

State Assessment and Comprehensive Plan for Sexual Violence Prevention in Oklahoma for 2010-2015



Compendium

Injury Prevention Service
Oklahoma State Department of Health
<http://ips.health.ok.gov>

Oklahoma Coalition Against Domestic Violence
and Sexual Assault
<http://ocadvsa.org>





Oklahoma State Department of Health
Creating a State of Health

April 8, 2010

Dear Colleague,

The Oklahoma State Department of Health (OSDH) is pleased to support the Comprehensive Plan for Sexual Violence Prevention in Oklahoma. Sexual violence is a preventable injury and is being addressed as a part of efforts to improve the health and well-being of the state. Sexual violence has been associated with a number of negative health conditions including chronic pain, anxiety and depression, sexually transmitted infections, and unwanted pregnancy. It has also been linked to negative health behaviors including smoking, alcohol abuse, and drug use. In 2008, one in ten adult Oklahoma women surveyed in the Behavioral Risk Factor Surveillance System reported they had been raped in their lifetime.

The plan sets forth goals for the next five years for the OSDH Rape Prevention Education program, partners, and stakeholders to work together to reduce sexual violence and increase the number of healthy relationships and non-violent interactions in the state. The plan is a shared vision for all citizens of Oklahoma in alignment with the OSDH mission: *To protect and promote the health of the citizens of Oklahoma, to prevent disease and injury, and to assure the conditions by which our citizens can be healthy.*

Thank you to all who contributed time, ideas and technical skills to creating this framework to stop sexual violence.

Sincerely,

Terry Cline, Ph.D.
Commissioner



Oklahoma Coalition Against Domestic Violence and Sexual Assault

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March 29, 2010

Dear Colleague:

On behalf of the Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA), I am happy to support the State Assessment and Comprehensive Plan for Sexual Violence Prevention. As the membership organization representing domestic and sexual violence service providers in the state, our scope and mission includes and encourages collaborative efforts to provide community based sexual violence prevention programs.

The goals identified in the plan represent the consensus of a diverse group of experts and stakeholders. The focus on evidence-based and evidence-informed practice while maintaining the flexibility to respect community and cultural norms sends a powerful message that sexual violence can be prevented. Continuing to focus on reducing first time perpetration of sexual violence, increasing the number of non-violent interactions and healthy relationships, and reducing the cultural influences supporting sexual violence will empower people to live lives free from violence.

OCADVSA is proud to have participated in the process of creating the State Assessment and Comprehensive Plan for Sexual Violence Prevention and hopes that the plan can serve as a guide to anyone seeking to oppose the use of violence and support equality in relationships.

Sincerely,

Marcia Smith
Executive Director
OCADVSA

- Ada**
Family Crisis Center
- Altus**
ACMI House
- Ardmore**
Family Shelter of S. Oklahoma
- Bartlesville**
Family Crisis & Counseling
- Chickasaw Nation**
Office of Violence Prevention
- Chickasha**
Women's Service &
Family Resource Center
- Citizen Potawatomi Nation**
Family Violence Program
- Claremore**
Safenet Services
- Clinton**
ACTION Associates
- Duncan**
Women's Haven
- Durant**
Crisis Control Center
- Enid**
YWCA of Enid
- Idabel**
SOS For Families
- Lawton**
New Directions
- Madill**
Marshall Co. Family Support Services
- McAlester**
McAlester CARE Center
- Miami**
Community Crisis Center
- Muscogee (Creek) Nation**
Family Violence Prevention Program
- Muskogee**
Women In Safe Home
- Norman**
Women's Resource Center
- Oklahoma City**
YWCA of Oklahoma City
- Okmulgee**
Okmulgee Co. Family Resource Center
- Ponca City**
Domestic Violence Program
of N. Central Oklahoma
- Poteau**
Women's Crisis Services
of LeFlore County
- Seminole**
Family Resource Center
- Seminole Nation**
Domestic Violence
- Shawnee**
Project Safe
- Stigler**
KI BOIS Women's Shelter
- Stillwater**
Stillwater Domestic Violence Services
- Tahlequah**
Help In Crisis
- Tulsa**
Domestic Violence Intervention Services/
Call Rape
- Woodward**
NW Domestic Crisis Services



OFFICE OF ATTORNEY GENERAL
STATE OF OKLAHOMA

March 29, 2010

Dear Colleague:

The Victims Services Unit (VSU) of the Oklahoma Office of the Attorney General provides administrative oversight, funding and certification of domestic and sexual violence programs across the state. Among our other duties, the unit also provides training on issues related to domestic violence, sexual assault and stalking for law enforcement officers, prosecutors, advocates and other allied professionals. In doing this work, the terrible toll that sexual violence takes on the citizens of Oklahoma is very apparent. Funding for services and training for crisis-workers is always important, but those activities also highlight the need for prevention of sexual assault.

The VSU has long been supportive of efforts to prevent sexual violence and I have served on the Oklahoma Task Force to Stop Sexual Violence as well as participated on the Oklahoma Rape and Sexual Assault Strategic Convening. The State Assessment and Comprehensive Plan for Sexual Violence Prevention in Oklahoma is the culmination of the work started in 2006 by advocates and allies of sexual violence prevention. This document sets achievable goals and outcomes to direct coordinated efforts towards preventing sexual violence before it happens. On behalf of the Attorney General and the unit, I am pleased to support the goals of the comprehensive plan as part of a collaborative effort to address intimate partner and sexual violence in Oklahoma.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Krug".

