



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



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

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



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

January 2010

Prepared by:

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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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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

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



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 cursive script, reading "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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We want to thank members of the Oklahoma Sexual Violence Prevention Planning Committee and other persons who worked with focus area subcommittees including DeeDee Cox, Deana Franke, Keyna Richardson, Brandon Pasley, Jeff Hamilton, Trace Calmenero, Rebecca Cook, Amy Lester, Susan Russell-Stewart, Joni Hays, Kathy Moxley, Janice Esparza, Gayle Jones, Lavina Clark, Dottie Hager, Leah Lyon, Justin McFeeters, Kathryn Toahty, and Linda Winton.

We want to acknowledge additional persons who participated in the 2006 Strategic Planning Convening including Brandi Woods-Littlejohn, Sue Settles, Representative Pam Petersen, Jan Peery, Jennifer McLaughlin, Teresa Biffle, Matt Atkinson, Tina Chang, Pam Maisano, Ralph Lindsey, Ruth Barajas-Mazaheri, Carol Furr, Pauline Musgrove, and Gerald Williamson.

We want to thank local Rape Prevention and Education funded program personnel including Jyme Lowe, Sandra Dearborn, Marisabel Kremeier, and Aletha Redden for their extraordinary work in the community.

Finally, we want to thank Injury Prevention Service personnel, especially, Nancy Green for production assistance and Oklahoma Coalition Against Domestic Violence and Sexual Assault personnel.

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 is pleased to present this report, *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*.

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 end it.

State Assessment and Comprehensive Plan for Sexual Violence Prevention in Oklahoma

EXECUTIVE SUMMARY

As part of the Oklahoma Rape Prevention and Education program funded by the Centers for Disease Control and Prevention, the Oklahoma State Department of Health Injury Prevention Service worked with the Oklahoma Coalition Against Domestic Violence and Sexual Assault and the Oklahoma Sexual Violence Prevention Planning Committee to produce this report. The report is divided into two sections: the State Assessment and the Comprehensive State Plan for Sexual Violence Prevention. The State Assessment includes information gathered to examine the state's environment, capacity, and need for sexual violence prevention; it also describes the strategic planning process. The work was culminated with the Comprehensive State Plan for Sexual Violence Prevention. A state profile including population data, economic factors, and other influences are included in the State Assessment.

While the annual rate of rape reported by Oklahoma law enforcement officers to the Uniform Crime Reporting system has declined since 2002, the rate in Oklahoma has been consistently 35-45% higher than the U.S. rate for the past ten years. Because sexual assault is underreported to law enforcement, survey data provide a more accurate picture of the problem. In 2008, 7% of non-institutionalized Oklahomans 18 years of age and older surveyed in the Behavioral Risk Factor Surveillance System had been sexually assaulted in their lifetime, including 12% of women and 1% of men. In 2007, 8% of high school students, including 12% of girls and 4% of boys surveyed in the Youth Risk Behavior Survey reported they had been forced to have sexual intercourse. In a 2006 survey conducted by the Oklahoma University Public Opinion Learning Laboratory, 31% of

women 18-34 years of age reported they had been raped or sexually assaulted, including 1% in the past year. Similar prevalence rates were found in surveys conducted in Ottawa County and Cherokee County.

There are 30 certified domestic violence and sexual assault (DVSA) programs in the state that provide services to victims. According to a survey of DVSA program directors, the majority (79%) conduct educational programs to address prevention in their communities. Nearly all of the directors surveyed believed that their current prevention activities were not adequate for the need in their communities. The Rape Prevention and Education program, administered through the Oklahoma State Department of Health Injury Prevention Service, provides funding to support four community-based primary rape prevention programs with a fulltime prevention educator in each program. Other prevention programs in the state were identified that address common risk and protective factors and provide positive youth development programs that could be useful in sexual violence prevention.

The comprehensive plan in this report utilizes a framework set forth in a summary of a 2006 *Strategic Planning Convening*. The comprehensive plan proposes to target the population of the state of Oklahoma (universal) as well as youth 10-24 years of age (selected population). The goals of the plan are to: 1) reduce first-time perpetration of sexual violence, 2) increase the number of non-violent interactions and healthy relationships, and 3) reduce cultural influences supporting sexual violence. The plan calls for working with existing resources, including local prevention specialists,

to determine what works in Oklahoma. Planned activities include:

- 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; and
 - impact multiple levels of the *Spectrum of Prevention*.
- Collect quality data to monitor the prevalence of sexual violence and evaluate the effectiveness of programs.
- 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.
- Fund local prevention educators to provide comprehensive sexual violence prevention and healthy relationship education in K-12 schools using evidence-based curricula and evaluation.
- Provide training to 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.
- Pilot test healthy relationship curricula in K-12 schools.
- 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.
- Sponsor education and training on best practices at faith community conferences.
- Fund informational brochures and other media aimed at 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.
- 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.

