphia, both high cost markets. Any social norms messaging will need to use a variety of alternative local and community media channels in order to be cost effective and accessible.

Institutional and Organizational Culture
- New Jersey government is under-resourced in these challenging economic times which creates an environment of complex approval processes for new initiatives. Research has substantiated a lack of coordination among and within state departments. The SPT must be sure to find allies within the departments while also getting higher level buy-in to support collaboration.
- In today’s environment, many state departments’ smaller bureaus consist of one or two people who are responsible for a number of priority projects. This plan must emphasize the benefits of collaboration—how will these items make their work easier and how do we support the initiatives they must manage? Additionally, each state department has its own culture and this work will require careful consideration of the cultural norms.
- There is no single state agency or body that has responsibility for this work and/or has authority over the variety of strategies recommended. All the strategies, especially those requiring policy advocacy, will require strong collaborations across departments. Our capacity goal of getting high level buy-in across departments will be crucial to success and will require that the SPT transform into a long term implementation group.
- The Robert Wood Johnson Foundation, located in New Jersey, has funded two significant projects dealing with intimate partner violence. One is a national initiative Start Strong: Building Healthy Teen Relationships and the other is a New Jersey specific initiative to implement the Safe Dates curriculum in eight school districts. While the Safe Dates curriculum is identified as evidence based for IVP, it was deemed as having only limited sexual violence content and applicability by our strategy workgroups. We will however work closely with RWJF to track implementation and success in these very important initiatives.
- The New Jersey Department of Children and Families (DCF) is currently developing a prevention plan for child abuse and New Jersey has been selected as a DELTA Prep site
by the CDC. We continue to work closely with DCF and the New Jersey Coalition for Battered Women (NJCBW) to integrate the sexual violence, child abuse and intimate partner violence plans and strategies.

Social Context and Demographics
- Sexual violence issues are difficult to get on the radar screen in the general population. SVPs routinely experience reluctance in a variety of communities to discuss this topic. We must adapt the language of our strategies and our final plan to meet people where they are in terms of “readiness” to discuss issues and act on them. Terms like “gender equity” are important in the field but may need to be expressed differently in public. Sexual violence content added to strategies must be accessible, age appropriate and linked to other valued community norms such as public safety or emotional health. At the same time we must retain our feminist history and stay focused on the critical and valued goals and outcomes.
- A number of strategies will require the use of POLs (public opinion leaders). As a highly diverse state, we must add core components to each strategy that ensures careful consideration of cultural/ethnic/community norms about who is a credible POL.

Aligning Strategies with State and Local Capacity
Final capacity issues include:
- SVPs have serious resource limitations and high turnover rates for prevention staff. Capacity building in community organizing and community mobilization must continue to focus on finding nontraditional allies and collaborators who will also “do” the work. The local program must take on the task of being a trainer, not just a “doer.” New Jersey will never reach the desired community saturation if SVPs continue to take on sole responsibility for this work.
- Even if there is success in changing the norms in SVPs about their role, there remain serious funding limitations at both the state and local levels. Constant threats of funding loss for intervention work and minimal funding for prevention work poses an unfair burden on the field. Alternative funding streams must be a capacity priority and realistic expectations for plan implementation must be considered.
- New Jersey needs both quick, low priced strategies and longer term, more intensive strategies that are timed in a manner that support resource growth and funded in a manner that supports quality implementation. Pilot implementation is a strong consideration for the most labor-intensive strategies including social norms marketing and bystander intervention. Local SVPs should be strongly discouraged from choosing more than one strategy and/or goal because of resource limitations.
- SVPs continue to feel the stress of adequately staffing both intervention and prevention activities and it is often the case that the prevention staff have responsibilities for intervention. The skills sets needed for prevention vary considerably from those needed for intervention and when one person shares these tasks, prevention becomes a secondary priority. Whenever possible, plan implementation must maximize opportunities for
collaborative implementation of strategies across counties to make the best use of limited staff.