Susan Damron Krug, Assistant Attorney General
Unit Chief, Victim Services Unit
Oklahoma Office of the Attorney General

SDK/hs

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FOREWORD

Nationally, it is estimated that 17% of women and 3% of men have been victims of sexual violence in their lifetime. More than half of women reporting completed or attempted rape were less than 18 years of age when the rape occurred. In Oklahoma, for the past decade, the rate of rape and attempted rape among females reported to law enforcement has been 35-45% higher than the U.S. rate. Underreporting and secrecy make it difficult to estimate the true prevalence of sexual violence. Oklahoma's domestic violence and sexual assault service providers have been raising awareness and providing urgently needed services to victims and survivors of sexual assault and their friends and families for decades. However, providing sexual assault services is only part of the work that is needed to get ahead of the problem. Prevention is also needed.

In 2006, the Oklahoma State Department of Health, the Oklahoma Coalition Against Domestic Violence and Sexual Assault, and the Oklahoma Attorney General's Office brought together a diverse group of stakeholders to begin considering the problem of sexual violence in Oklahoma and addressing solutions. The Oklahoma Rape and Sexual Violence Strategic Planning Convening began the strategic planning process, which was continued with the creation of the Oklahoma Sexual Violence Prevention Planning Committee (OSVPPC) in 2007. The OSVPPC created the *State Assessment and Comprehensive Plan for Sexual Violence in Oklahoma*, which is the culmination of this work.

The initial strategic planning process identified potential activities for primary prevention of sexual violence across the *Spectrum of Prevention* with a focus on K-12 schools, colleges and universities, faith communities, and the media. It also identified infrastructure, data and evaluation needs, and steps to complete strategic planning. Building on the initial work, with guidance from the Centers for Disease Control and Prevention, additional planning and assessment activities were undertaken including a demographic profile; cultural and economic factors; indicators of health and social conditions; sexual violence prevalence, risk and protective factors; and resources and opportunities for primary prevention of sexual violence. A comprehensive plan was formed with the goals of reducing first-time perpetration of sexual violence, increasing the number of non-violent interactions and healthy relationships, and reducing cultural influences supporting sexual violence. Specific strategies, activities, and outcomes are included to move towards the OSVPPC vision: *Oklahoma, a safe place without gender myths and stereotypes*.

This document is a concise version of the full report, *State Assessment and Comprehensive Plan for Sexual Violence Prevention in Oklahoma*. The full report is available on the Oklahoma State Department of Health website at <http://ips.health.ok.gov>.

It is our hope that this report, at a minimum, will be a useful document, and ideally serve as a roadmap for the many dedicated people in Oklahoma who see the suffering caused by sexual violence and whose work contributes to ending it.

THE PUBLIC HEALTH APPROACH FOR PREVENTING SEXUAL VIOLENCE

The public health approach for violence prevention is a framework to investigate the causes of violence and develop and implement strategies to prevent violence. It recognizes that violence is associated with many factors and there is no “one-size-fits-all” approach. Communities and groups are encouraged to form networks and adapt strategies to fit their needs.

The public health approach has four steps:

1. Define the Problem:

Using available resources, define and describe the problem.

- What happens?
- How often?
- Who is perpetrating the violence and who are victims of the violence?
- When does it happen?
- Where does it happen?

2. Identify risk and protective factors:

Risk and protective factors are qualities that increase (risk factors) or decrease (protective

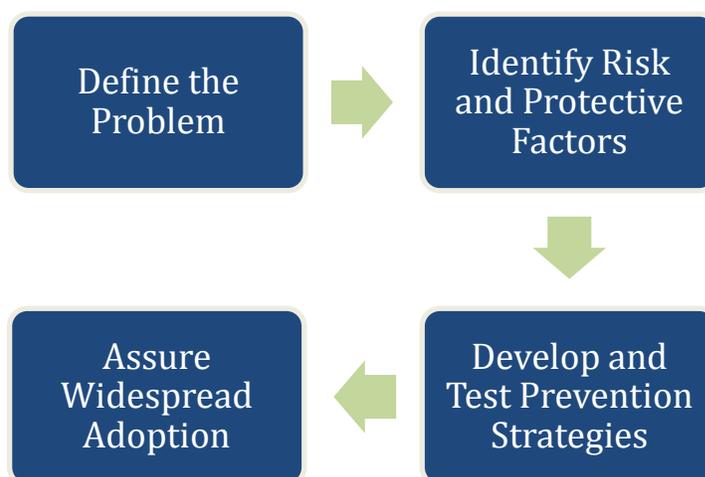
factors) the likelihood of being a victim or perpetrator of violence. These qualities are considered at all levels of the ecological model – individual, relationship, community, and societal.

3. Develop and test prevention strategies:

The public health approach seeks to reduce risk factors and increase protective factors. With a focus on evidence-based and evidence-informed strategies, public health professionals design solutions (prevention strategies) based on community assessments, surveys, interviews and other data collected. Prevention strategies are piloted and refined based on evaluations.

4. Assure widespread adoption:

The public health approach involves a diverse range of stakeholders who all have the ability to be a part of the solution. Prevention strategies should be crafted to be as simple and cost-effective as possible to be implemented by all stakeholders.