SECTION 1. STATE ASSESSMENT

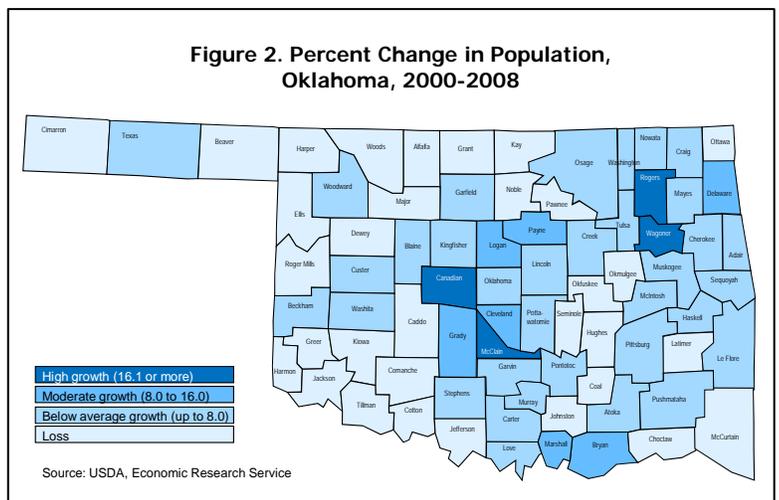
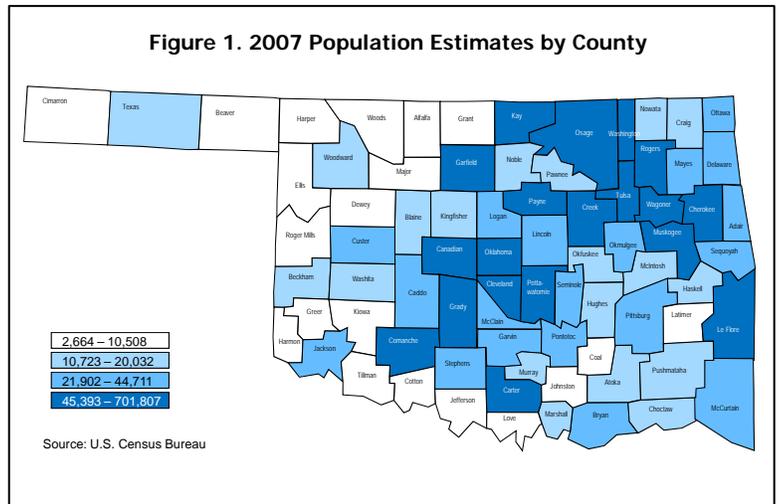
STATE PROFILE

Population

Oklahoma is a central plains state in the U.S. heartland. In 2007, the state's population was estimated at 3,617,316 and ranked 28th in population size nationally. There are seventy-seven counties in the state. Forty-two percent of the state's population live in Oklahoma and Tulsa counties and nearly 60% of the state's population live in the Oklahoma City and Tulsa Metropolitan Statistical Areas (MSAs). The population density is generally higher in the central and eastern regions of the state and lower in the western regions of the state and the Panhandle (Figure 1). Oklahoma's population grew at a slower rate than the U.S. population from 2000-2008, 5.6% and 8.0%, respectively (*U.S. Census Quick Facts*). From 2000-2008, 32 of the 77 counties experienced negative population growth and 45 experienced positive growth. Seventeen counties had population growth rates higher than the state average. Four of the seven counties included in the Oklahoma City MSA and two of the seven counties included in the Tulsa MSA experienced moderate to high growth (Figure 2).

One-fourth of Oklahoma's population is under the age of 18, 10% of the population is 18-24 years of age, 27% of the population is 25-44 years of age, 25% of the population is 45-64 years of age, and 13% of the population is 65 years of age and older (Table 1). The racial distribution of Oklahoma is 81% white, 9% black, 9% Native American, and 2% Asian. Four percent of persons report two or more races. In 2007, females comprised 51% and males comprised 49% of the population.

In 2006, the birth rate in Oklahoma equaled that for the U.S. at 14.2 per 1,000 population (Table 2). The 2006 age-adjusted all cause death rate in Oklahoma was 18% higher than the U.S. rate, 919.4 and 776.5 per 100,000 population, respectively. The infant mortality rate in Oklahoma during 2006 was 19% higher than the U.S. infant mortality rate, 8.0 and 6.7, respectively. The number of marriage licenses issued in Oklahoma declined by 15% from 33,247 in 1990 to 28,419 in 2007. Additionally, the number of divorce decrees issued declined by 25% over the same time period from 24,977 to 18,851. The divorce rate in Oklahoma in 2007 was 5.2 per 100,000



population, which was 44% higher than the U.S. divorce rate (3.6 per 100,000 population) (Oklahoma State Department of Health (OSDH), Marriage and Divorce Statistics, National Center for Health Statistics, CDC).

Oklahoma has one of the highest concentrations of Native Americans among U.S. states. In the latter half of the 1800s, many Native American tribes were displaced to Oklahoma Indian Territory. These tribes represented many different cultures including the Five Civilized Tribes (Cherokee, Choctaw, Chickasaw, Creek, and Seminole) as well as the Plains tribes (Comanche, Arapaho, Cheyenne, Pawnee, Apache, etc.), and tribes from the eastern regions of the U.S. and the Great Lakes. Oklahoma is currently home to 39 federally recognized tribes. However, there are no reservations in the state. In 1887, the Dawes Act created a system for assigning allotments of land to Native Americans. In 1889, unassigned lands, primarily in central Oklahoma, were opened to others for settlement. Today, tribal and non-tribal lands intersect across large areas of the state where sovereign tribal governments, state and local governments, and tribal and non-tribal cultures coexist. In 41 Oklahoma counties, the percentage of Native Americans in the population is above the state average (9%). Counties with the highest percentage of Native Americans in the population were Adair County, where Native Americans comprise 46% of the population, and Cherokee County, where Native Americans comprise 34% of the population. (See Appendix A – Selected Demographic Characteristics by County). Generally, counties with the highest percentage of Native Americans

are located in the Eastern region and particularly the Northeastern region of the state (Figure 3). However, in 2007, nearly one-third (31%) of Oklahoma's Native American population resided in