- Culture drives worldview and perception and the sexual violence field is still overwhelmingly white (especially in agency leadership positions). It is vital that the field be able to ask the right questions (especially for social norms) and be open to hear answers that do not “fit” for them so that culturally specific responses can break through and be heard. There is required capacity building and culturally appropriate assessment needed to ensure these new voices break through and are honored.

- Local SVPs vary widely in their capacity to implement primary prevention strategies and process and outcome evaluation. At the same time there has been positive movement toward a higher state of readiness for primary prevention in response to the NJCASA Sexual Violence Prevention Capacity Development Initiative, now underway with the VERA Institute for Justice.

- A number of local SVPs already have existing strong relationships with schools, which will be helpful in strategy implementation.
Workplan Priorities and Task List

Capacity Goals: Improve Funding, Data and System Capacity

Selected strategies will:

- increase funding available for sexual violence prevention strategies, data collection and system capacity upgrades and minimize negative financial impact on intervention activities.
- maximize use of scarce resources by integrating data collection in New Jersey for all issues that have overlapping risk and protective factors.
- ascertain and develop clear commitment and capacity of state agencies and communities represented on the SPT for the sexual violence prevention plan and its implementation.
- create a coordinated system for data collection and analysis in New Jersey.
- increase skill and knowledge level of SVPs in the implementation and assessment of prevention strategies.

Core Principles: Across all goals

- Capacity building for cultural competency must be embedded in all implementation plans for prevention strategies. All strategies will require a strong sensitivity to the very diverse cultural norms and communities in New Jersey.
- This plan highlights the broad range of prevention strategies required in New Jersey. These strategies and the capacity building they require significantly exceed the resources available for prevention through current funding. Plan emphasis for the first two years is on capacity building and the development of a dedicated funding stream for both intervention and prevention.
- Use of advanced technology is needed for implementation of many of the prevention and capacity building strategies.