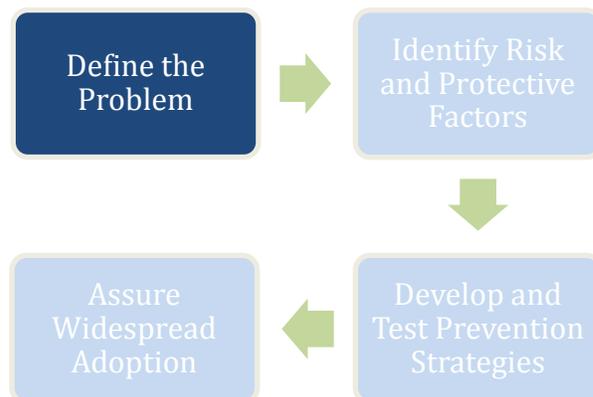
DEFINE THE PROBLEM

The Oklahoma Sexual Violence Prevention Planning Committee defines sexual violence as the following:

Sexual violence is any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women's sexuality, using coercion, threats of harm or physical force, or nonconsensual non-contact acts of a sexual nature such as voyeurism and verbal or behavioral sexual harassment, by any person regardless of relationship to the victim.

In 2007, there were 1,558 rapes and attempted rapes (85.1 per 100,000 females) reported by Oklahoma law enforcement officers to the Uniform Crime Reporting system (*State of Oklahoma Uniform Crime Report, 2007*, Oklahoma State Bureau of Investigation). The rate of forcible and attempted rape among females in Oklahoma was 44% higher than the U.S. rate (59.1 per 100,000 females). Seventeen percent (261) of the offenses in Oklahoma during 2007 were reported by county sheriffs and classified as rural offenses.

It is well known that the prevalence of rape is much higher than crime statistics convey. A report from the National Crime Victimization Survey estimated that only a little more than one-third of victims reported rape to the police (Bureau of Justice Statistics report <http://www.ojp.usdoj.gov/bjs/pub/pdf/rsarp00.pdf>). We rely upon other data sources to describe the magnitude of sexual violence in Oklahoma and largely upon survey data at this time.



Data from various surveys indicate that approximately 12% of Oklahoma women have

been raped or sexually assaulted in their lifetime and approximately 1% to 2% of women have been sexually assaulted in the past year (Figure 1). In a statewide survey of women 18-34 years of age, 74% of rape and sexual assault victims were younger than 18 years of age when the first sexual assault occurred (OU POLL¹). Seventy-eight percent of women were 10-24 years of age at the time of the most recent sexual assault (Figure 2).

The majority of perpetrators were current or former intimate partners, relatives, or friends or acquaintances

(Figure 3). The vast majority (75%) of sexual assaults occurred in a home: victim's home (41%), the assailant's home (19%), or the home of a relative or friend of either the victim or assailant (15%).

Oklahoma Prevalence

- **The 2007 rate of rape and attempted rape reported to law enforcement was 44% higher than the national average. (*Oklahoma Uniform Crime Report*).**
- **In 2007, nearly 8% of high school students, including 12% of girls and 4% of boys, reported they had been physically forced to have sexual intercourse. (YRBS)**
- **In 2006, nearly one-third (31%) of women 18-34 years of age self-reported that they had been sexually assaulted; nearly three-fourths (74%) of women were less than 18 years of age when the first sexual assault occurred (OU POLL)**

¹ A sexual assault survey conducted by the Injury Prevention Service, Oklahoma State Department of Health and the Oklahoma University Public Opinion Learning Laboratory (OU POLL).

Figure 1. Sexual Violence Prevalence among Females from Multiple Surveys* and Populations in Oklahoma

	OK YRBS 2007	OK BRFSS 2006	OWHS 2001-2003
SV Ever	11.8%	11.6%	12.3% (since age 18)
SV Past Year	NA	1.0%	1.7%
Population Surveyed	Girls 14-18	Women 18+	Women 18-44 in a relationship

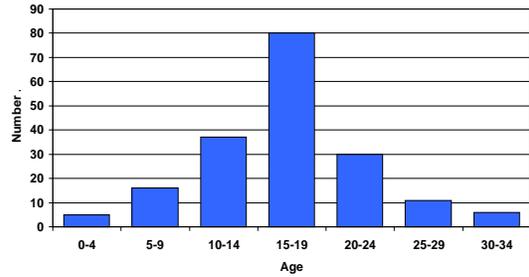
*YRBS – Youth Risk Behavior Survey
 BRFSS – Behavioral Risk Factor Surveillance System
 OWHS – Oklahoma Women’s Health Survey

In 2008, 7% of non-institutionalized Oklahomans 18 years of age and older reported that they had been raped, including 12% of women and 1% of men (Behavioral Risk Factor Surveillance System -- BRFSS, Figure 4). Non-Hispanic Native American and multi-racial females reported the highest rates of sexual assault, 15% and 22%, respectively. Rates of lifetime and past year prevalence of sexual assault were highest in the northeast and central regions of the state.

In 2007, nearly 8% of high school students, including 12% of girls and 4% of boys, reported they had been physically forced to have sexual intercourse when they did not want (Youth Risk Behavior Survey – YRBS). Among high school girls, persons of “other” race had the highest rate of sexual assault (15%) (“other” race includes Native American, Asian, Pacific Islander, and all races/ethnicities not white, black, or Hispanic). Among high school boys, Hispanics had the highest rate of sexual assault (11%).