Table 1. Age and Gender Distribution of Oklahoma's Population, 2007

Age	Female		Male		Both Genders	
	Number	Percent	Number	Percent	Number	Percent
Less than 18	437,816	24%	461,691	26%	899,507	25%
18-24	175,764	10%	196,016	11%	371,780	10%
25-44	473,551	26%	486,041	27%	959,592	27%
45-64	465,516	25%	440,781	25%	906,297	25%
65 and Older	277,181	15%	202,959	11%	480,140	13%
All ages	1,829,828	100%	1,787,488	100%	3,617,316	100%

Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin, compiled from 1990-1999 bridged-race intercensal population estimates and 2000-2007 (Vintage 2007) bridged-race postcensal population estimates, on CDC WONDER On-line Database. Accessed at <http://wonder.cdc.gov/bridged-race-v2007.html> on Jun 17, 2009.

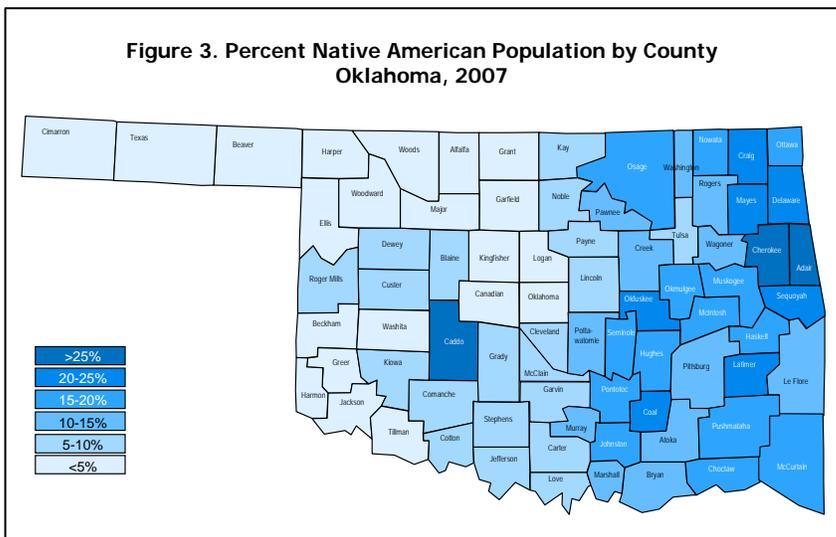
Table 2. Oklahoma and U.S. Vital Statistics, 2006

	Birth Rate (number of births per 1,000 population)	All Cause Death Rate (deaths per 100,000 population)	Infant Mortality Rate (infant deaths per 1,000 live births)
U.S.*	14.2	776.5	6.7
Oklahoma**	14.2	919.4	8.0

*National Vital Statistics Reports, NVSS, Volume 57, Numbers 7 and 14. U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics.

**2006 Oklahoma Vital Statistics Births and Deaths, Selected Demographic Profile by County, Oklahoma State Department of Health, Health Care Information Services Division.

Figure 3. Percent Native American Population by County Oklahoma, 2007



County). The state's unemployment rate rose to 6.6% in December 2009 compared to 10% for the nation (U.S. Bureau).

The largest employer is the State of Oklahoma, followed by Wal-Mart and Sam's Club, Tinker Air Force Base, and the U.S. Army Field Artillery Center and Ft. Sill (Table 3). According to the Oklahoma State University, Center for Applied Economic Research (*The Oklahoma Economy - 2009 Oklahoma Economic Outlook, January 2009*), in 2009, Oklahoma was one of the top ten job growth states in the nation.

According to forecasters, the relatively good economy in Oklahoma is attracting in-migration. Populations in small towns and rural communities are increasing, driven by oil and gas production, agriculture, and the expansion of the state's Indian nations. Oklahoma often lags behind the rest of the nation in trends, which means the state may experience economic slowdown in future years. Also, in the past, Oklahoma has been slower to recover from recession. Falling energy prices and a tightening credit market will affect the slowdown in the state's economy.

Income, Poverty, and Education. According to U.S. Census data, Oklahoma had 1,342,293 households in 2000. In 2007, the median household income for the state was \$41,551. Household income varied by county from a low of \$26,120 in Tillman County to a high of \$58,044 in Canadian County. (See Appendix B – Selected Socioeconomic Characteristics by County). In 2007, 16% of the state's population lived below the federal poverty level, which is higher than the national rate of 13%. Forty-seven counties had poverty rates greater than the state rate. Counties with the highest poverty rates included Cherokee (31.8%), Harmon (27.6%), and Choctaw (26.8%). Thirty counties had poverty rates lower than the state rate including Canadian (8.0%), Rogers (9.8%), McClain (10.0%), and Cleveland (10.0%) counties. According to U.S. Census data in 2000, the educational attainment of Oklahomans 25

years of age and older was similar to the U.S. population; however, the percentage of persons completing college in the U.S. population was higher than in Oklahoma, 24% and 20%, respectively. It was estimated in 2007, that 58% of Oklahoma's population and 62% of the U.S. population three years and older access the Internet from some location (work, home, school, etc.) (Appendix B).