Task Plan: Capacity Building

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<thead>
<tr>
<th>Strategy</th>
<th>Year 1 - 2 Tasks</th>
<th>Year 3 - 4 Tasks</th>
<th>Year 5 - 8 Tasks</th>
</tr>
</thead>
</table>
| Increase Prevention, Data Collection and Intervention Funding | • NJCASA identifies and solicits private and public funding ($58,000) for state/county adult baseline data on gender norms.  
• SPT develops funding model for social norms campaign  
• SPT develops model for state and local prevention and intervention that allows for discrete local funding for at least 1 FTE for prevention and clear delineation of | • DOW coordinates 75% of public funding for 3-year state/county valid follow-up survey on gender norms.  
• NJCASA coordinates 25% of private funding for 3-year state/county valid follow-up survey on gender norms.  
• SPT/DOW develops cooperative funding agreements in place for cross-departmental cooperation and | • DOW coordinates 75% of public funding for 6-year state/county valid follow-up survey on gender norms.  
• NJCASA coordinates 25% of private funding for 6-year state/county valid follow-up survey on gender norms.  
• A new, dedicated state level funding stream is passed by |
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<tr>
<th>Strategy</th>
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<th>Year 5 - 8 Tasks</th>
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</table>
|          | prevention/intervention responsibilities.  
• NJCASA completes research on dedicated funding stream and begins to craft legislation and coordinate legislative support.  
• SPT/DOW advocates for increasing federal funding support for SV prevention and surveillance.  
• SPT to identify and engage high profile victim allies in New Jersey to support this plan | integration on funding and data collection for overlapping risk and protective factors.  
• SPT/DOW and NJCASA advocate for funding models with state and federal funds and foundation support.  
• NJCASA finalizes sponsors for dedicated funding stream legislation and bill is introduced.  
• SPT/ GACASV advocate for passage of dedicated funding stream legislation.  
• SPT advocates for increasing federal funding support for SV prevention and surveillance.  
• New Jersey legislature to fund SV prevention and intervention strategies and services, based on need identified in years 1-2.  
• NJCASA advocates for increased private support for use in sexual violence prevention and intervention strategies.  
• SPT advocates for increasing federal funding support for SV prevention and surveillance. |          |
| Increase Commitment and Coordination | • SPT members facilitate formal sign off from other state department leadership (DCJ, DCF, DHS, DHSS, DOE, DOC, State Police, DMVA, and DCA) to the plan goals, strategies and advocacy priorities.  
• SPT identifies liaisons in each state department that currently has responsibility for sexual violence related issues  
• SPT identifies and documents existing statutory regulations in each partner department related to sexual violence  
• NJCASA increases local SVP capacity to analyze sexual violence | • SPT coordinates a core group of identified liaisons to share data, improve data collection and pool resources between departments  
• DOW/GACASV/SOVWA coordinates statewide incidence data collated and shared across partner agencies.  
• SPT coordinates stream-lined data collection system for state agencies. The data collection system will be integrated and produce:  
• demographic data on perpetrators and victims/survivors  
• data that tracks cases of perpetration over time including relevant past history  
• data that demonstrates the |          |
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<tr>
<th>Strategy</th>
<th>Year 1 - 2 Tasks</th>
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<tr>
<td></td>
<td>magnitude data</td>
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<td>EFFECTIVENESS OF STRATEGIES</td>
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<td></td>
<td>• NJCASA implements state/county survey on gender norms; coordinates with SCBT.</td>
<td>• Sufficient state, county and major urban area data</td>
<td>• Data that identifies shared characteristics of perpetrators</td>
</tr>
<tr>
<td></td>
<td>• NJCASA integrates baseline survey content with DOE middle school survey</td>
<td>• Optimal use of existing data collection systems (i.e.: add SV module to BRFS, YRBS and other student health surveys)</td>
<td>• Optimal use of existing data collection systems (i.e.: add SV module to BRFS, YRBS and other student health surveys)</td>
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<tr>
<td></td>
<td>• UMDNJ facilitates agreements with local health departments for commitment to plan goals and strategies</td>
<td></td>
<td>• Data that identifies shared characteristics of perpetrators</td>
</tr>
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<td></td>
<td>• NJCASA collaborates with RWJF and local SVPs to adapt SAFE DATES for sexual violence</td>
<td></td>
<td>• Optimal use of existing data collection systems (i.e.: add SV module to BRFS, YRBS and other student health surveys)</td>
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<td></td>
<td>• SPT, state department leadership and other prevention entities commit to including cultural competency in all strategy development and implementation</td>
<td></td>
<td>• Optimal use of existing data collection systems (i.e.: add SV module to BRFS, YRBS and other student health surveys)</td>
</tr>
<tr>
<td>Increase Local Program Prevention Capacity</td>
<td>• Targeted capacity building implemented for bystander, gender equity, and positive social norms marketing through the NJCASA Training Institute.</td>
<td>• NJCASA develops and implements certification process for sexual violence prevention staff</td>
<td>• NJCASA implements ongoing training and capacity development based on progress of State Plan and increased use of varying strategies.</td>
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<td>• NJCASA's SVP capacity building project goals are integrated with State Plan goals.</td>
<td>• NJCASA implements targeted capacity building for process and outcome evaluation and use of technology in strategy implementation.</td>
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<td></td>
<td>• NJCASA develops core competencies for sexual violence prevention staffing and funding based on state goals and strategies, including cultural competency.</td>
<td>• NJCASA develops, coordinates and provides training and capacity building for cultural competency in implementation of strategies</td>
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<td>Strategy</td>
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<td></td>
<td>• RPE RFP guidelines and funding levels reflect State Plan goals and strategies</td>
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**Goal: Decrease Perpetration against Highly Vulnerable Populations**

Create and implement institutional and agency strategies that prevent the perpetration of sexual violence against people with developmental disabilities and inmates of correctional facilities. These strategies will:

- increase supervision of caregivers.
- improve screening staff for potential perpetration.
- create and implement educational programs for wide range of service recipients, caregivers, and supervisors (organizational, family and peers) on primary prevention of sexual violence.
- revise and upgrade existing policies and procedures and expand implementation of prevention standards to a variety of settings and across populations.