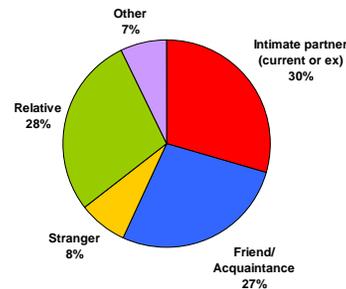
These data suggest that high school girls have similar rates of sexual assault as adult women. High school boys reported higher rates of sexual assault than adult males, but much lower rates than their female peers in 9th-12th grades.

Figure 2. Age of Victim at the Time of Most Recent Sexual Assault, Oklahoma, 2006*



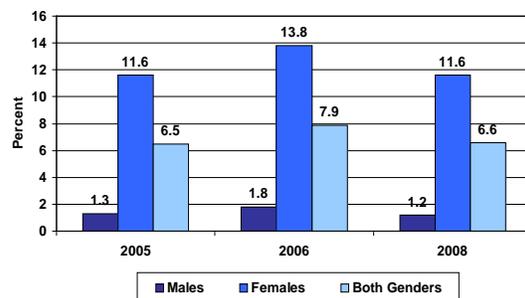
*Includes 188 female respondents 18-34 years of age in a random telephone survey conducted by the OU POLL from May 15, 2006 – July 21, 2006, who reported that they had been sexually assaulted.

Figure 3. Assailant of the Most Recent Sexual Assault, Oklahoma, 2006*



*Includes 183 female respondents 18-34 years of age in a random telephone survey conducted by the OU POLL from May 15, 2006 – July 21, 2006, who were sexually assaulted and provided information on the assailant.

Figure 4. Estimated Lifetime Prevalence of Sexual Assault by Gender, Oklahoma BRFSS, 2005-2008*



*Oklahoma State Department of Health, Health Care Information, BRFSS. Data not available for 2007.

In the 2005 Oklahoma Anti-bullying Survey, 8% of the students in fifth and seventh grade reported that they experienced frequent or daily bullying by words, touches, or gestures of a sexual nature.

Based on these data, sexual violence prevention activities in Oklahoma should aim to reduce or prevent sexual assault victimizations among the following populations:

- Females 10-24 years of age
- Residents of northeastern and central Oklahoma
- Native American females
- High school males, especially Hispanic males

Sexual violence prevention activities should aim to reduce or prevent sexual assault perpetration by people most often reported as perpetrators:

- Current and former intimate partners
- Friends/acquaintances
- Relatives

Additionally, sexual violence prevention activities should aim to reduce or prevent sexual assaults that occur in a home, which is where the data show that the majority of sexual assaults occur.

IDENTIFY RISK AND PROTECTIVE FACTORS

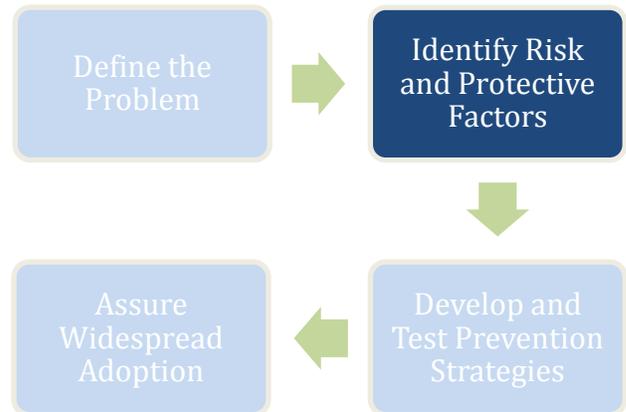
Risk Factors

Sexual violence perpetration has been associated with individual, community, and societal level risk factors. Individual risk factors include witnessing violence as a child, history of child abuse, and alcohol and drug use. Relationship factors include association with sexually aggressive and delinquent peers. Community and societal factors include lack of employment opportunities, poverty and societal norms that support sexual violence (World Health Organization, *World Health Report on Violence*).

Poor social outcomes including sexual violence perpetration and victimization are impacted by the prevalence of risk factors in society. The prevalence of these risk factors and other important indicators in Oklahoma are described below.

(When available, county-level data were included in the full report, *State Assessment and Comprehensive Plan for Sexual Violence Prevention in Oklahoma*, available at <http://ips.health.ok.gov>.)

- *Domestic violence*: Experiencing and/or witnessing family violence is associated with an increased risk of sexual violence perpetration (U.S. Department of Justice, *Research in Brief, Violence Against Women, Identifying Risk Factors*). The definition of domestic violence in Oklahoma includes violence against all family members, dating partners, and persons who share a child. During 2007, there were 23,000 police reports for domestic violence incidents in Oklahoma (646.9 per 100,000 population).
- *Child abuse/neglect*: Experiencing physical and/or sexual abuse in childhood or adolescence is associated with an increased risk of perpetration and victimization. In 2007, the rate of confirmed cases of child abuse/neglect in Oklahoma was estimated to be



26% higher than the U.S., 15.5 per 1,000 children and 12.3 per 1,000 children, respectively.

