

Community Assessment Report for the Orange County Rape Crisis Center Sexual Violence Prevention Program

I. Description of Orange County

A. Geography

Orange County covers 398 square miles of rolling hills with an average elevation of 470 feet above sea level in the Triangle region of North Carolina. The County is comprised of three incorporated municipalities, a portion of Mebane (which is mostly in Alamance County) and about 24 other communities (hamlets or crossroads). Chapel Hill is the largest incorporated town with a population of 51,236 as of the 2006 Census estimates. Carrboro, adjacent to Chapel Hill, has a population of 18,611; and Hillsborough, the county seat, 6,240. Other communities include Blackwood Station, Buckhorn, Caldwell, Calvander, Carr, Cedar Grove, Cheeks Crossroads, Dodsons Crossroads, Efland, Eubanks, Fairview, Kennedy, McDade, Miles, Mountain View, New Hope, Oaks, Orange Grove, Schley, Teer, University Station, West Hillsborough and White Cross. (Orange County Economic Development Commission)

In 2005, 68% of Orange County residents, (81,4668 people) lived in the southern "urban" areas of Chapel Hill and Carrboro with the remaining 32 % of the population (38,432 people) living throughout the rural areas of the county. (City-Data.com [http://www.city-data.com/county/Orange_County-NC.html])

B. Population

Orange County's population was estimated to be 120,100 in 2006. At that time 19.9% of the population was under the age of 18, 70.4% of the population was between the ages of 19 to 64 years and 9.7% were 65 or older. (Orange County QuickFacts from the US Census Bureau. [<http://quickfacts.census.gov/qfd/states/37/37135.html>])

Orange County is broken up into 57,361 (47.8% of the population) males and 62,739 (52.2%) females. (US Census Bureau 2006 American Community Survey)

As the population grows, the diversity of the population within the community is also growing, a trend that is occurring across the country. Whites make up 78% of the population, while African Americans make up 13.8%. The number of Asian residents has doubled since 1990 and the number of residents of Hispanic origin has quadrupled. The Asian and Hispanic population groups in Orange County together make up almost 11% of the total population with 6,845 Asian or Pacific Islanders counted in the 2005 census and 6,245 residents of Hispanic origin counted. The Hispanic population, however, has historically been undercounted in census figures because of the fear of deportation if identified. A more accurate estimation of the number of Hispanics comes from the organization FaithAction, which prepares an estimate each year of the Hispanic population in each of North Carolina’s 100 counties. The estimates are based on census, birth and other data to arrive at a more accurate figure for the Hispanic population. The FaithAction estimate of Hispanics residing in Orange County in 2005 was 8,123, up from 7,676 Hispanic residents in 2000. Table 1 below shows the comparison of population by race/ethnicity between 2000 and 2005.

| TABLE 1 Race/Ethnicity | 1990 | 2000 | 2005 |
|--|-------------|----------------|----------------|
| White | 80.7% | 78% | 76% |
| African American | 15.9% | 13.8% | 13.3% |
| Native American | .45% | .40% | .01% |
| Asian, Native Hawaiian and Other Pacific Islander | 2.5% | 4.1% | 5.8% |
| Persons reporting two or more races | N/C | 1.7% | 1.5% |
| Persons of Hispanic or Latino origin | 5.6% | 4.5% | 5.6% |
| | | 108,104 | 118,227 |

Table 1, A-1: Orange County Demographic Profile, 2000 and 2005 Census

(Healthy Carolinians of Orange County 2007 Community Health Assessment)

C. Economics

Orange County’s per capita income is \$39,380, 114% of the US average of \$34,471 and 126% of the NC average (\$34,041). The unemployment rate remains among the lowest in the state, averaging 2.9 percent. There are 48,522 households in Orange County. 6.7% of families and 13.9% of individuals in Orange County live below the poverty level. Reportedly, 237 homeless persons reside in the county.

The US Census Bureau American Community Survey shows the 2006 annual household income levels at:

| | |
|------------------------|-------|
| Less than \$10,000 | 5,797 |
| \$10,000 to \$14,999 | 2,269 |
| \$15,000 to \$24,999 | 5,531 |
| \$25,000 to \$34,999 | 5,952 |
| \$35,000 to \$49,999 | 5,898 |
| \$50,000 to \$74,999 | 6,737 |
| \$75,000 to \$99,999 | 5,059 |
| \$100,000 to \$149,999 | 5,504 |
| \$150,000 to \$199,999 | 2,606 |
| \$200,000 or more | 3,169 |

The median family income was \$71,434, while the median household income was \$46,114. (US Census Bureau 2006 American Community Survey from Orange County, North Carolina)

The top ten Orange County employers are 1) UNC-Chapel Hill 2) UNC Health Care System 3) Chapel Hill-Carrboro City Schools 4) Blue Cross & Blue Shield 5) Orange County Schools 6) Orange County Government 7) Town of Chapel Hill 8) Sports Endeavors, Inc. 9) HR Prime LLC 10) Harris Teeter, Inc. (Orange County Economic Development Commission State of the Local Economy April 9, 2008)

D. Educational Attainment

The educational level in the county is high, primarily due to the presence of the University of North Carolina at Chapel Hill. Over half (52.9%) of the County's residents over the age of 25 years possess a bachelor's degree or higher. Out of the population 25 years and over (73,620 people), 7,711 Orange County residents (around 10.5%) have completed some college, 15,128 (around 20.5%) have completed high school, and 4,876 (around 6.6%) are not high school graduates. (US Census Bureau 2006 American Community Survey from Orange County, North Carolina)

E. Health Status

1. Major medical issues:

The leading causes of death in Orange County are:

Total # of deaths 2001-2005

| | |
|--|-----|
| 1) All Cancers | 864 |
| 2) Heart Disease | 733 |
| 3) Cerebrovascular Disease | 260 |
| 4) Chronic Respiratory Disease | 144 |
| 5) Pneumonia and influenza | 113 |
| 6) All other unintentional injuries | 113 |
| 7) Alzheimer's Disease | 96 |
| 8) Diabetes | 78 |
| 9) Motor Vehicle Injuries | 75 |
| 10) Nephritis, Nephrosis, Nephrotic syndrome | 63 |

The leading causes of hospitalization in Orange County are:

Total # of individuals hospitalized in 2005 by cause

| | |
|---------------------------------|-------|
| 1) All heart related conditions | 1,371 |
| 2) Pregnancy and childbirth | 1,455 |
| 3) Other diagnoses | 1,347 |
| 4) Injuries and poisoning | 874 |
| 5) Respiratory disease | 701 |
| 6) Digestive system diseases | 669 |
| 7) Musculoskeletal system | 570 |

| | |
|---------------------------------------|-----|
| 8) All cancers and neoplasms | 518 |
| 9) Genitourinary disease | 433 |
| 10) Endocrine, metabolic, nutritional | 339 |

(Healthy Carolinians of Orange County 2007 Community Health Assessment)

2. Major medical/health providers:

In 2006 the Cecil G. Sheps Center for Health Services reported there were a total of 1,075 physicians practicing in Orange County, a number that included 392 primary care physicians and 683 specialists. This number equals 86.9 physicians per 10,000 people compared to only 20.8 physicians per 10,000 people statewide. There were 31.7 primary care physicians per 10,000 residents in Orange County compared to only 9.0 per 10,000 statewide. Orange County also boasted 136 dentists, 92 dental hygienists, 2,693 registered nurses and 177 LPN’s in 2006.