**Strategies Selected:**

**Prison population**

Recommended strategy:

- Adopt the Prison Rape Elimination Act standards promulgated by PREA Commission
- Monitor the implementation of the standards
  - Research monitoring models used in other areas such as Court Watch
  - Advocate for state level oversight and monitoring

**People with disabilities**

Recommended strategies:

- Bystander training for caregivers and people with disabilities
  - Local programs
- Establishment of a central registry of caregivers in institutions and community care settings who have been found to have abused their clients
  - Statewide
- Building grassroots support for legislative changes
  - Local programs and statewide
- Modification of New Jersey Sexual assault laws regarding accountability of caregivers
  - Statewide
- Modify Prison Rape Elimination Act standards in the following areas for implementation in institutional and community care settings for people with disabilities: (statewide)
  - Mandatory reporting of abuse of people with disabilities
  - Protection for staff members who report abuse
• Training around reporting
• Establishment of a zero tolerance policy for sexual relationships between a caregiver and the client
• Collection of data as suggested in federal Crime Victims with Disabilities Act (S 3668)
• Statewide

Core Principles and Components: These include strategy requirements and New Jersey specific adaptations. The principles of the Prison Rape Elimination Act (PREA) are the core of the standard for working with vulnerable populations. The principles in PREA include empowering staff and inmates to report abusive behaviors without fear of reprisal, a commitment on behalf of institutions and community care settings to eliminate sexual violence and to deal with incidents of sexual violence in an appropriate and timely manner, and accountability within the institution/community care setting. These principles can be applied to those working with other vulnerable populations, such as those with developmental, mental health and physical disabilities.

Implementation Recommendations:
In New Jersey, we have found that in attempting to create change within the agencies charged with working with people with disabilities and inmates, a top down approach is the most effective method of creating change. Legislative and regulatory changes lead to changes in behavior at the local level. Many of these agencies are accustomed to following many regulations and will make changes only when pushed to do so by way of statute or regulation. However, once the statute or regulation is created, there are actual changes in behavior at the local level.

Task Plan – Vulnerable Populations

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<thead>
<tr>
<th>Strategy</th>
<th>Year 1 - 2 Tasks</th>
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<tbody>
<tr>
<td>Advocate for adoption and monitoring of PREA standards in New Jersey prisons and jails</td>
<td>• GCASV Legislative Committee work on needed legislation/regulations to adopt PREA standards in New Jersey</td>
<td>• SPT implementation workgroup to research models for effective monitoring of implementation of standards</td>
<td>• New Jersey Office of Ombudsman and criminal justice system advocates (i.e.: New Jersey Institute for Social Justice) to work with DOC to monitor implementation of regulations and report back to SPT</td>
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<td></td>
<td>• Advocate for train the trainer sessions for DOC personnel on PREA standards and SV dynamics (Advocates with select PPEC members)</td>
<td>• GCASV continued advocacy on PREA implementation</td>
<td>• Consider application of PREA strategies to other disabled populations</td>
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<tr>
<td>Strategy</td>
<td>Year 1 - 2 Tasks</td>
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<td>Year 5 - 8 Tasks</td>
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| PREA at the institutional level | • Advocacy for establishment of a central registry of caregivers who have been found to have abused their DD clients (GACASV Legislative Committee)  
• Advocate for modification of New Jersey consent laws in 2C14 to include focus on caregivers of vulnerable individuals | • SPT to advocate for data collection standards suggested in Federal Crime Victims with Disabilities Bill (S3668)  
• SPT to adapt PREA standards for the disabled community including:  
  • Mandatory reporting  
  • Protection for staff who report abuse  
  • Training around reporting  
  • Zero tolerance for sexual relationships between a caregiver and client | • DDD and DMH to implement and monitor data collection standards  
• SPT to research how to expand standards and central registry concept in Mental Health field and with other vulnerable populations in institutional and community care settings |
| Build collaborative relationships with DDD and DMH and community care providers to ensure adaptation and implementation of PREA-like standards and policies | | | |
| Customize and implement select strategies for use with caregivers of vulnerable populations | | | |
| | • SPT implementation workgroup to research and assess applicability of bystander strategies for use with caregivers, and consider implementation options  
• Adapt strategies selected for use with caregivers | | |
Goal: Increase Empathy and Attachment

Identify and support delivery systems that would achieve the following: increase parental/caregiver attachment and increase empathy skills in children.