- *Alcohol and substance abuse*: Alcohol and drug abuse is a risk factor for both sexual violence victimization

Risk Factors

Individual factors

- **Witnessing violence as a child**
- **History of child abuse**
- **Alcohol and drug use**

Relationship factors

- **Association with sexually aggressive and delinquent peers**

Community factors

- **Lack of employment opportunities**
- **Poverty**

Societal factors

- **Societal norms that support sexual violence**

and perpetration. According to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the top three drugs of choice among persons treated in ODMHSAS programs are alcohol, marijuana/hashish, and methamphetamine. In FY 2008, 7,672 persons were served in ODMHSAS-funded treatment facilities for alcohol. Among those, 69% first used alcohol between the ages of 11-17 years, 20% first used between 18-25 years of age, 9% first used at less than 11 years of age, and only 3% began using after age 25. In 2008, 48% of participants in the Oklahoma Prevention Needs

Assessment survey in grades 6, 8, 10, and 12 had taken their first drink of alcohol before age 13. Additionally, methamphetamine use was higher among Oklahoma students than U.S. students (YRBS 2007). Oklahoma men reported binge drinking almost three times more often than do women (BRFSS 2007).

- *Teen pregnancy*: Physical and sexual dating violence victimization has been linked to an increased risk of teen pregnancy (Silverman et. al.,

JAMA, 2001;286(5):572-579). In 2007, the teen birth rate (mothers 15-19 years of age) in Oklahoma was 46% higher than the 2006 U.S. teen birth rate (61.3 and 42.0 per 1,000 births, respectively). (2007 Data for U.S. was not available.)

The following indicators are measures of delinquency, crime, and violence in Oklahoma.

- *High school dropout rates:* During FY 2008, 3% of Oklahoma students in grades 9-12 dropped out of school. The dropout rate in 30 counties was higher than the state average. Okfuskee County had the highest dropout rate at 12%.
- *Juvenile crime:* During 2007, the rate of juvenile arrest for index crimes (includes murder, rape, robbery, felonious assault, breaking and entering, larceny, and motor vehicle theft) was 142.3 per 100,000 population. Twelve counties had juvenile arrest rates higher than the state average and seven counties had no juvenile arrests during 2007. Counties with the highest juvenile arrest rates for index crimes included Kay (359.3), Tulsa (331.9), Washington (214.5), and Carter (187.0) counties. Comparable U.S. data for juvenile arrest were not available for 2007 due to differences in state and national classifications of juvenile crime statistics.
- *Incarceration rates:* In 2007, Oklahoma was ranked as having one of the highest incarceration rates in the U.S. at 658 per 100,000 population (Oklahoma

Department of Corrections agency report in the Governor's FY-2010 Executive Budget – Historical Document, Oklahoma Office of State Finance). The state's female incarceration rate was nearly twice the U.S. rate, 131 per 100,000 and 69 per 100,000 population, respectively. (*State Epidemiological Profile, Oklahoma, 2009 Update*). From 2001-2007, the leading offenses of females admitted to prisons were possession or distribution of controlled substances. Oklahoma's incarceration rate from 2006-2007 grew at a faster rate than the state's population (6.6%).

- *Crime rates of rape:* As described previously, Oklahoma's crime rate of rape is consistently higher than in the U.S. In 2007, the rate of rape per 100,000 population in Oklahoma was 44% higher than in the U.S., 43.1 and 30.0, respectively
- *Violence-related mortality:* The rates of firearm-related death and suicide are higher in Oklahoma than in the U.S. The state homicide rate is similar to the U.S. homicide rate. From 2004-2006, Oklahoma had the second highest percentage of homicides that were gang-related among the seventeen states participating in the National Violent Death Reporting System. Eleven percent of all homicides in the state were gang-related (*Injury Update report Gang-related Homicides, Oklahoma, 2004-2006, Oklahoma State Department of Health Injury Prevention Service, August 31, 2009*).

Protective Factors

Factors that decrease the likelihood of being a victim or perpetrator of sexual violence include healthy starts for children, positive youth development, supportive families and institutions, healthy relationships, and associations with healthy peers and adults. Efforts to increase protective factors include: fostering healthy and non-violent relationships, preventing child abuse and intimate partner violence, reducing poverty and providing economic opportunity, promoting safe communities and schools, and mentoring by healthy peers and adults. Factors present in Oklahoma that are protective include:

- The presence of strong faith institutions and communities
- Partnerships to prevent child abuse and neglect
 - Child Abuse Training and Coordination Council (CATCC)
 - Think Prevent Live (TPL)
- Organizations that work to improve health and address safety for youth
 - Thirty domestic violence and sexual assault programs
 - A statewide coalition – Oklahoma Coalition against Domestic Violence and Sexual Assault (OCADVSA)
 - Tribal family violence programs
 - ODMHSAS Area Prevention Resource Centers
 - Tobacco Cessation and Use Prevention
 - 2Much2Lose teen alcohol prevention
 - Children First

- Big Brothers Big Sisters organizations
- Boys and Girls Clubs

- An antiviolence movement grew out of the Oklahoma Council on Violence Prevention and included the development of the Oklahoma Domestic Violence Fatality Review Board. The Board actively promotes recommendations for systems change to prevent domestic violence. Violence prevention activities in Oklahoma have the support of an active Attorney General's Office, the OCADVSA, and the Oklahoma Association of Chiefs of Police.
- The Bullying Prevention Act established requirements for schools to address bullying and school violence.