It is important to note that UNC Health Care Systems employs many of these health professionals. While Orange County residents have access to UNC Health Care Systems, UNC also serves the entire state of North Carolina, so the large number of physicians and health care providers here can be misleading in terms of access for Orange County residents. Orange County residents do not observe county borders when seeking care; many residents receive services in adjoining counties. In addition, many residents of other counties come to Orange County providers to receive their services. Piedmont Health Services reports that they serve patients from 14 different counties. (As cited in the Cecil G. Sheps Center for Health Services 2006 Annual Profile of Orange County [<http://www.shepscenter.unc.edu/hp/prof06.htm>])

3. Health disparities:

According to the 2005 report by the Cecil G. Sheps Center for Health Services Research at UNC Chapel Hill, Orange County ranked number two of one hundred counties for the number of resident’s ages 0 to 64 years with health insurance. This is a drop from number one in the state held in 2001, but an improvement over 2004, at which time the county ranked seventh in the

state. Despite the fact that Orange County has more residents insured than many North Carolina counties, they still estimated there were 17,356 residents, making up 16.3% of the population of Orange County, without health insurance in 2004, and 16,104 making up 15% in 2005. In 2004, the percentage of the overall state population ages 0 to 64 years that was uninsured was 19.5% versus 17.2% in 2005.

The 2005 BRFSS reported 42.6% of the uninsured were minorities, as compared to only 7.1% of whites. In addition, people with lower incomes, less education and those between the ages of 18 to 44 years, were all more likely to be uninsured than their counterparts. Although we do not have county level data regarding health insurance coverage specifically for African American residents, we do have state level BRFSS data. According to the 2006 BRFSS, 23.7% of African Americans in North Carolina answered “No” to the question, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?” By contrast, the percentage of white North Carolinians who answered “No” to this question was 13.7%, a disparity of 10%. (According to the 2005 BRFSS Survey Results: Orange County, NC State Center for Health Statistics, as cited in the Healthy Carolinians of Orange County 2007 Community Health Assessment)

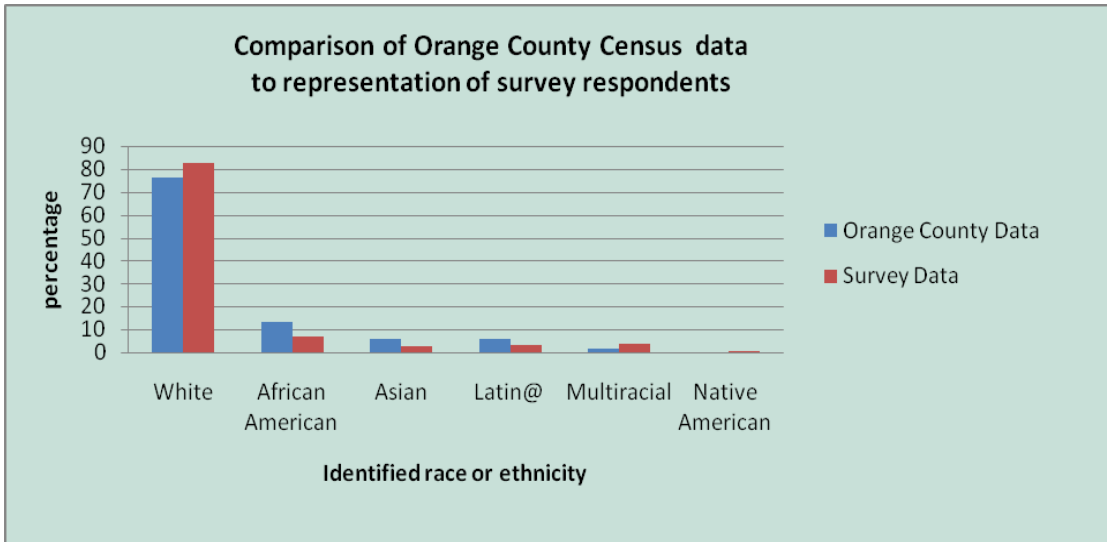
F. Sexual Violence

From January 1, 2007 to December 31, 2007, the Orange County Rape Crisis Center served 420 clients. (OCRCC Annual Report for Fiscal Year 2006-2007) In contrast, the State Bureau of Investigation’s statistics show that there were 21 rapes reported by law enforcement in Orange County in 2007. (State Bureau of Investigation – Crime in North Carolina 2007 [<http://sbi2.jus.state.nc.us/crp/public/Default.htm>]) The discrepancy in the numbers of rape and sexual assault survivors can be attributed to many factors. Rapes often go unreported. The 2007

Chapel Hill-Carrboro City Schools YRBS, found that 9.5% of high school students reported being physically forced to have sex when they did not want to.

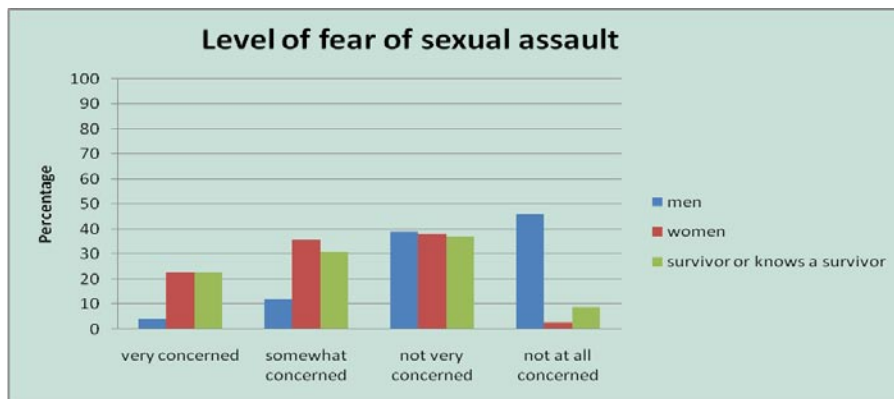
To try to understand a typical Orange County resident's views on sexual assault, a community assessment was conducted in the fall of 2008. A 41 question survey was distributed via the internet using partner organizations list serves as well as paper surveys being handed out at community tabling events. All total, 190 surveys were collected and compiled using the computer program SurveyMonkey. Limited basic demographic information was collected, mainly with regards to gender and race. Other questions included where does the respondent obtain basic health information, their level of fear with regards to becoming a victim of sexual violence, and how likely are they to seek services from a crisis center. Other questions tested respondent's adherence to rape myths utilizing questions from the Illinois Rape Myth Acceptance Survey. And finally, each respondent was asked if they were either a survivor of sexual violence or if they knew a survivor of sexual violence so we could compare results of surveys of those who might have more of a first-hand experience against those who might not have had any prior connection to the ramifications of sexual violence. The results were very interesting!

When looking at our respondents, we first wanted to compare the census data of racial / ethnic percentages to what was obtained through the survey. This was charted to examine if the data collected could be considered a "fair" representation of the Orange County population with regards to race and ethnicity.