Influences

Political Influences. Oklahoma has a predominantly socially conservative culture with far-reaching influence in politics, social policy, and education. Oklahoma's political environment is probably one of the most conservative in the nation. Oklahomans have supported a Republican candidate in presidential elections over the past 40 years. Over the same time period, the Oklahoma State Legislature had been largely controlled by Democrats until 2004 when Republicans gained control of the House, and in 2009, when for the first time in history, Republicans also gained the majority in the State Senate. The current U.S. Senators from Oklahoma, Jim Inhofe and Tom Coburn, are Republican and all but one of the state's five current U.S. Representatives are Republican.

State laws often reflect the socially conservative environment in the state. In 2007, HB 1804, regarding undocumented workers, was passed to ensure that persons could not receive state services without proof of citizenship. Additionally, support for the second amendment is strong in Oklahoma. Oklahoma was one of the first states to pass a concealed weapons law that allowed individuals to carry a concealed firearm with appropriate licensing. A recent piece of legislation that was introduced, but failed, would have allowed students on college campuses to carry a weapon.

Violence Prevention

Legislative Activities. There have been legislative efforts in the state to prevent violence. In 2006, House Resolution 1010, authored by Representative Sue Tibbs, created the Task Force to Stop Sexual Violence. The Task Force was charged with studying funding for victim services, development of prevention education programs, and improving sexual assault investigations. Two bills were a direct result of the task force recommendations. One bill requiring 6 hours of evidenced-based sexual assault training for police officers passed. The other bill to establish a State Plan for Coordinating Sexual Violence Prevention Efforts did not pass.

The Oklahoma Council on Violence Prevention was created by House Resolution 1111 in 1994 and was facilitated by the Oklahoma Criminal Justice Resource Center (OCJRC). At that time, the Council had a great deal of support from OCJRC leadership. There was increased support of the Council following the 1995 Oklahoma City bombing of the Murrah federal building. The

Council was instrumental in the creation of the Oklahoma Domestic Violence Fatality Review Board, which was established in 1999. Annual reports with data and statistics, laws, and recommendations for violence prevention, were issued from 1999 to 2001, *Violence in Oklahoma, A Case for Prevention*. Following a change in OCJRC leadership and diminished support for the Council, it was allowed to sunset in 2003.

The Oklahoma Legislature passed the School Bullying Prevention Act in 2002, and revised it in 2008. The Act requires each school to have a bullying prevention policy and a procedure for investigating incidents. Each school is required to establish a Safe School Committee to address bullying and school violence.

More recently, two separate bills were introduced in the 2009 legislative session, one authored by Senator Connie Johnson, aimed at mandating teen dating violence prevention curricula in schools for grades 7-12. Neither bill passed, but it is likely that these efforts will continue in the next session.

CURRENT PREVENTION PROGRAMMING AND CAPACITY

Prevention Programming other than Rape Prevention

There are a number of prevention programs in the state that target risk and protective factors common to sexual violence or utilize successful strategies applicable for sexual violence prevention programming. These include efforts to prevent underage drinking, drug abuse, youth suicide, teen pregnancy, child abuse, and tobacco use, as well as efforts to promote positive youth development.

The OSDH is involved in adolescent pregnancy prevention, child abuse prevention, and tobacco use prevention.

The OSDH Maternal and Child Health Service, Adolescent Health Division, currently has 10 teen pregnancy prevention (TPP) programs funded by state appropriations. The counties served include Custer, Oklahoma, Pittsburg, Sequoyah, Tulsa, and Ottawa counties and surrounding areas. The TPP programs work with teens, parents, teachers, and other stakeholders in the community to reduce adolescent pregnancy. These abstinence-based comprehensive projects (covering contraception & HIV/ STDs) are implemented at 6th, 7th, and 8th grades. Curricula include *Choosing the Best Path*, *Wise Guys*, and *Postponing Sexual Involvement with Are We Almost There?* – a human growth and development curriculum. Five of the 10 projects are *Postponing Sexual Involvement* projects, a research-based curriculum recognized by the Centers for Disease Control and Prevention (CDC) as an effective program for helping teens delay sexual activity. County health departments and contract sites provide adolescent family planning services. Due to FY 2010 budget cuts, the number of TPP programs will be severely reduced.

In addition to the TPP programs, the OSDH Family Health Service, Child Guidance Division, has abstinence-only education programs serving

16 counties. The abstinence-only education programs are federally funded. The goal of these programs is to prevent adolescent out-of-wedlock births by providing education about abstinence until marriage. Generally, these programs serve communities where the adolescent out-of-wedlock birth rates are the highest, school districts in Oklahoma wanting to have abstinence education within their schools, and parents who want to teach their teens/pre-teens to avoid pre-marital sexual activity. The programs must follow abstinence education federal legislative guidelines, which do not allow contraceptive education. This does not preclude schools and communities from implementing contraception education as long as it is in a separate time and place.

The OSDH administers the Children First program. The Children First program is a statewide nurse home-visitation program to promote family health, improve outcomes for children, and reduce child abuse and neglect. Those eligible for the program include women who are less than 28 weeks pregnant, families expecting their first child, and families with little financial or social support. The program provides child growth evaluations, parenting education, nutrition education, health and safety information, and access to additional services.

Too Much to Lose (2M2L) is a statewide social norms initiative to reduce underage drinking. The initiative targets environmental change through law enforcement efforts, community and social change, and youth leadership. The initiative is funded through the Office of Juvenile Justice and Delinquency Prevention, by an Enforcing Underage Drinking Laws (EUDL) grant. The EUDL grant was previously administered by the Oklahoma Highway Safety Office, but, as of October 1, 2009, the Oklahoma Department of

Mental Health and Substance Abuse Services (ODMHSAS) became the administrator.