Protective Factors

- **Healthy starts for children**
 - **Positive youth development**
 - **Supportive families and institutions**
 - **Healthy relationships**
 - **Association with healthy peers and adults**
-

- The Oklahoma Suicide Prevention Task Force was created by the state legislature and is facilitated by the ODMHSAS. The ODMHSAS administers a statewide suicide prevention program as well and widely disseminates education, training, and maintains the Suicide Prevention Lifeline telephone number.

- Sexual Assault Prevention Surveys in Cherokee and Ottawa Counties indicated a high degree of community

support and readiness for sexual violence prevention programs in schools and faith organizations. In these counties, 80% to 90% of parents/guardians supported schools including curricula on healthy relationships, bullying prevention, and dating and sexual violence.

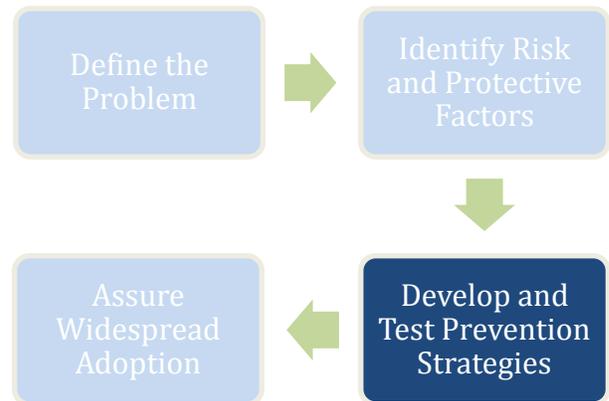
DEVELOP AND TEST PREVENTION STRATEGIES

Defining the problem of sexual violence and identifying risk and protective factors led to the following conclusions:

- Sexual violence affects a significant part of the population of Oklahoma beginning at a young age.
- Sexual violence perpetrators are often current or former intimate partners of the victim.
- Sexual violence is associated with a number of other unhealthy factors including witnessing violence, drug and alcohol use, and teen pregnancy.
- Cultural and societal factors, including lack of access to jobs, poverty and norms supportive of sexual violence are associated with increased risk.
- Oklahoma has a broad network of stakeholders interested in reducing risk factors and increasing protective factors associated with sexual violence.

One of the greatest challenges and keys to the success of prevention has been to determine what programs, curricula, and activities work. There are few programs available to prevent first-time perpetration/victimization of sexual violence that have been evaluated and shown to be effective. In lieu of evidence-based programs, consideration is given to programs that show promise. A focus on healthy relationships targeting youth 10-24 years of age (promoting pro-social behavior and recognizing and avoiding anti-social behavior) and bystander intervention (empowering individuals to recognize and work against anti-social behavior) are seen as the most promising strategies for sexual violence prevention at this time.

Prevention efforts must be comprehensive and sustained over the long-term if a reduction in sexual violence is going to be achieved. Strategic planners recognized that institutionalizing sexual violence



Principles of Effective Prevention

- **Comprehensive**
- **Varied teaching methods**
- **Sufficient dosage**
- **Theory driven**
- **Positive relationships**
- **Appropriately timed**
- **Socially and culturally relevant**
- **Outcome evaluated**
- **Well-trained staff**

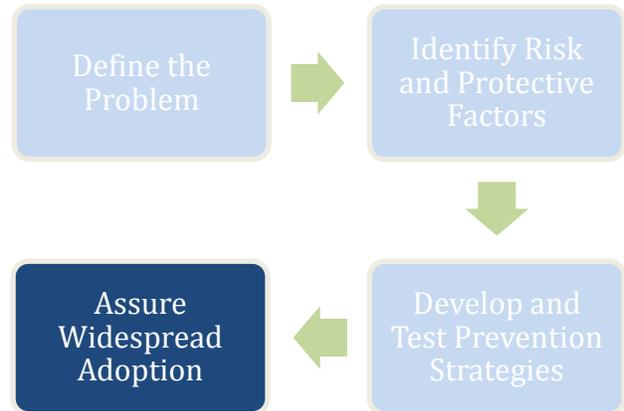
prevention in public and private schools and higher education is necessary for sustaining efforts. Additionally, working with the media is important to reinforce educational and societal changes through strengthening accurate reporting of rape and sexual assault and increasing media messaging about healthy relationships and gender norms.

Programs/curricula were identified for K–12 schools and colleges

and universities through gathering information from a variety of sources (conferences, trainings, networking, Prevention Connection Wiki, etc). A resource list was developed based on several criteria including evidence basis (research v. anecdotal field evaluation), appropriateness for identified target population, alignment with the comprehensive state plan goals, perceived benefits and perceived deficits/drawbacks (available online at <http://ips.heath.ok.gov>). The process of reviewing programs/curricula and expanding the resource list is ongoing as new and emerging programs/curricula are identified. Schools and communities will be funded to conduct sexual assault prevention programs and will have the option of choosing programs/curricula from the resource list or may propose other prevention programs that meet the principles of effective prevention programming and promote healthy relationships and/or bystander intervention.

ASSURE WIDESPREAD ADOPTION

In order to assure widespread adoption, strategies were developed to increase capacity of stakeholders through training, technical assistance, funding and evaluation activities. Four priority areas (K-12 schools, colleges and universities, faith communities, and the media) were designated as the most influential environments with the greatest potential for impacting the problem of sexual violence and preventing sexual violence before it occurs.