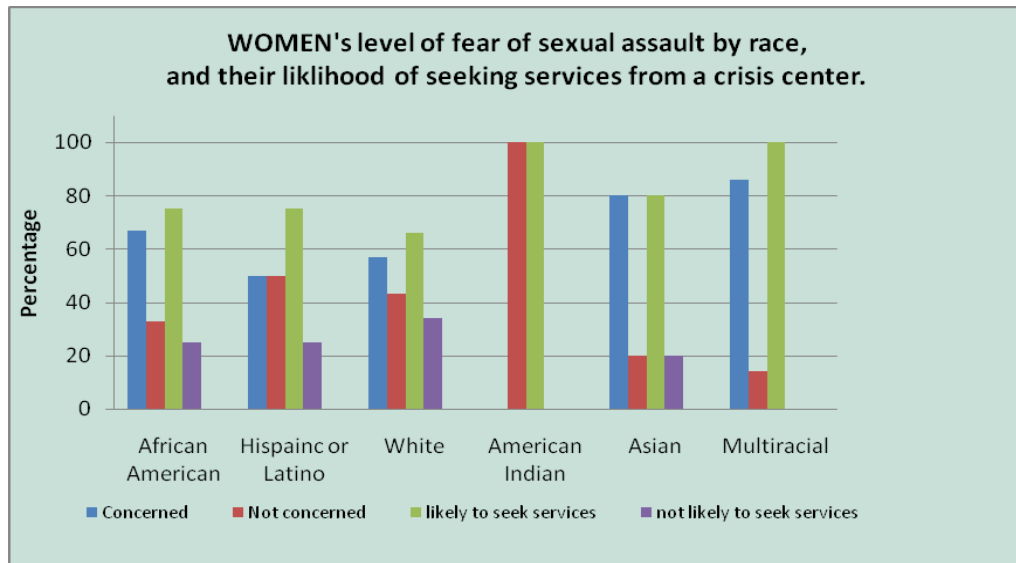


It is shown that of the people responding to the survey, white and multiracial was overrepresented and African American, Asian, Latina/o was underrepresented when compared to percentages of the population in the county.

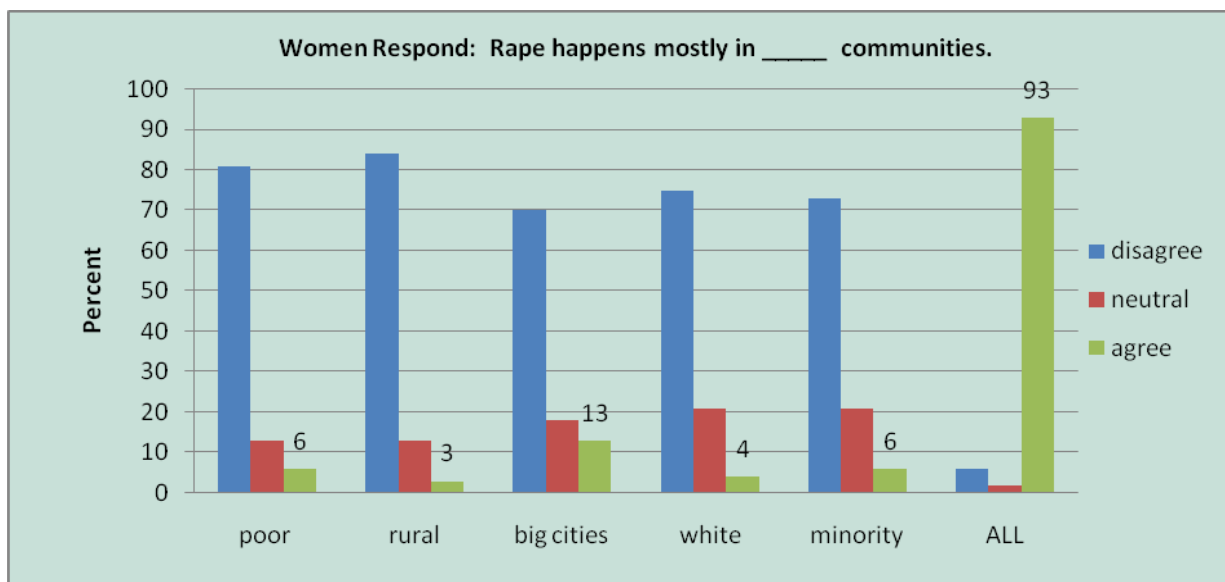
Next, we wanted to get a sense of how concerned people were with becoming victims of sexual violence and if that fear changed if they were a survivor or if they knew a survivor of sexual assault.



As expected women were significantly more concerned about being a victim of sexual violence when compared to men. To further explore who of the women were most concerned, data was categorized by race or ethnicity and then further explored if that race or ethnicity was likely or unlikely to seek services from a crisis center.

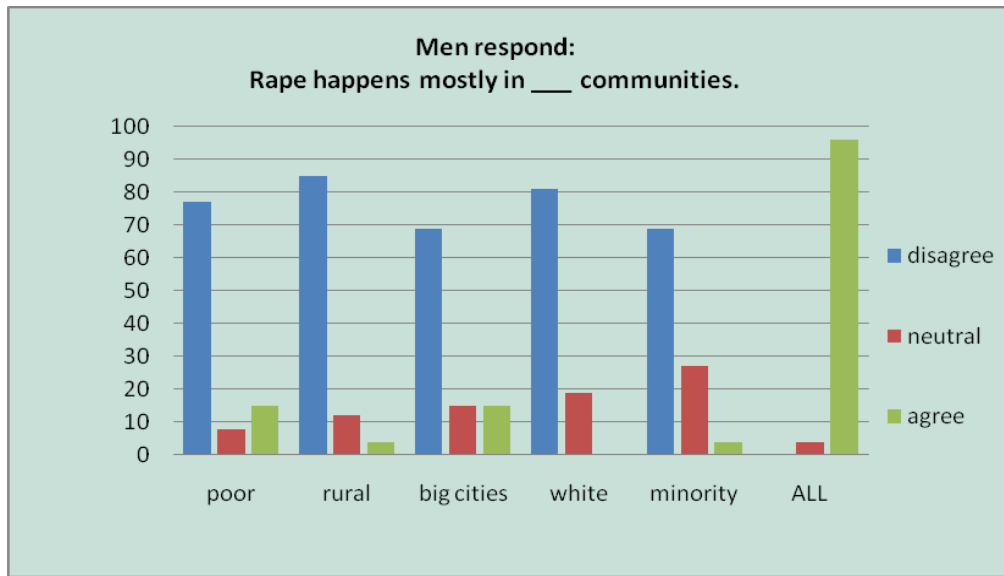


Women's responses to where they thought sexual assault was most likely to occur was graphed.