Strategies Selected for Collaboration:
- Strengthening Families (funded by DCF)
- Healthy Families (coordinated through PCANJ)
- I Can Problem Solve, Incredible Years, Second Step, Social Decision Making, Dare to be You (funded under DOE – Drug Free Schools)

Core Principles and Components: These include strategy requirements and New Jersey specific adaptations. In making judgments about which programs to consider recommending, three criteria were used:
- Has the strategy been vetted by a credible source in terms of effectiveness related to the purpose of the goal?
  The informational sources used to make this judgment were inclusion in the Matrix of Programs Identified by Federal and Private Agencies of the Center for the Study and Prevention of Violence, and the knowledge and experience of SPT members regarding how the program was being utilized in New Jersey and elsewhere.
- Is the strategy in current use in New Jersey at a level that makes implementation practice credible and accessible?
  This criterion became an important pragmatic consideration as SPT members realized that identifying the most rigorously researched programs for implementation was marginally useful if they were without standing in New Jersey because without a program delivery infrastructure to champion it and significant new implementation resources, a new program would have no traction or hope of large scale adoption.
- Did the program rest on grounded theory that was in keeping with the goal?
  This criterion emerged as SPT members responsible for reviewing specific programs discussed the relationship between how the program was developed, effectiveness research and the intent of the goal.

Other Considerations:
- Has the strategy been evaluated or is the program evaluation ready (integrate existing evaluation data into future sexual violence evaluation)?
- Prioritize those strategies that have a top down, state level association approach, such as strategies funded through the Department of Children and Families, the Department of Education's Office of Educational Support Services, Office of Drug-Free Schools or coordinated through Prevent Child Abuse New Jersey (PCANJ).
New Jersey State Prevention Plan for Sexual Violence

**Implementation Recommendations:**
- Most of the focus is placed on supporting delivery systems that are already providing attachment and empathy skill building programs and strategies and assisting those agencies with understanding the connection between empathy, attachment and risk and protective factors for sexual violence perpetration.
- This should be mutually supportive for SVPs by creating opportunities for these programs to meet those involved in delivery systems already providing attachment and empathy skill building and to cross train.
- NJCASA will support this collaborative relationship by advocating for and supporting funding for delivery systems already implementing the above strategies and therefore creating a win-win situation for both existing delivery systems and SVPs.

**Task Plan: Empathy and Attachment**

<table>
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<tr>
<th>Strategy</th>
<th>Year 1 - 2 Tasks</th>
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<tbody>
<tr>
<td>Add sexual violence content and linkages to strategies</td>
<td>DOW to build collaborative relationships with State level funders and implementers to begin discussions on strategy integration based on overlapping risk and protective factors (Rutgers CVAWC)</td>
<td>DOW facilitates addition of appropriate sexual violence content into targeted strategies</td>
<td>Evaluate sexual violence content and provider use of content (DOW and SPT) Continue advocacy and coalition building at state level (DOW)</td>
</tr>
<tr>
<td>Advocate for funding and expansion of strategies in New Jersey as part of integrated prevention program</td>
<td>DOW to identify collaborative, cross system, win/win messaging about strategy funding and expansion (GACSV, NJCASA membership, Empathy and Attachment provider/funder systems) DOW to work with DCF to integrate planning efforts on Strengthening Families with the Sexual Violence Primary Prevention plan</td>
<td>Identify and use opportunities for cross system advocacy for funding, expansion and recognition of overlapping risk and protective factors</td>
<td>Continue advocacy and coalition building at state level (DOW)</td>
</tr>
</tbody>
</table>
Goal: Increase Community Connectedness

Increase opportunities for healthy community connectedness for young males (middle, high school and college level) who have been exposed to family violence.

