Preventive Health and Health Services Block Grant

Indiana

Indiana: Addressing the high rate of sexual assault among teenage girls

“These appalling numbers indicate that our state’s most vulnerable populations are clearly not safe. We cannot let this situation go on any longer.”

Christina Hale, Representative
Indiana House of Representatives

Public Health Problem (Issue)
Sexual assault victimization, particularly among young girls, is generating much concern in Indiana, from the State Department of Health to the legislature and subsequently to the Governor’s office. The 2012 Centers for Disease Control and Prevention (CDC) release of the National Intimate Partner and Sexual Violence Survey listed Indiana as having the 8th highest rate of interpersonal violence in the country. At the same time the CDC issued findings from their bi-annual Youth Risk Behavior Survey which indicated that Indiana had a significantly higher rape rate for female high school students than the rest of the country, actually the second highest out of the 46 states reporting. 14.5 percent of Indiana’s female high school students in 2011 reported having been raped. Heightening this concern, and consistent with the dynamics appropriately listed by the Office on Violence Against Women (OVW) practitioners in “Unspoken Crimes: Sexual Assault in Rural America”, is the knowledge that many more rapes occur that are ever reported - particularly in rural areas. Although Indiana has some densely populated cities, it is half rural so it is important that practitioners are aware of, and can explain and react to, the dynamics of rural sexual assault.

Taking Action (Intervention)
Prevention is being stressed to our Sexual Assault Services (SAS) subrecipients particularly due to the fact that Indiana was listed by the Centers for Disease Control and Prevention (CDC) in 2011 as having the 8th highest rate of interpersonal violence in the country. This has led the Indiana Criminal Justice Institute (ICJI), as a funder, to stress prevention activities in other federal grant awards as well. Additionally, this past legislative year Representative Christina Hale authored a bill that mandated a study to provide more details on her plan to combat Indiana’s high rate of sexual assault among teenage girls. ICJI is funding that study from another funding source but will utilize the information in our management of sexual assault services funding including SAS, Services, Training, Officers, and Prosecutors (STOP) and Sexual Assault Services Program (SASP). (STOP and SASP are federal awards from the U.S. Department of Justice Office on Violence Against Women.)

Impact
Prevention/education presentations; during 2014 over 1,000 presentations were made by the Indiana Criminal Justice Institute's (ICJI) 22 subgrantees. These reached over 35,000 adults and 4,323 youth. Presentations were made (or information booths set up at the following events): Schools (daycare to university), Civic Organizations, Faith Communities, Employers, Law Enforcement, Prosecutors, Judges/court staff, Medical Personnel, First Responders/EMTs, Girl & Boy Scouts, Community Fairs/Health Fairs, Social Service Providers, Child Protective Services, Athletic Teams, Prom Planning, Committees and School Clubs.

Footnotes

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Block Grant Coordinator Information:
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**Healthy People Objective**
Sexual Violence (Rape Prevention)

**PHHS Block Grant Funding**
Less than 10% - Minimal source of funding

**PHHS Block Grant Coordinator**
Indiana State Department of Health

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For more information on the PHHS Block Grant, go to www.cdc.gov/phhsblockgrant

For more information on Healthy People, go to www.healthypeople.gov

**PHHS Block Grant Supports Indiana Healthy People Priorities**

The PHHS Block Grant provides flexible funding that states can use to prevent and control chronic diseases, respond quickly to outbreaks of infections and waterborne diseases, and address their specific public health needs. States can align their programs with health objectives from Healthy People.

Indiana uses its funds to address 14 health objective priorities, including

- Cardiovascular Health.
- Community Water Fluoridation.
- Accredited Public Health Agencies.
- Public Health Agency Quality Improvement Program.
- Health Improvement Plans.

For a complete list of funded health objectives, go to http://www.cdc.gov/phhsblockgrant/stateHPprior.htm.