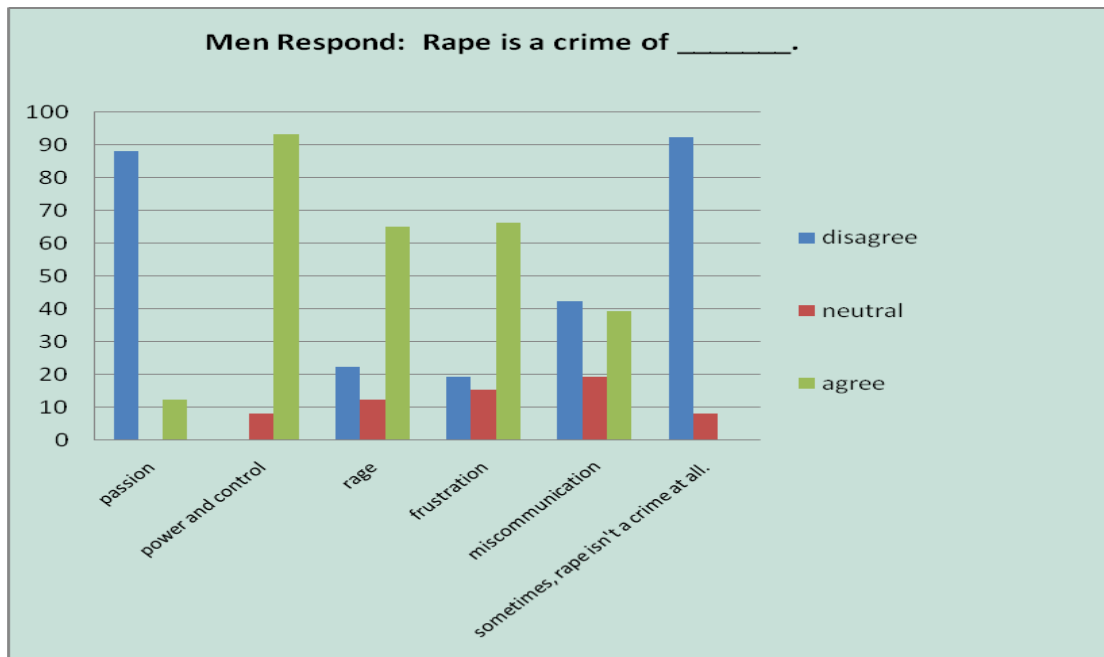


From this graph, it is shown that over 90% of women either agree or strongly agree that rape happens in ALL communities, which is likely why over 50% of women are either concerned or very concerned about sexual violence happening to them. According to the responses, the next biggest perceived risk factor was big cities with 13% of women agreeing.

By comparison men agreed that rape happened in ALL communities, but 15% also believed that it happened in big cities and in poor communities as well. Not one male respondent disagreed that rape happened in all communities. But is also interesting to note that not one male respondent agreed that rape happened mostly in white communities.

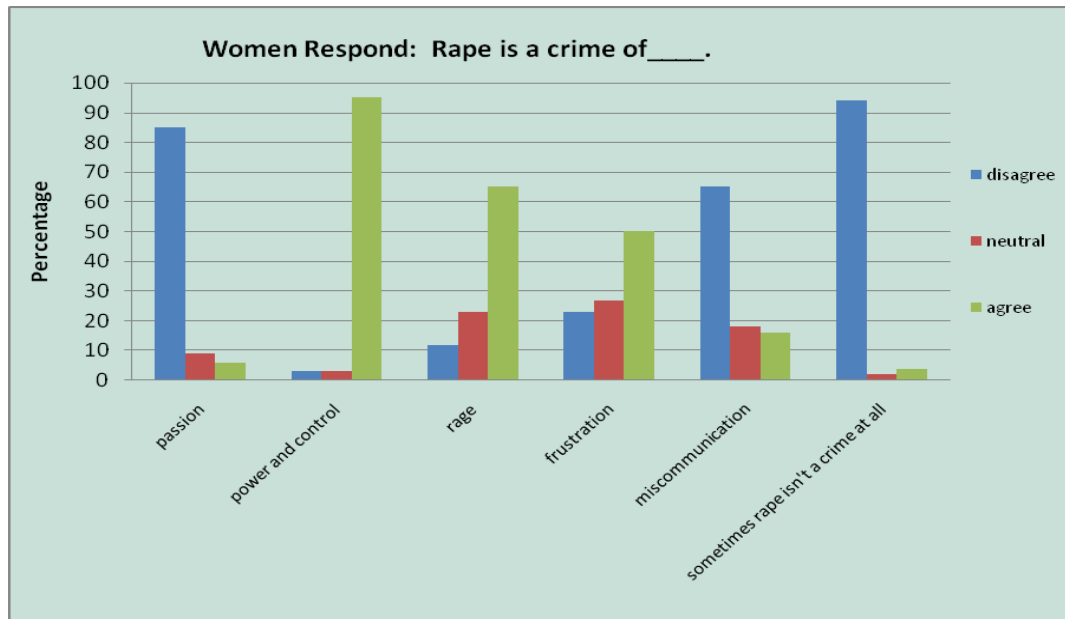


Next we wanted to investigate why it is thought that rape happens. Questions on the survey were asked “Rape is a crime of.....”. The following was shown to be their beliefs.



This first graph shows that no men agreed that rape was sometimes not a crime, although some were not sure or neutral. Also, not one man disagreed that rape is a crime of power and control. Over 50% agreed that rape is a crime of frustration and almost 40% agreed that rape is a crime of miscommunication.

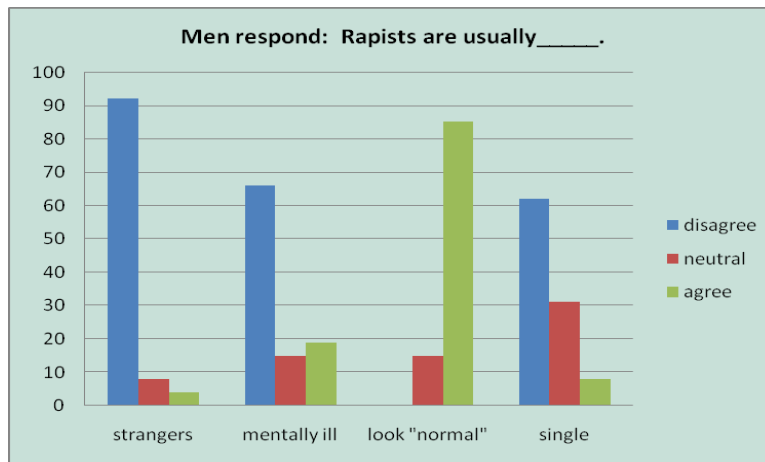
Women's answers graphed as follows:



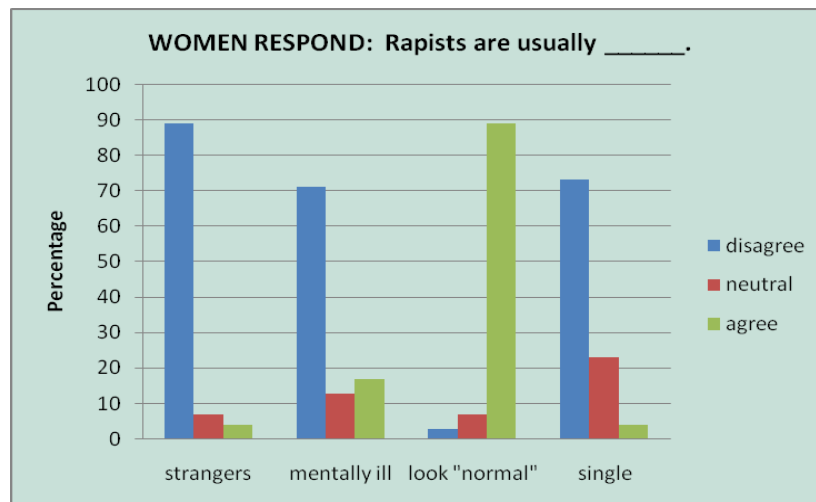
Almost all women believe rape to be a crime of power and control. As with the men's responses, around 50% of women believe rape to be a crime of frustration, but only about 15% of women believe rape to be a crime of miscommunication. Surprisingly a few women (as compared to no men) responded that sometimes rape isn't a crime at all.