Strategies Selected:
- Collaboration with others who have access to this high risk population. Since the New Jersey Coalition for Battered Women (NJCBW) will soon become part of DELTA Prep, the SPT sees this as an opportunity for collaboration between the two teams on primary prevention initiatives. The SPT will work in partnership to help develop strategies to address community connectedness.
- Identify opportunities for building community connectedness into other goals and strategies

Core Principles and Components: These include strategy requirements and New Jersey specific adaptations.
- Since NJCBW and its member programs may be more readily able to identify young males who have been exposed to family violence, this DELTA Prep organization may be best suited to assist in the development and implementation of a strategy addressing community connectedness.
- Another consideration is to recommend merging this goal with gender equity through the MOST Clubs, which is a Gender Equity recommended strategy.
- There are opportunities for articulating the principle of community connectedness across all goals, reinforcing positive social norms.

Implementation Recommendations:
- It was determined that this goal would need longer term research of effective strategies and building of collaborative relationships with those who have direct access to this high risk population. One collaborative relationship that already exists is the one between members of the State Prevention Team and the New Jersey Coalition for Battered Women. In fact, a staff member of the New Jersey Coalition for Battered Women is a member of the State Prevention Team and could help to facilitate collaboration on this goal.

Task Plan: Empathy and Attachment

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<tr>
<td>Collaboration with those who have direct access to this high risk population - DV Providers</td>
<td>• Research core strategies that can be implemented in cooperation with others who have direct access to this population -(DOW/SPT and DELTA Prep)</td>
<td>• Integrate the work of domestic violence programs into the sexual violence prevention system and evaluation plan</td>
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New Jersey State Prevention Plan for Sexual Violence

**Goal: Increase Gender Equity Norms**
Create and market social norms in New Jersey that promote gender equity and respect for women and girls by reducing rigid sexual stereotypes and

**Specific Strategies Selected:**
- New Mexico Media Literacy Project – Gender Constructions and Body Image
- Positive Social Norms Marketing
- MOST Clubs

**Core Principles and Components:** These include strategy requirements and New Jersey specific adaptations.

<table>
<thead>
<tr>
<th>New Mexico Media Literacy</th>
<th>Social Norms Marketing</th>
<th>MOST Clubs</th>
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<tbody>
<tr>
<td>• Participate in 2-4 day training institute</td>
<td>• A data driven message and process (strong data collection before, during and after)</td>
<td>• Dedicated staff to oversee Club</td>
</tr>
<tr>
<td>• Combine the Media and Body Image and portions of the Media Literacy Toolbox to create a comprehensive curriculum</td>
<td>• Messaging must be Positive, Inclusive and Empowering (PIE)</td>
<td>• Background checks on Club facilitators</td>
</tr>
<tr>
<td>• Add extra examples targeted to men, men and women, people of color and people of all sexual orientations</td>
<td>• Must use credible message sources for the select population</td>
<td>• Mentoring, parent, Strength Project and Public education campaign components required</td>
</tr>
<tr>
<td>• NMMLP to add evaluation tools based on work in tobacco prevention</td>
<td>• Must use multiple message channels that promote contamination</td>
<td>• Required Code of Conduct</td>
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<td>• Positive messaging developed locally fed back to state level for possible use in Social Norms Marketing</td>
<td>• The message must be a social norm in the language of the target audience</td>
<td>• Ability to require participant attendance</td>
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<td>• The primary message jumps out of the media – is most visible</td>
<td>• Designated safe meeting space</td>
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<td></td>
<td>• Dedicated staff to oversee strategy implementation</td>
<td>• Completion of training with MCSR</td>
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<td></td>
<td></td>
<td>• Financial resources for incentives to participants</td>
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<td></td>
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<td>• Access to TV/VCR and/or DVD player</td>
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</table>
Implementation Recommendations:
- It is expected that strategy adaptation, especially where sexual violence content needs to be added or developed, will occur at the state level in the first year to two years prior to local program implementation. Local pilots will be used in early years to test the strategies and make adjustments as needed.
- It is also expected that local SVPs will use the first two years of the plan to transition their current programming to align with the core principles of plan identified strategies or to pilot the plan identified strategies. Local SVPs may continue to implement “foundational” strategies currently in place while making the necessary transition and adaptation to the plan identified strategies.