The ODMHSAS oversees a number of prevention efforts in the state including youth suicide prevention and alcohol and drug abuse prevention. The agency also conducts the Oklahoma Prevention Needs Assessment survey of 6th, 8th, 10th, and 12th graders to determine exposure to a scientifically evaluated set of risk and protective factors. The ODMHSAS oversees 18 Area Prevention Resource Centers (APRC) in the state. The APRCs provide services to communities regarding evidence-based community prevention programs, coalition building and mentorship, resources and environmental strategies that reduce the availability of alcohol, tobacco and other drugs. The ODMHSAS conducts a youth suicide prevention program and maintains a prevention website. The agency operates several help lines including the tobacco use prevention hotline (1-800-QUIT-NOW), a teen hotline (TEENLINE), suicide prevention Life Line, and the Reach Out hotline for mental health and substance abuse services. The ODMHSAS facilitates the State Epidemiologic Outcomes Workgroup, which was established in 2007 to study the prevalence of use and consequences associated with alcohol and drug abuse in Oklahoma. The Workgroup laid framework for the agency's application for a Strategic Prevention Framework State Incentive Grant which was awarded in 2009. Additionally, ODMHSAS was recently part of a statewide media campaign to raise awareness about methamphetamine use in Oklahoma, *Crystal Darkness*.

The Oklahoma Tobacco Settlement Endowment Trust was established through a constitutional amendment approved by Oklahoma voters to assure that funds would be available for prevention. The Oklahoma Tobacco Use Cessation and Prevention Program focuses on the areas of cessation, prevention, and protection (smoke free environments) and has used

successful strategies for working with youth. The program awards Communities of Excellence grants to address tobacco use prevention in local communities. The program also provides training and technical assistance to schools and supports a statewide youth-led coalition - SWAT (Students Working Against Tobacco) teams. There are over 50 active SWAT teams across the state. SWAT team initiatives include *24/7 Tobacco-Free School Policies*, *Breathe Easy - Clean Indoor Air*, *Youth Access to Tobacco*, *Stomping Butts in Hollywood*, and *Spit Out Big Tobacco: A Spit Prevention Campaign*. According to state survey data, tobacco use among students declined from 28% in 2005 to 23% in 2007 (Youth Risk Behavior Survey) and the percent of middle school students who smoked cigarettes decreased from 18% in 2000 to 8% in 2007 (Oklahoma Youth Tobacco Survey). The program includes the *Tobacco Stops with Me* and SWAT websites (<http://ok.gov/stopswithme/> and <http://www.ok.gov/okswat/>).

Boys and Girls Clubs is a national initiative to provide core services to youth in five areas: leadership and character development, education and career development, health and life skills, sports, fitness and recreation, and the arts. There are more than 4,300 Boys and Girls Clubs located all 50 states. These clubs have served more than 4.8 million youth. Boys and Girls Clubs provide a positive place for youth, family services and caring relationships with adults, and help with schoolwork and educational curricula. Boys and Girls Clubs serve children in a number of communities in Oklahoma including children in Native American tribes through Boys and Girls Clubs in Indian Country. Boys and Girls clubs offer prevention education in many areas including *SMART Moves*, *SMART Girls*, and the *Passport to Manhood* curricula.

Big Brothers Big Sisters of America (BBBS) is the oldest youth mentoring organization in the U.S. BBBS facilitates one-to-one mentoring between children and volunteers through community-based

and site-based programs. Impact studies have shown that participants in BBBS are less likely to use illegal substances, skip school, and hit somebody. Studies also showed increased confidence in academics. In Oklahoma, BBBS has locations in 7 areas and in 2008 served 2,585 Oklahoma youth.

Rape Prevention Programming

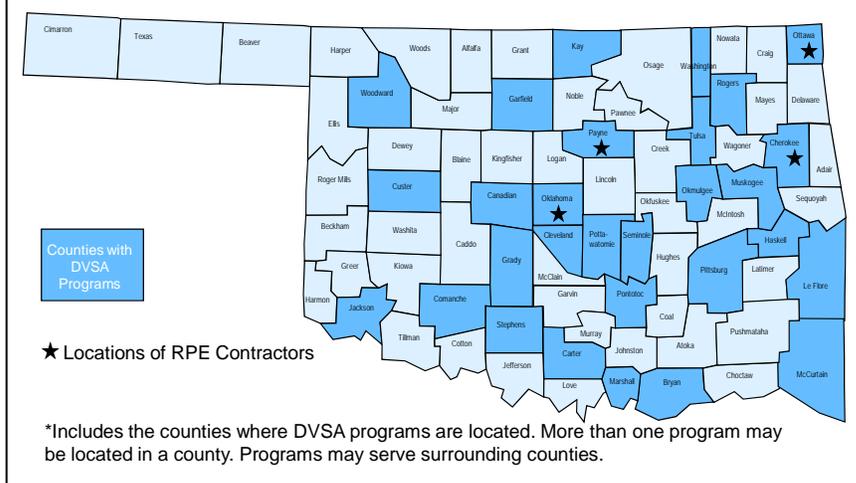
There are 30 DVSA service providers certified by the Oklahoma Attorney General's Office located throughout the state (Figure 5). A list of programs is on the OCADVSA website (<http://ocadvsa.org>). By law, certified programs are required to provide both domestic violence and sexual assault services to victims. Additionally, there are 17 tribal-operated DVSA programs that provide a variety of services for domestic violence and/or sexual assault (there may be more tribal programs that we are not aware of).