So in the eyes of the respondents, who are the “usual” rapists?

Men say...

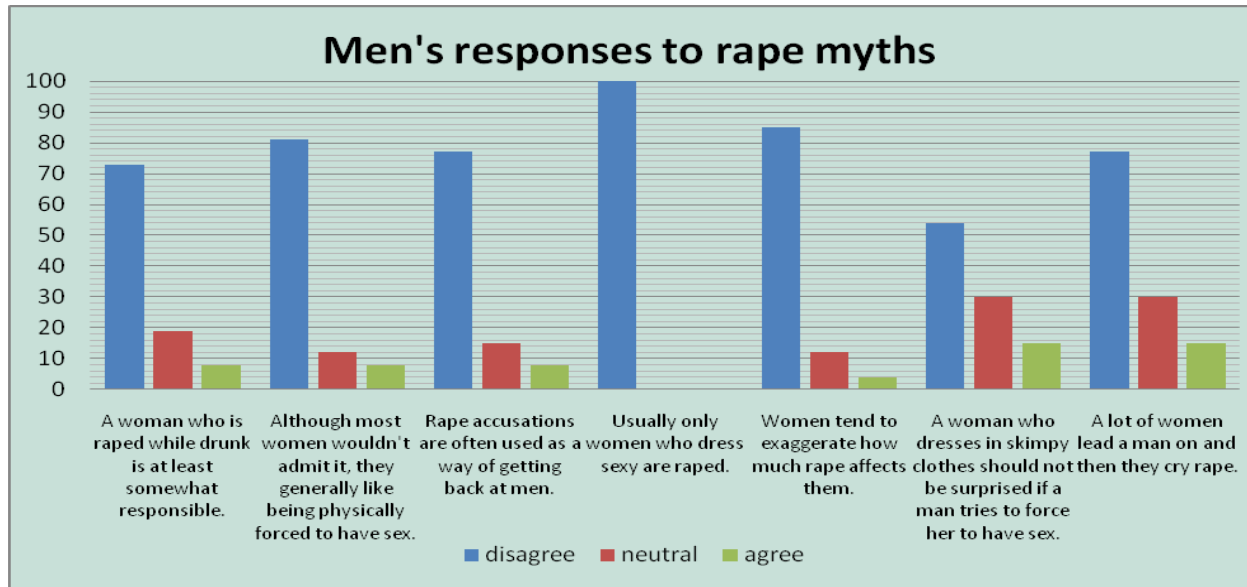


...rapists are usually “normal” looking and are not strangers to the victim. Just under 20% believe rapists to be mentally ill, meaning that a little over 80% do not think rapists are mentally ill. Women say...

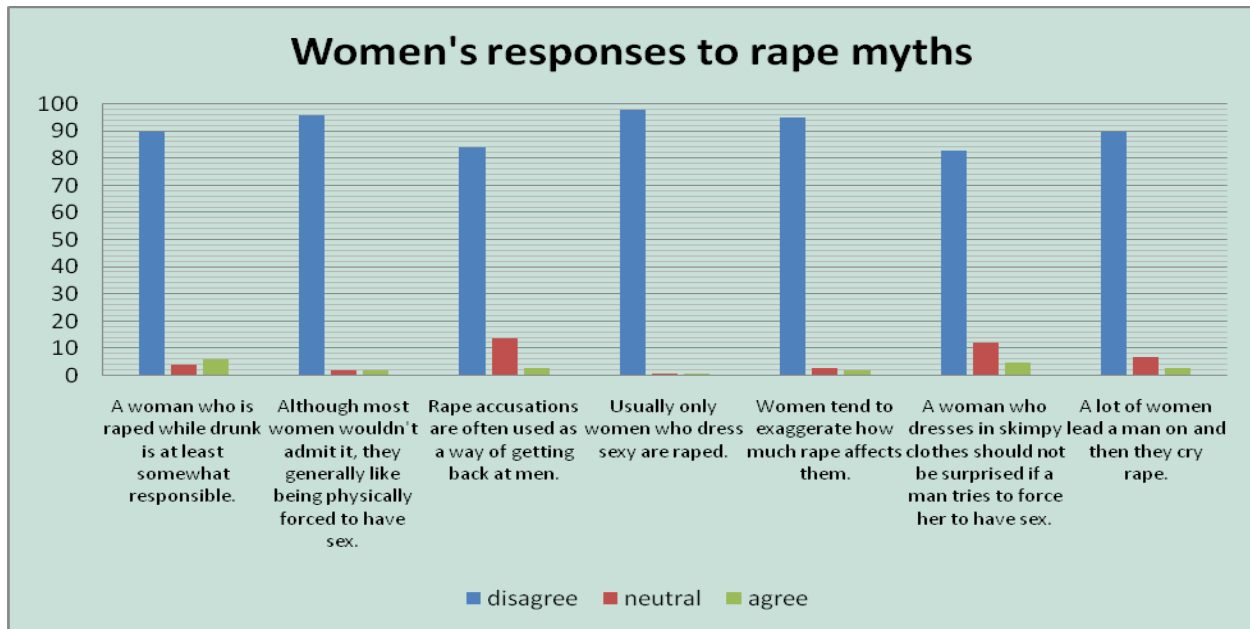


... that rapists are “normal” looking, usually not single, are sometimes mentally ill, and are very seldom strangers to the victim.

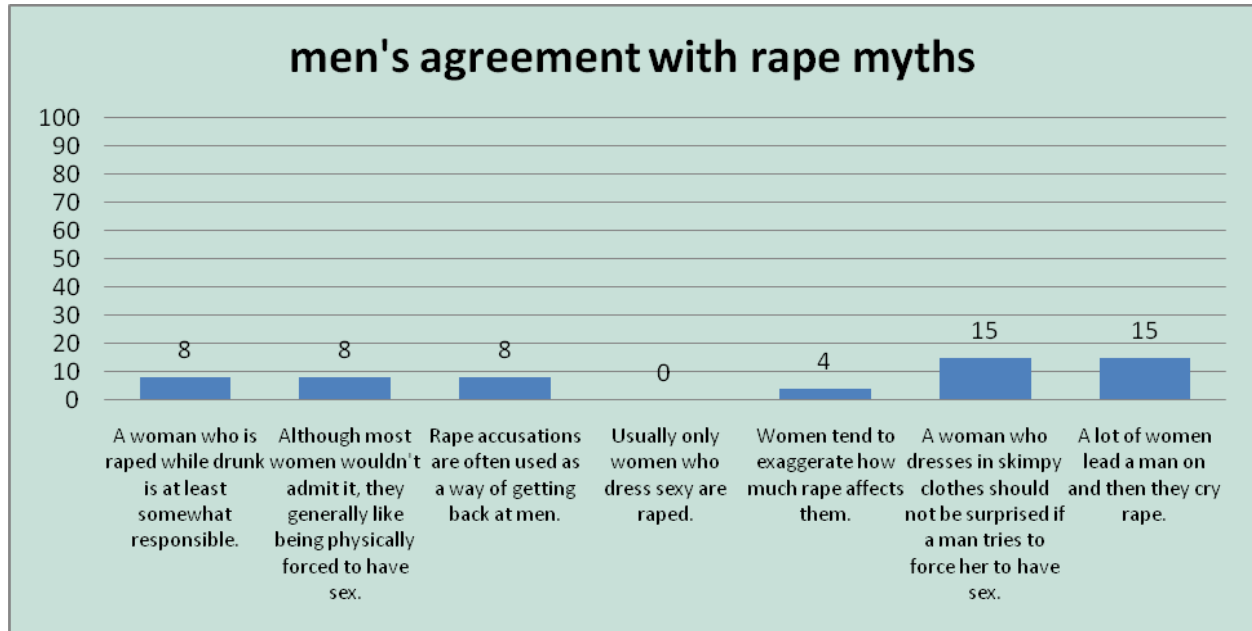
And finally, we asked respondents their opinions to see their adherence to common rape myths. The results were as follows:



Compared to women, who said...