COMPREHENSIVE PLAN FOR SEXUAL VIOLENCE PREVENTION

As a result of strategic planning; conducting assessments; reviewing demographics, prevalence, risk and protective factor data; and collaborations within the OSVPPC, a comprehensive state plan for sexual violence prevention was finalized.

The goals of the comprehensive plan are:

1. Reduce first-time perpetration of sexual violence
2. Increase the number of non-violent relationships and interactions
3. Reduce cultural influences supporting sexual violence

Target Populations

- Universal population: population of the state of Oklahoma.
- Selected populations:
 1. children in K–12, but predominately middle school and high school youth 10-18 years of age; and
 2. college and university students ages 18-24.

Goal 1: Reduce First-time Perpetration of Sexual Violence

A community-based approach that addresses the unique benefits and challenges of diverse communities across Oklahoma will be encouraged. Rape Prevention Education (RPE) funding will be used to increase the capacity of schools and community-based domestic violence and sexual assault (DVSA) programs for sexual violence prevention. The RPE program will provide technical assistance and training for community stakeholders, collect high quality data, conduct program evaluation, and fund statewide sexual violence surveillance (with a 2% funding cap).

The RPE program will fund four local DVSA programs to conduct community-based sexual violence prevention programs with a full-time prevention educator/specialist in each program. The programs will be required to conduct activities in the four priority areas – K-12 schools, colleges and universities, faith communities, and the media, and in all levels of the *Spectrum of Prevention* (strengthening individual knowledge/skills, promoting community education, educating providers, fostering coalitions, changing organizational practice, and influencing policy and legislation). The programs will also be required to incorporate evidence-based or promising practices. The four local programs and prevention staff will explore new ideas and program strategies in their communities. They will provide valuable knowledge on what works in Oklahoma to state-level RPE personnel and other stakeholders. Additionally, local prevention specialists will serve as resources and a network to provide training and technical assistance to groups interested in prevention and serve as an outside body to evaluate the overall RPE statewide program.

Non-RPE funds will be used to support a statewide prevention coordinator working with the OCADVSA. The statewide prevention coordinator will maintain the OSVPPC and provide ongoing training and technical assistance to RPE funded programs as well as other organizations on the primary prevention of rape and sexual assault including up-to-date information and resources on evidenced-based and promising practices. State-level personnel funded through RPE will implement teen dating and sexual violence prevention programs in schools using non-RPE funds, and coordinate statewide training, surveillance, technical assistance, and evaluation of the RPE program.

Strategies and Activities

RPE Funded:

- Fund local programs to conduct community-based sexual violence prevention programs that:
 - target youth;
 - reduce risk and increase protective factors for sexual violence;
 - incorporate evidence-based practices for addressing sexual violence in K-12 schools, colleges and universities, and faith communities.
 - impact multiple levels of the *Spectrum of Prevention*.
- Collect quality data to monitor the prevalence of sexual violence and evaluate the effectiveness of programs.

Other Activities:

- Support a statewide prevention coordinator to provide training, technical assistance, and coordination of sexual violence prevention programs and activities to a wide range of stakeholders.

Outcome Measures

The prevalence of past year sexual assault among persons 18 years of age and older (both genders) and among females will be reduced by 25% by 2015.

Baseline: 2008 BRFSS past year prevalence=0.3% both genders and 0.5% females. Rates for males are not stable and thus not calculated.

Target: 0.2% both genders, 0.4% females by 2015.

The prevalence of high school youth who report they have been forced to have sex will be reduced by 25% among both males and females by 2015.

Baseline: 2007 YRBS prevalence of forced sex=8% both genders, 12% females, 4% males.

Target: 6% both genders, 9% females, 3% males.

Goal 2: Increase the Number of Non-violent Interactions and Healthy Relationships

An important component of ending sexual violence is to encourage positive, healthy relationships and give the target populations the skills needed to maintain healthy relationships. The *Sexual Assault Prevention Surveys* conducted in Ottawa and Cherokee Counties indicated that the vast majority of parents were supportive of including “healthy relationship” curricula into their children’s education.

Although there is general support, schools face strict time constraints and rarely have funding available to purchase necessary materials for sexual or dating violence prevention education. Additionally, administrators may express concern regarding parents’ reactions to inclusion of “sexual violence prevention” curricula. Recognizing that community ownership and inclusion are essential to prevention programs, it is important to use language and activities that are respectful of community norms. The RPE program will identify pro-active schools/personnel—“innovators” and “early adopters” (*Diffusion of Innovation Theory*) to implement teen dating violence prevention programs. Allowing schools to maintain local control of curriculum decisions while increasing the use of evidence-based and evidence-informed practice will remain a priority. Non-RPE funding will be used to implement pilot projects in pro-active K-12 schools.

Results from a survey of Oklahoma colleges and universities indicated there was a great deal of

support for sexual violence prevention education and training among college and university leadership. (Results from the College and Universities Administrative Policy/Practices Survey are included in the full report.) Risk reduction strategies were prevalent among all the institutions responding to the survey, but it was not apparent that comprehensive prevention programming was being utilized. State RPE personnel will provide technical assistance to colleges and universities, disseminate information on evidence-based and promising curricula/programs, and support training.