Funding

State Government Funding. Oklahoma state government experienced a 7% decline in revenues in 2009 from the previous year. However, a \$7.2 billion state budget was passed for FY 2010, which was a slight (~1%) increase over the previous year. It was reported that \$631 million in federal stimulus dollars helped offset revenue shortfalls (*Tulsa World, May 27, 2009*). Several agencies received cuts in their FY 2010 budgets, but education, health, human services, commerce, and safety and security did not receive budget cuts. According to U.S. Census data, federal spending in Oklahoma was \$30.7 billion in 2007 (*U.S. Census, Quick Facts*). Oklahoma is expected to receive a total of \$2.6 billion in federal stimulus money (www.recovery.gov).

Funding for Sexual Assault Services. The Oklahoma Office of the Attorney General, Victim

Figure 5. State-Certified Domestic Violence and Sexual Assault Programs and RPE Contractors by County Location, Oklahoma



Services Unit, oversees funding and certification for community-based domestic violence and sexual assault (DVSA) programs that provide services to victims. The Office also secures funding for the state's 24-hour domestic violence and sexual assault crisis hotline (*FY 2010 Executive Budget, Oklahoma Office of State Finance*). All programs certified by the state are required to provide services for both domestic violence and sexual assault. The state appropriates approximately \$4.1 million that is contracted out for domestic violence and sexual assault services by the Victim Services Unit.

The Oklahoma District Attorney's Council (DAC) administers the U.S. Department of Justice, Services, Training, Officers, and Prosecutors Violence Against Women (VAWA) grant and the Victims of Crime Act (VOCA) grant. Both VOCA and VAWA funds are awarded to sub-recipients on a competitive basis. VOCA funds cannot be used for crime prevention. During 2008, a total of \$20.6 million of VOCA funds were awarded to 88 agencies serving crime victims in Oklahoma including adult victims of sexual assault. Approximately \$1.4 million in VAWA funds will be awarded to sub-recipients during 2009 including \$214,642 (~15%) in discretionary funds that can be used for a variety of purposes. Other federal

grants administered by the DAC include the Justice Assistance Grants, Project Safe Neighborhoods, and Sexual Assault Services Program grant.

Funding for Rape Prevention. The Oklahoma State Department of Health receives approximately \$450,000 annually through the Rape Prevention and Education (RPE) grant. The OSDH Injury Prevention Service (IPS) administers the RPE program in Oklahoma. RPE grant funds may only be used for prevention activities. Additionally, in FY 2009, the OSDH received \$84,500 in Preventive Health and Health Services Block Grant (PHHSBG) funds statutorily allocated for rape prevention. To our knowledge, there are no other funds allocated for rape prevention in the state. Currently, RPE funds are used to support OSDH administrative and professional personnel working in rape prevention and four RPE contracts with local DVSA programs to provide a fulltime prevention educator. RPE funds are also used to provide training. In Oklahoma, domestic and sexual violence programs are represented by a dual coalition, the Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA). The OSDH contracts with the OCADVSA using PHHSBG funds for a statewide prevention coordinator to provide training and technical assistance and to maintain the Oklahoma Sexual Violence Prevention Planning Committee (OSVPPC). Recently, the OCADVSA was awarded a Domestic Violence Prevention Enhancement and Leadership Through Alliances Preparing and Raising Expectation for Prevention (DELTA PREP) grant in the amount of \$14,500 for domestic violence prevention. The DELTA program is expected to complement sexual violence prevention efforts in Oklahoma.

In the past, a number of the DVSA programs in the state received small mini-grants (\$14,000) through RPE funding to conduct prevention education. However, in 2006, the IPS discontinued mini-grants and issued an Invitation to Bid to fund

four community-based sexual violence prevention programs at a level of \$40,000, including a fulltime prevention educator. Currently, four DVSA programs are funded to develop, implement, and evaluate comprehensive sexual violence prevention programs in their communities. The RPE programs are located in Tahlequah (Cherokee County), Oklahoma City (Oklahoma County), Miami (Ottawa County), and Stillwater (Payne County) (Figure 5). Personnel in the RPE funded programs are required to complete extensive competency-based training on primary prevention programming and community-based prevention. Each RPE program works to effect change in one or more of the following areas: K–12 schools, colleges and universities, faith communities, and/or media. All four of the current RPE contractors address primary prevention education in K–12 schools and have developed specific objectives for strengthening individual knowledge/skill, promoting community education, educating providers, fostering coalitions, changing organizational practices, and influencing policy and legislation (*Sexual Violence and the Spectrum of Prevention: Towards a Community Solution*, www.preventioninstitute.org). Each of the programs conducts activities suited to their community and works with community partners and stakeholders.

Domestic Violence and Sexual Assault Service Providers Assessment. From December 2008 through February 2009, the IPS conducted a needs assessment survey to gather information from all Oklahoma DVSA programs (including both RPE and non-RPE funded programs) on existing prevention activities. The information was collected to determine the percentage of agencies with prevention/educational programs including primary prevention, the types of prevention, and areas of need (see Appendix C – Results from the Oklahoma Needs Assessment Survey: Resources for the Prevention of Sexual Violence). The survey instrument was developed by IPS in collaboration with OCADVSA and input from the Southern

Plains Inter-Tribal Epidemiology Center in Oklahoma City. Data were collected through telephone interviews with DVSA program directors or their designees. Interviews were completed with 19 (63%) state-certified program directors and 3 (18%) tribal program directors. Due to the low response rate from the tribal programs, only data collected from the 19 state-certified DVSA programs were included in the assessment. All programs were conducting domestic violence prevention activities, 15 (79%) had programs for sexual violence prevention, and seven (37%) had programs targeting other risk behaviors (Figure 6).

