**Public Health Problem**

Sexual violence is a major public health problem in Oklahoma. The National Intimate Partner and Sexual Violence Survey (NISVS) conducted in 2010 estimated the lifetime prevalence of rape in the U.S. at 18% for adult women and 1% for adult men. Forty-two percent of women who reported completed rape were younger than 18 years of age when the first rape occurred. According to the University of Oklahoma Public Opinion Learning Laboratory (OU-Poll) Sexual Assault Survey, nearly one-third (31%) of women 18-35 years of age had been sexually assaulted; 1% had been sexually assaulted in the past 12 months.

Data from the 2015 Youth Risk Behavior Survey (YRBS) found that 10% of girls and 3% of boys in public schools, grades 9-12, had been forced to have unwanted sexual intercourse, and 13% of girls had been forced to do something sexual by a dating partner in the past year.

National data also show that Native Americans are at increased risk for experiencing sexual violence with nearly 1 in 3 (33.5%) reporting at least one attempted or completed sexual assault on the NISVS.

Victims of rape often experience serious long-term health and emotional consequences including increased risk for smoking, drug use, anxiety and depression, and re-victimization. Early intervention to reduce risk factors for perpetration of sexual assault and increase safe supportive community norms are the best practices to end sexual violence.

**Challenges**

Effective prevention activities must be culturally appropriate to reach the intended audience. Northeast Oklahoma is a rural area that is also home to seven Native American tribes. With higher than average community rates of poverty, violence, and other risk factors for sexual violence, Community Crisis Center has long recognized the need for effective prevention programming. While there are many available strategies, selecting strategies to meet such a diverse population has been difficult.

Through partnerships with area tribal government staff, Community Crisis Center was able to bring together community
experts to select, plan, and implement strategies that are culturally appropriate and fit with community norms and strengths.

Community Collaboration

Oklahoma’s Native American population and various tribal governments present unique opportunities for partnerships with tribes and organizations serving Native American youth. In Miami, Oklahoma, the local domestic and sexual violence service provider has developed a community-level strategy to increase communication, resource sharing, and partnerships to prevent sexual violence. The Community Crisis Center has partnered with the family violence services divisions of local tribal governments to increase readiness, develop community support, and train providers to implement culturally appropriate sexual violence prevention strategies.

Through the relationships developed by the Prevention Educator at Community Crisis Center, staff from the Miami, Cherokee and Wyandotte Nations, and Seneca Cayuga, Eastern Shawnee, Quapaw, and Peoria Tribes, are planning or implementing culturally appropriate sexual violence prevention strategies that include a strong theoretical basis in best practices in prevention.

Partners assessed community risk factors and strengths to select appropriate strategies, as well as organizational strengths and existing resources to implement strategies in communities that had been resistant in the past.

By incorporating sexual violence prevention into existing family violence prevention programming, Community Crisis Center has developed a unique solution to challenges of implementing prevention programming in a rural, culturally diverse population.

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