<table>
<thead>
<tr>
<th>New Mexico Media Literacy</th>
<th>Social Norms Marketing</th>
<th>MOST Clubs</th>
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<tbody>
<tr>
<td>Local choice to implement and identify local high risk populations (and targeted communities)</td>
<td>Pilot test in urban, suburban and rural areas before widespread implementation</td>
<td>Local choice to implement with middle and high school males</td>
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Task Plan

<table>
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<th>Strategy</th>
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<tbody>
<tr>
<td>Media Literacy $ = low cost  $ * = relatively easy to implement with a variety of community partners</td>
<td>• Work with New Mexico Media Literacy Project to customize toolkits on healthy sexuality and evaluation tools (SPT or NJCASAS) • Identify SVPs who wish to implement this strategy (NJCASA) • Provide training to local providers (NJCASA) • Local implementation, testing and adaptation of Media Literacy Toolkit on Gender Constructions in pilot communities (SVP's) • Begin outreach and planning with</td>
<td>• Expanded implementation, testing and adaptation of Media Literacy Toolkit on Gender Constructions in locally targeted communities (SVP's)</td>
<td>• On-going implementation, evaluation and adaptation (SVP's) • Add sites throughout state (SVP's)</td>
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<td>Strategy</td>
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<tr>
<td>Positive Social Norms Marketing</td>
<td>• Develop baseline state and regional data on SV social norms, attitudes and evaluation requirements (NJCASA)&lt;br&gt;• Assess funding model required to support start up and expansion (NJCASA and SPT)&lt;br&gt;• Develop statewide sexual violence content and focus for this strategy (NJCASA and SPT)&lt;br&gt;• Identify core requirements and methodology for selection of pilot sites (PPEC)&lt;br&gt;• Develop training requirements to meet capacity building needs of local providers (NJCASA and SPT)&lt;br&gt;• Assist interested local SVPs in adapting current practices стратегий to integrate best practice standards of Positive Social Norms Marketing (NJCASA)</td>
<td>• Conduct training to build local capacity to customize messaging channels for targeted communities (NJCASA)&lt;br&gt;• Use focus groups to test messages in diverse communities and identify most useful local communication channel standards (NJCASA and SVP's)&lt;br&gt;• Implement 3-4 pilot projects (SVP's)&lt;br&gt;• Repeat attitudinal survey bi-annually (NJCASA)</td>
<td>• On-going implementation, evaluation and adaptation&lt;br&gt;• Upgrade collection and review of community data for use in cultural and geographic adaptation in other local communities (SVPs and NJCASA/DOW)&lt;br&gt;• Add sites throughout state&lt;br&gt;• Repeat attitudinal survey bi-annually (NJCASA and SVP's)</td>
</tr>
<tr>
<td>MOST Clubs</td>
<td>• Work with MCSR to ensure selection for state's participation in strategy (SPT)&lt;br&gt;• Add training to NJCASA Training Institute for local programs that wish to use this strategy</td>
<td>• Implement strategy in select communities (SVP's)&lt;br&gt;• Conduct process evaluation to check for fidelity to core principles and adaptation needs that might arise (SVP's and</td>
<td>• On-going implementation, evaluation and adaptation&lt;br&gt;• Add sites throughout state</td>
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<td>Strategy</td>
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<tr>
<td>community partnerships</td>
<td>(NJCASA)</td>
<td>NJCASA)</td>
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<td></td>
<td>• Identify SVPs that wish to choose this strategy (NJCASA)</td>
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**Goal: Increase Bystander Intervention**

Increase bystander intervention along the continuum of sexual violence behaviors among middle school, high school, and college communities.

**Specific Strategies Selected:**
- Green Dot
- Mentors in Violence Prevention
- SCREAM Theater: Learning To Scream

**Core Principles and Components:** These include strategy requirements and New Jersey specific adaptations.

1. Strategies need to educate, train, and utilize peer educators or popular opinion leaders (POLS) from the targeted community or school. These peer educators and POLS must receive the CDC – recommended dosage of seven-nine sessions of training. Social norms marketing or other follow-up activities should be used in order for the larger community to get sufficient dosage.
2. Strategies must have administrative, top-down support. Included in this support is education for all key stakeholders and administrators on sexual violence prevention and bystander intervention.
3. Strategies must incorporate a specific component on bystander skill development- how to intervene effectively and safely.
4. Strategies must include a component on sexual violence education, including information on the continuum of sexual violence and what actions constitute prevention.
Implementation Recommendations:
In order to give people a choice of programs with different venues, we are recommending three strategies as ways to implement bystander intervention. We envision that these programs would be implemented based on the core components listed. We also assume that these strategies will be implemented in public, private and parochial schools.