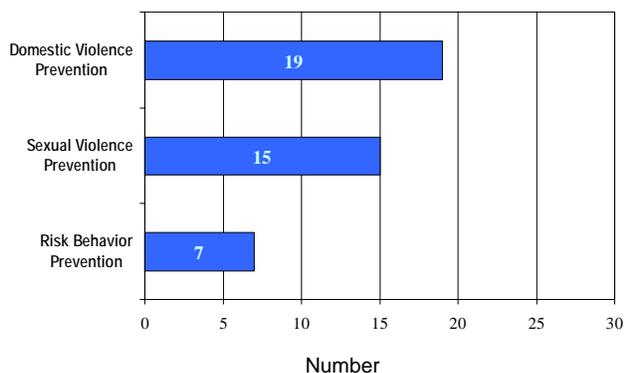
Forty-two percent of the state-certified programs had received RPE funds at some time, including the four funded RPE programs. Seventeen (89%) of the programs had paid staff to conduct domestic violence or sexual violence educational programs in the community; 53% of the programs had more than one paid staff educator. In all, the 17 programs had a total of 30 staff members conducting domestic and sexual violence educational activities. Volunteers assisted with educational programming for only five (26%) of the programs.

Forty-two percent of the directors believed that conducting programs aimed at preventing sexual violence was very important to achieving their agency's mission, and 58% believed it to be essential. Nearly all (95%) of the directors believed that their current sexual violence prevention activities were not adequate for the need in their community. Eighty-nine percent of the directors believed that increased funding would be needed to improve sexual violence prevention activities (mean level of increased funding requested was

\$41,867 per year). In addition to increased funding, more than three-fourths (78%) of directors requested appropriate curriculum and materials and 67% cited the need to hire trained staff (Figure 7).

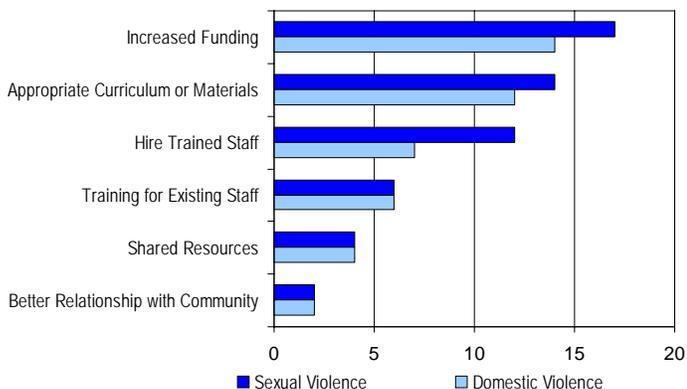
Among the 15 programs that conducted activities aimed at preventing sexual violence; nine focused on first time perpetration, and 11 focused on first time victimization. Ten of the programs had activities aimed at everyone regardless of risk for

Figure 6. Types of Prevention Programs Among Domestic Violence and Sexual Assault Programs Oklahoma, December 2008 – February 2009*



*Includes survey results from 19 state-certified domestic violence and sexual assault programs in Oklahoma.

Figure 7. Resources Needed to Improve Sexual Violence and Domestic Violence Prevention Efforts, Oklahoma, December 2008 – February 2009*



*Includes survey results from 19 state-certified domestic violence and sexual assault programs in Oklahoma.

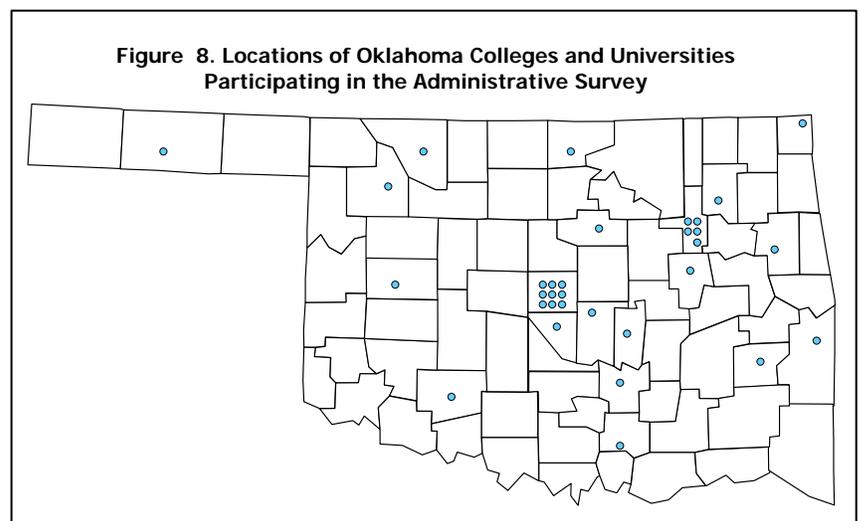
perpetration or victimization, and two programs had activities aimed at a special risk group. The majority of sexual violence prevention activities were educational presentations for schools or community groups. Sexual violence prevention at schools was often paired with domestic violence prevention and included education about healthy relationships and teen dating violence. Based on the social-ecological model, 11 of the 15 programs (73%) addressed the individual level, 9 (60%) targeted interpersonal relationships, 9 (60%) targeted the community, and 6 programs (33%) targeted larger societal factors to prevent sexual violence. Six (40%) of the programs said their prevention aim was to address all four of the levels (individual, relationship, community, and societal), six programs addressed only one level, one program addressed two and one program addressed three levels. Almost all of the directors believed their activities were primary prevention, but the data did not clearly support that belief in all cases.