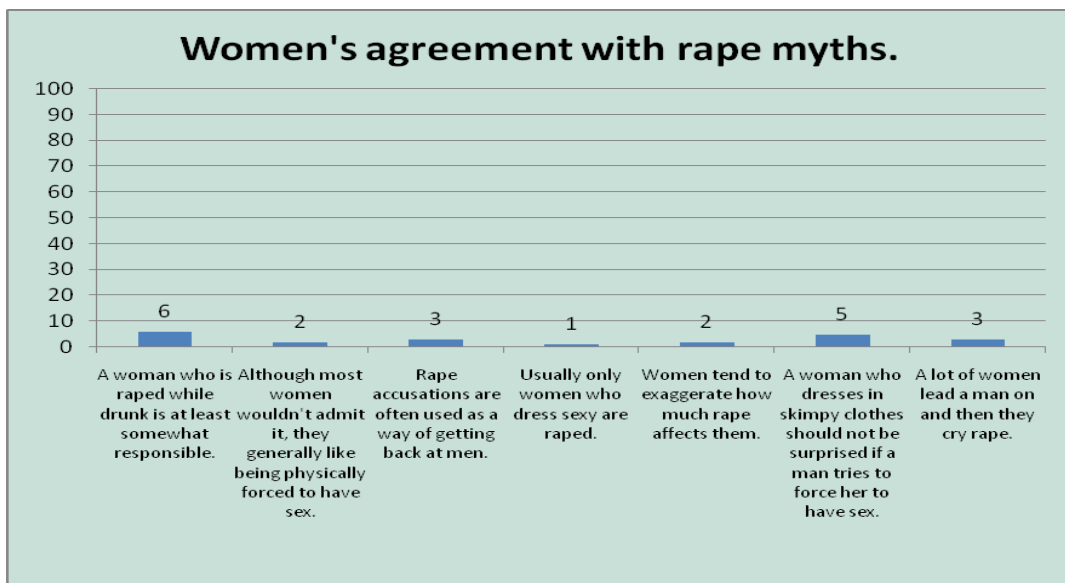


To compare the rape myths that were agreed upon we look at....



... where we see that of the men who agree with the myths, the two most agreed upon were that a lot of women lead a man on and then cry rape, and that a woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex. This second one is particularly interesting because not one man agreed that usually only women who dress sexy are raped.

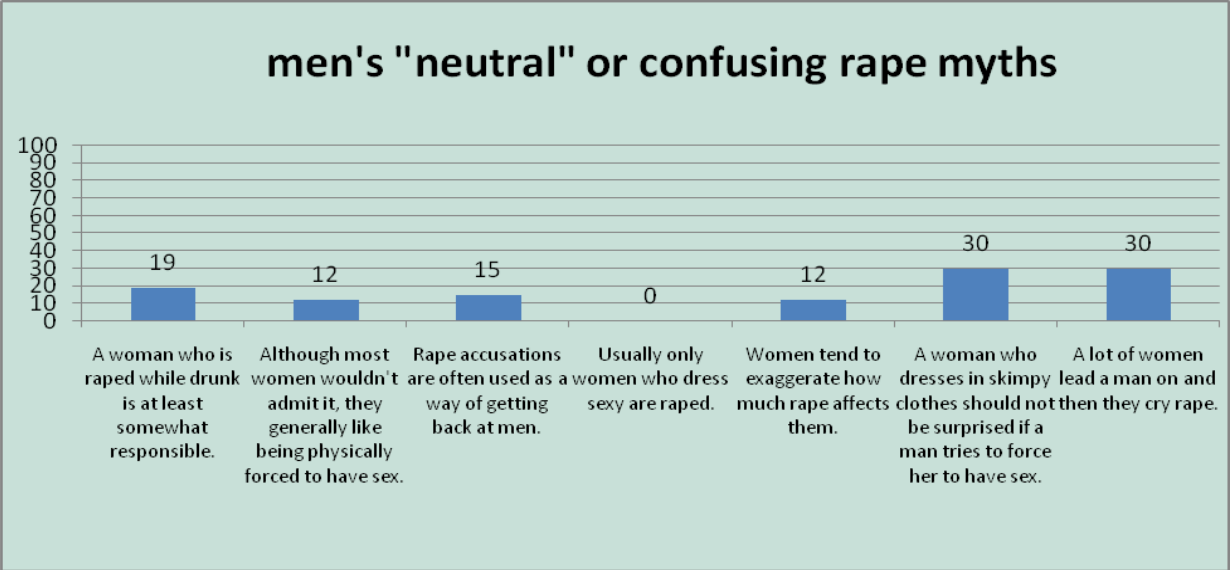
The top two rape myths that the women agreed with are...



... that a woman who is raped while drunk is at least somewhat responsible and that a woman who dresses in skimpy clothes should not be surprised if a man tries to force her to have sex.

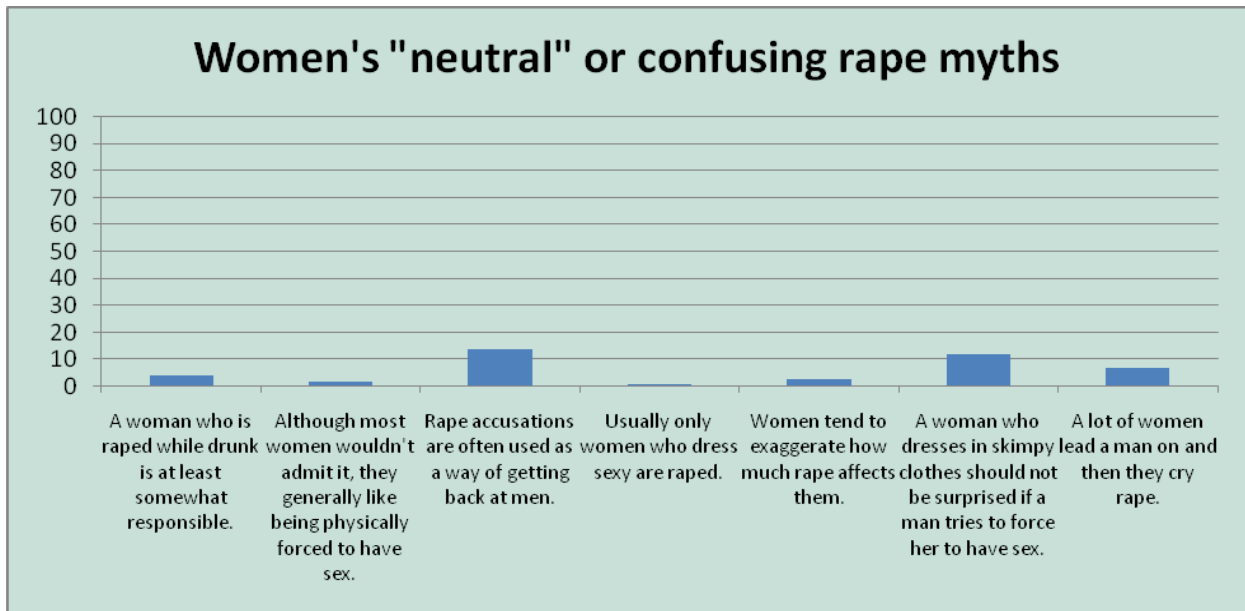
It is important to note that the two myths men agreed with (a woman in skimpy clothes and a woman who leads a man on) AND the the two myths the women agree with (raped while drunk and raped while in skimpy clothes) are all classic examples of victim blaming and placing the responsibility of the assault on the victim.