Anecdotal evidence and data from the college administrator’s survey suggest that Oklahoma colleges and universities are aware of the problem of sexual violence on campus and are addressing the issue in some way. Efforts on this front have been diverse, ranging from schools that have policies reflecting minimum mandated standards (sexual harassment policies, sexual harassment training for staff, and compliance with Clery Act standards) to schools that are working towards implementing broad bystander interventions and peer-education programs. As with K–12 schools, funding for prevention programming is a concern as is potential resistance from administration.

RPE funds will be used each year to educate providers/professionals in DVSA service programs, K-12 schools, colleges and universities, and faith communities on primary prevention.

Strategies and Activities

RPE Funded activities:

- Fund local prevention educators to provide comprehensive sexual violence prevention and healthy relationship education in K-12 schools using evidence-based curricula and evaluation.
- Educate and train providers/professionals working in DVSA agencies, K-12 schools, colleges and universities, faith communities, and other professions to increase knowledge of primary prevention practice, the *Spectrum of Prevention*, the ecological model, and support for healthy relationship norms.
- Collaborate with colleges and universities in developing and implementing primary prevention programs through training and technical assistance.
 - Develop appropriate policies that support non-violence on campus.
 - Determine appropriate curricula for freshman orientation.
 - Disseminate information on evidence-based and promising models.

Other Activities:

- Pilot test healthy relationship curricula in K-12 schools.
- Support use of healthy relationship media from state and national resources.

Outcome Measures:

The percentage of colleges and universities that have evidence-based strategies to address sexual violence prevention in freshman orientation/seminars will increase by 40% by 2015.

Baseline: 2008 College and Universities Administrative Policy/Practices Survey estimated that 47% of colleges and universities include sexual violence prevention curricula in freshman orientation.

Target: 66% of colleges and universities will include sexual violence prevention curricula in freshman orientation.

The number of public and private K–12 schools that provide education/curricula on healthy relationships, dating and sexual violence prevention will increase by 50% by 2015.

Baseline: Baseline data are not available, but will be established through a superintendents' survey during 2009/2010.

Target: To be determined.

Goal 3: Reduce Cultural Influences Supporting Sexual Violence

Over the next five years, making training available and accessible for groups engaged in sexual violence prevention and groups interested in learning about sexual violence prevention will be a high priority of the RPE program. An annual training track on primary prevention will be a part of the OCADVSA annual conference and will provide an established venue and opportunity for the RPE program to continue to engage individuals in RPE funded and non-RPE funded programs with new information and reinforce best practices.

Inclusion of a prevention training track at the state conference reinforces the position of primary prevention as a part of the violence against women movement (preventing sexual violence, investigating rape and sexual assault crimes, prosecuting offenders, and providing services to victims) rather than an activity in competition with traditional activities. About 250 conference participants representing a diverse range of experts from many fields will have access to information about sexual violence prevention. These state and community experts are respected voices in their communities (opinion leaders) and can be engaged as allies when working in their areas.

Selection of training topics will be based on feedback from funded programs and groups receiving technical assistance, and sessions will be open to all conference participants. Providing competency-based training in primary prevention will continue to be a priority for the RPE program.

In order to identify and recruit additional opinion leaders, state-level RPE staff will develop training to engage leaders of K–12 schools, colleges and universities, and faith groups in sexual violence prevention and partner with stakeholder organizations to fund national trainers at regional conferences and workshops. Diverse training topics, formats, and dissemination will be necessary to achieve the goals and desired outcomes of the comprehensive plan and to impact all of the four focus areas. Of particular importance to all of the focus areas at this time is adapting to a rapidly changing communications field. Increasing the skill level of DVSA service providers and others in working with the media, especially new and diverse electronic media impacting our culture, will be a high priority.

The RPE program will strengthen partnerships with faith communities in an effort to engage them in sexual violence prevention. Increasing education and training activities for faith community members will be a primary objective. Training topics will include strategies that deal with modeling and promoting healthy relationships.

Strategies and Activities

RPE Funded activities:

- Sponsor education and training on best practices at partner conferences including faith community conferences.
- Fund informational brochures and other media promoting modeling healthy relationships and reducing cultural norms supportive of sexual violence.
- Include agencies and organizations engaged in other types of prevention activities for youth (e.g., underage drinking, bullying, at risk youth) in professional trainings.
- Increase the capacity of DVSA programs to work with the media to encourage accurate representation of sexual violence, and promote positive social norms by providing training and technical assistance.
- Identify and support strategies to increase involvement of faith communities in sexual violence prevention and primary prevention programs.

Other Activities

- Participate in annual Sexual Assault Awareness Month activities.
- Produce sample media materials regarding sexual assault prevention.
- Support use of healthy relationship media from state and national resources.

Outcome Measures:

Increase education among members of faith communities in the Oklahoma City Metropolitan Area regarding modeling and promoting healthy relationships free from sexual violence by 2015.

Baseline: Feasible methods for gathering baseline information from faith groups will be determined.

Target: To be determined.

Increase the technical skills of DVSA programs, including RPE funded programs and other providers, on working with the media, including traditional media and new and diverse media such as blogs, viral media, and social networking by 2015.

Baseline: Surveys to assess media usage and skills of DVSA programs will be conducted.

Target: To be determined.