<table>
<thead>
<tr>
<th>Green Dot</th>
<th>SCREAM Theater, Learning to SCREAM</th>
<th>Mentors in Violence Prevention (MVP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ to $$$$ = minimal to high: can be done on any budget</td>
<td>$ to $$ = minimal to moderate: cost of Learning to Scream is $150 to $500. Expense would go up if a SCREAM theater project is implemented.</td>
<td>$$$ to $$$ = moderate to high: ranges from $5000 one-time event to $7500 for train-the-trainer. Expense will go up if MVP program is implemented.</td>
</tr>
<tr>
<td>***=Need staff to train POLs/PEs and community members, lead follow-up trainings/meetings, and conduct social norm marketing campaign</td>
<td>*= Rutgers can be contracted to train POLs/PEs. High capacity would be required if peer educator theater program is implemented.</td>
<td>*= MVP can be contracted to provide awareness raising programs as a one-time only event. High capacity would be required if peer educator MVP program is implemented.</td>
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</table>

- Pioneered by Dorothy Edwards at the University of Kentucky, Green Dot is a universal bystander intervention program applicable to a wide variety of communities, ages, and educational institutions.
- The program is flexible and engaging and can be easily adapted.
- This state-to-state strategy has future benefits for cross state evaluation, research, and funding.

- SCREAM (Students Challenging Realities and Educating Against Myths) Theater is an interactive, peer education theater program that addresses issues of violence.
- The Learning To SCREAM program helps other groups develop their own peer education theater programs using a Train-the-Trainer model.
- Rutgers University is already implementing this strategy in New Jersey and has conducted evaluation of its effectiveness on knowledge, attitudes and behaviors.

- Based out of Northeastern University, the MVP program is focused on empowering students to act as engaged bystanders on issues of violence.
- The Train-the-Trainer piece offers the chance to create a group of peers or leaders who are educated on prevention and bystander action.
- It has demonstrated success and appeal to various audiences, especially adolescents and all-male groups.
**Task Plan – Bystander Strategy**

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<tr>
<th>Strategy</th>
<th>Year 1 - 2 Tasks</th>
<th>Year 3 - 4 Tasks</th>
<th>Year 5 - 8 Tasks</th>
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</thead>
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| Bystander strategies:  
  - Green Dot  
  - Mentors in Violence Prevention  
  - Learning to SCREAM | - NJCASA to provide training and capacity building for SVPs who choose to implement a bystander intervention strategy  
- NJCASA to offer the opportunity for training for all programs interested in Green Dot  
- The SPT to customize the listed strategies to ensure that they have sufficient and age appropriate sexual violence content for high school through college age students  
- The SPT to build collaboration between local sexual violence programs and other providers to maximize access to schools and integrate efforts  
- The SPT to develop an evaluation plan, in collaboration with Green Dot and other states implementing Green Dot, | - NJCASA to provide training and capacity building for local programs that chose to implement in middle schools, especially in area of choosing POL’s that reflect the diversity of New Jersey  
- The SPT to assess the effectiveness of implemented bystander programs and make recommendations to SVPs for modification if needed  
- The SPT to develop marketing strategies to expand prevention efforts beyond SVPs, with a focus on colleges and universities  
- The SPT to provide technical assistance to other prevention programs in schools, as requested, to align their strategy to CDC definition of primary prevention, add sexual violence content and meet core standards identified by the workgroup  
- The SPT to customize listed strategies to ensure that they have sufficient and age appropriate sexual violence content for middle school students | - On-going implementation, evaluation and adaptation by the SPT  
- The SPT will document implementation of bystander strategies in 10% of the total public, private and parochial high schools, middle schools and colleges across the state |
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