While many men and women either agreed with or disagreed with the rape myths, many chose “neutral” as their answer indicating that they were not sure if they agree or disagree. Men were most “neutral” with regards to the sexual assault of women who...



...wore skimpy clothes, led a man on and then cried rape, and if she was drunk is at least somewhat responsible. Again, this is clearly either victim blaming for the assault or at least having partial responsibility for the assault.

Women were mainly neutral or unsure about women using rape accusations as a way to get back at men as well as women who dress “skimpy” should not be surprised if a man tries to rape her.



It is clear from this adherence of both sexes to rape myths that blame the victim, that prevention education needs to address issues of consent around intoxication and consent around clothing.

II. Assets/Resources in Orange County

A. Describe your sexual violence community task force and the roles of the members.

Current Membership:

Christine Hudelson, OCRCC Rape Prevention Education Coordinator
 Michelle Johnson, OCRCC Associate Director
 Christina Riordan, OCRCC Executive Director
 Stephanie Bland, Communities in Schools of Orange County Program Director
 Stephanie Willis, Chapel Hill-Carrboro City Schools Health Coordinator
 Stephanie Minter, School Social Worker and Family Specialist, Culbreth Middle School
 Emily Adams, Vice President of Education and Organizational Development, Planned Parenthood
 Will Dudenhausen, Youth in Schools in Community Program, Dispute Settlement Center
 Samantha Stiles, Co-chair for Project Dinah, UNC
 (NEW) Bobbie Jo Munson, Healthy Carolinians Coordinator, Orange County
 (NEW) Kristie Page and Angelica Johnson, Teens Climb High

Trying to contact and renew interest:

Lisa DeCesaris, Family Specialist and Social Worker, McDougle Middle School

Previous members:

Elizabeth Shrader, Sexual Assault Nurse Examiner, UNC, very busy, unable to commit.

Jen Wilson, OCRCC Volunteer, new job and schedule does not permit.

Scott Dreyer, Volunteers for Youth, unable to commit.

The role of the sexual violence prevention task force member is to assist this large community group in preventing first time sexual violence. In theory each member is dedicated to the idea that prevention education is essential to stopping sexual violence. Each member is asked to attend a monthly meeting and serve as liaisons to the larger community via friends, family, co-workers, list-servs, and community contacts. Task force members assisted with the completion of the community assessment survey. There is a challenge posed to the leader of the group to maintain enthusiasm from the group and the challenge for the members in finding the time and energy required to take on another community task force.

B. Total Funding for sexual violence services and prevention in your community.

Below is a list of sexual violence services and prevention efforts in Orange County. Since its establishment in 1974, the Orange County Rape Crisis Center has placed a high priority on collaboration with these organizations. It is important to note that OCRCC remains the only rape crisis center in Orange County. Our current funding is: Individuals Donors (\$225,000) United Way (\$63,000); Private Grants (\$60,000); Local Government Funding (\$60,000); Victims of Crime Act (\$99,334); RPE (\$50,000); and Sexual Assault Funding (\$71,000).

As such, when a sexual assault victim/survivor presents or identifies at organizations other than OCRCC, that victim/survivor is likely to be referred fairly immediately to OCRCC. OCRCC is the only agency that received funding directly related to sexual violence. However, many organizations provide services for sexual violence survivors and prevention for the

community as part of their larger mission. It was impossible to determine what percentage of their overall budgets were dedicated specifically to sexual assault services and prevention.

·UNC Student Health Services:

Provides evidence collection and medical services to survivors of sexual violence. Also provides therapy to UNC Students through Counseling and Wellness. Some education on issues of sexual violence is also provided through UNC Student Health. Staff refer students for crisis services to OCRCC.

·UNC Health Care System: SANE Program (Sexual Assault Nurse Examiner Program)

Provides a 24-hour on call nursing program with 10 member nurses.

Treatment is provided for all ages, inclusive of forensic evidence collection, STD examination and information, emergency contraception, and follow-up clinic through UNC Mental Health. SART team member.

Beacon Child and Family Program provide referrals to OCRCC. SART team member.

·Orange County Sheriff's Office:

Provides crisis intervention for victims of sexual violence through the Crisis Intervention Unit in addition to victim's compensation, assistance in obtaining 50Cs and referrals to other partner organizations such as the OCRCC. The Orange County Local Government funds the salaries of the two staffed investigators. Assists with the training of OCRCC volunteers. SART team member.

·Carrboro Police Department:

Provide immediate services to the sexual assault victim and provides referrals to OCRCC. SART team member.

·Chapel Hill Police Department:

Provide immediate services to the sexual assault victim and provides referrals to OCRCC. SART team member.

·Hillsborough Police Department:

Provide immediate services to the sexual assault victim and provides referrals to OCRCC. SART team member.

·UNC-CH Campus Safety (Police):

Provides immediate services to sexual assault victims and refers clients to OCRCC. SART team member.

·District Attorney:

Prosecutes perpetrators of sexual violence. and assists with the training for OCRCC volunteers. The DA's office refers victims to OCRCC. SART team member.

·Health Department:

Provides health services for sexual assault victims in the form of free and confidential STD and HIV testing and counseling. Refers clients on to OCRCC.

·The Women's Center:

Refers victims to OCRCC.

·Planned Parenthood of Central, NC:

Provides emergency contraception and resources for ways to deal with unwanted pregnancies as a result of sexual violence but then refers clients to OCRCC.

·Department of Social Services (DSS):

Perform investigations on filed reports to maintain child protective services. Provide referrals to clinics and therapeutic services in addition to referrals for mental health evaluations. Refers clients to OCRCC.

·Carolina Women's Center:

Provides space for OCRCC to answer crisis line and provide support groups. Refers clients to OCRCC and SART team member. SART team member.

·Family Violence Prevention Center of Orange County:

Provide services for Domestic Violence victims and when there is a Sexual Assault case it is referred to the OCRCC. SART team member.

UNC Dean of Students office:

Provides academic support for UNC Students who experience sexual assault. Assists with the training of OCRCC volunteers. SART team member.

C. Services that might support your work

- Voices for Planned Parenthood of UNC-CH
- UNC Students for a Democratic Society
- Students Helping to Achieve Positive Esteem (SHAPE)
- Project Dinah: UNC Student group focusing on sexual assault awareness. Already a partner organization.
- Family Violence Prevention Center of Orange County
- EmPOWERment Inc.

D. Other organizations doing prevention work/Potential AND CURRENT Partners

- SARVTE (Sexual Assault Relationship Violence Training and Education) Student led UNC group with Dean of Students office and Student Health, OCRCC staff participates in this group. They are currently trying to fill a new position for a Interpersonal Violence Prevention Coordinator who we are very excited to be working with once the position is filled.
- Chapel Hill Service League
- Family Violence Prevention Center of Orange County
- PREVENT
- Chapel Hill-Carrboro YMCA
- Chapel Hill Training Outreach Project – Family Resource Centers
- Inter-Faith Council for Social Services
- Joint Orange-Chatham Community Action, Inc
- Volunteers for Youth, Inc.

E. Community organizations working with segments of the population

- Orange County Disability Awareness Council
- LGBTQ Center
- UNC LGBT Social/Educational Programs
- Orange County Department of Services
- The Arc of Orange County

- El Centro Latino
- Teens Climb High

III. Description of factors affecting your county that might impact the incidence of sexual violence, the populations you will focus on, or your ability to do sexual violence prevention work.

An environmental scan showed not just an overall absence of negative images, but also a high number of positive images of both men and women and their relationships. Negative reinforcements of sexist gender roles and violence towards women seem to be limited to mass media like television, internet, and magazines, but not reinforced by more local community advertisements.

As with many parts of the country and state, Orange County has seen an increase in immigration rates. The number of Asian residents has doubled since 1990 and the number of residents of Hispanic origin has quadrupled. The Asian and Hispanic population groups in Orange County together make up almost 11% of the total population with 6,845 Asian or Pacific Islanders counted in the 2005 census and 6,245 residents of Hispanic origin counted. The Hispanic population, however, has historically been undercounted in census figures because of the fear of deportation if identified. A more accurate estimation of the number of Hispanics comes from the organization FaithAction, which prepares an estimate each year of the Hispanic population in each of North Carolina's 100 counties. The estimates are based on census, birth and other data to arrive at a more accurate figure for the Hispanic population. The FaithAction estimate of Hispanics residing in Orange County in 2005 was 8,123, up from 7,676 Hispanic residents in 2000. The presence of Research Triangle Park and the significant increase in the demand for manual labor has brought people from around the world to the State and county—some with legal status and some without. Of course it is those without legal status that face the most challenges when it comes to both being victimized and fear of deportation if they report crimes committed against them, and Orange County is no exception to this trend. This is clearly

explained by OCRCC Latina/o services coordinator Carolina Alzuru as she states in our newsletter: “Last September (2007) an Orange County State Trooper pleaded guilty to charges after pulling over at least three Latinas while on duty. He touched, kissed and fondled the women, threatening that deportation would result if they attempted to file a complaint.”

The State of North Carolina has also seen eight law enforcement agencies adopt a new program called 287(g) which “authorizes local law enforcement to act as federal immigration officers, giving them the power to identify and deport undocumented immigrants.” (Carolina Alzuru, OCRCC) We are fortunate that Orange County has NOT adopted this program, but the constant threat and fear of consequences that it places on undocumented immigrants to come seek services is undeniable. And of course there are language barriers as well. OCRCC employs two fluent Spanish speakers. This places a large burden on these staff to provide crisis intervention and prevention services.

Orange County is also home to many refugees from Burma. Refugees have many unique challenges and concerns after they flee their home countries. We have not been able to reach out to this community to provide prevention programs as language has been the biggest barrier.

Mental health reform has also had a dramatic effect on services in our community. It has become increasingly harder to refer clients in need of comprehensive mental health services to outside agencies. It is known that people who suffer from mental illness, especially more severe mental illness such as schizophrenia, are often targets of sexual violence, but small non profit rape crisis centers are not always capable of providing all the services needed by the population. With the decrease in mental health services, OCRCC has instated an in-house therapy program capable of providing therapy to those who need it and otherwise couldn't afford a private therapist. Also, the Mental Health Association of Orange County is currently working to start a pro-bono mental health service.

The “No Child Left Behind” policy in schools has posed many challenges to our efforts in doing primary prevention efforts in the schools using the saturation model. Most teachers, counselors, school administrators and school social workers think a multi session sexual violence program is an excellent idea and clearly needed, it is very hard to fit the classes into an already very crowded schedule. Teachers are required to bring all students up to a certain level in a short amount of time; therefore it is very hard to work in so many classes. There is also a feeling of equal priority to different subjects. Teachers are also teaching about other very serious subjects like eating disorders, drugs, alcohol, and suicide prevention. Asking for multiple class sessions on one topic is sometimes met with resistance. And with the limited time to speak to students, there has been some concern presented by teachers around the seeming overlap of information. While this can be viewed as exactly what the saturation model is supposed to do and it’s great for kids to be exposed to the information in many different classes and by many different people, it does lead to the concern that the time spent talking about one subject in particular (sexual violence prevention) is coming at the expense of educating about other equally serious topics (drugs, suicide, drunk driving, etc.)

According to local law enforcement, there has been an increase in gang activity in Orange County. This has lead to an increased awareness of gang prevention and intervention. Many of the county police departments and the sheriff’s department are forming gang units. It is known that rape is used as an initiation into and sometimes out of gangs, so the presence of a gang unit might help us in our fight against sexual violence. However one challenge has been that with the formation of one of the gang units, a SART team member has had to spend more time focusing on gang activity.

IV. Interpretation and Conclusion:

The community assessment survey revealed that 59% of women in Orange County are either concerned or somewhat concerned about being sexually assaulted. Another 38% chose not very concerned (which does show at least some level of concern) while only 3% of women are not at all concerned about being sexually assaulted. With 97% of women and 56% of men showing some level of concern about being sexually assaulted, and with 15% of men and 6% of women adhering to one or more rape myths, combined with OCRCC serving 420 sexual violence survivors (2007 calendar year), there is clearly a need to continue our sexual assault prevention efforts in Orange County.

Orange County residents, mainly those in the towns of Chapel Hill and Carrboro, take pride in their reputation of being an open-minded, environmentally conscious, concerned about social justice, politically liberal, upper middle class, well-educated “progressive” community. For example, the mayors of both Chapel Hill and Carrboro have recently started a collaboration with a professor and students at UNC to work to make Chapel Hill and Carrboro Human Rights Cities--essentially working towards ratifying the 1948 United Nations Declaration of Human Rights for the two towns, which was signed by the United States in 1948 but never ratified on a national level.

That said these “higher” attributes can set up a community culture that can severely limit people’s acceptance of sexual violence within that community. Attitudes can arise and be continually reinforced where it is believed that sexual violence happens in “other” communities--perhaps ones that are less educated, have higher poverty or unemployment, more minorities or urban areas.

Preventing sexual assault from happening is the key to reducing the number of victims presenting to crisis agencies, police departments, and emergency rooms. Education is the key to

those prevention efforts. Again, the 2007 Chapel Hill-Carrboro City Schools YRBS, found that 9.5% of high school students reported being physically forced to have sex when they did not want to.

In the past OCRCC has followed a model of “one-shot” prevention programming to students. We are now in the second year of using the saturation model for prevention in one 7th grade Middle School. The hope is that through a comprehensive program investigating gender roles, the influence of media, and effective bystander interventions, a shift in attitudes and behaviors among the youth will emerge. Cultural norms in a middle school hallway will be one of respect, compassion, and non-violence not because “the lady from the rape crisis center” came in and scolded behavior but because a thorough program resonated and created a desire for a healthier environment which includes being free from the threat of sexual violence.