The majority of the programs used multiple sources of funding for their prevention activities. Forty percent of the programs used a planning process and 67% involved community members in their activities. Only three programs were attempting to change public/organizational policy. Eleven programs (73%) indicated their staff members were trained in prevention education. Seven (47%) of the programs evaluated their activities primarily through pre- and post-tests for participants and speaker/trainer evaluations and used the evaluations to plan for future trainings/presentations or activities, provide evaluation information to community coalitions, and look for positive results.

Colleges and Universities Administrative Policy and Practices Survey. In the past, the Oklahoma RPE program conducted the Man2Man

program on Oklahoma college and university campuses. The Man2Man program was discontinued in 2006; however, colleges and universities remain an important focus for sexual violence prevention activities in Oklahoma. The *Administrative Policy/Practices Survey* was developed to collect information from colleges and universities regarding sexual violence prevention efforts on campuses. The survey instrument was developed by the RPE team in collaboration with the OCADVSA and members of the OSVPPC colleges and universities subcommittee. The survey aim was to identify key components of administrative practices, policies, and environmental/cultural factors in colleges and universities that address sexual violence prevention. During 2008-2009, surveys were mailed to college and university Vice Presidents of Student Affairs at 46 institutions located across the state (Figure 8). Only one survey per college/university was completed. Completed surveys were returned from 32 (70%) institutions. According to the Oklahoma State Regents for Higher Education data for 2008, the institutions responding to the survey accounted for 91% (231,796) of total state enrollments. (See Appendix D – Results from the Administrative Policy and Practices Survey of Oklahoma Colleges/Universities.)

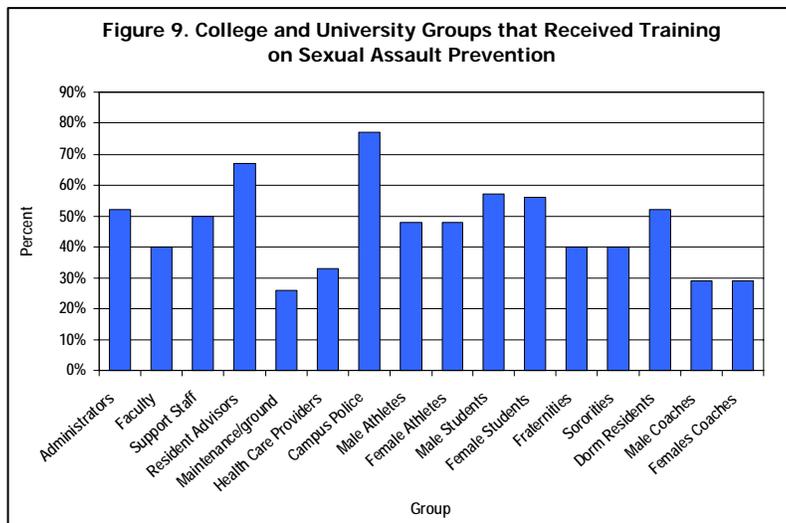
Though all of the institutions had at least one rape prevention strategy on campus, most were



risk reduction strategies involving police/security and emergency phones available on campus 24-hours. Risk reduction education was used as an information tool to avoid sexual violence but fewer than half of the respondents covered sexual violence prevention in freshman orientation.

The respondents' institutions provided training to a number of groups on campus, most often campus police and resident advisors (Figure 9). Only slightly more than half of administrators had training in sexual violence prevention. Male and female coaches had the second to lowest rate of training in sexual violence prevention among campus personnel (29% each), which was only slightly higher than training rates among maintenance personnel (26%). However, when respondents were asked about the groups that needed to have training on sexual violence prevention, all believed that training coaches was important. The respondents clearly recognized the importance of sexual violence prevention education and the need for a number of other professional and student groups to be trained.

Some exposure to sexual violence prevention education after freshman orientation is possible as the subject is integrated in the coursework of certain disciplines. The topics of sexual harassment, rape, and sexual assault were integrated into the coursework of law, medicine, nursing, education, counseling, social work, psychology, and sociology. Additionally, one-fifth of the respondents' institutions were engaged in



research projects on sexual violence and 22% were engaged in research projects on other types of violence.

Nearly three-fourths of the institutions had alcohol and drug abuse prevention programs as well as other types of prevention programs on their campuses. The institutions largely relied upon student and faculty handbooks to communicate their sexual harassment policy. Seventy percent of the institutions distributed sexual violence prevention information via campus newspapers (83%), public service announcements (20%), social marketing (44%), posters and/or flyers (95%), periodic news releases (63%), recruiting well-known personalities as spokespersons (13%), and inviting speakers (71%) in addition to the established orientations and handbooks. Nearly half of respondents said their institutions partnered with community organizations to address rape and sexual assault.

SEXUAL VIOLENCE DATA

Data Systems for Sexual Violence

In Oklahoma there are several studies and surveillance systems used for monitoring the prevalence of rape and sexual assault. Each has unique advantages and limitations. Data from the following sources have been used to describe the magnitude of sexual violence, risk, and protective factors. There are likely other data sources as well as innovative ways to utilize existing data sources that have not yet been explored.

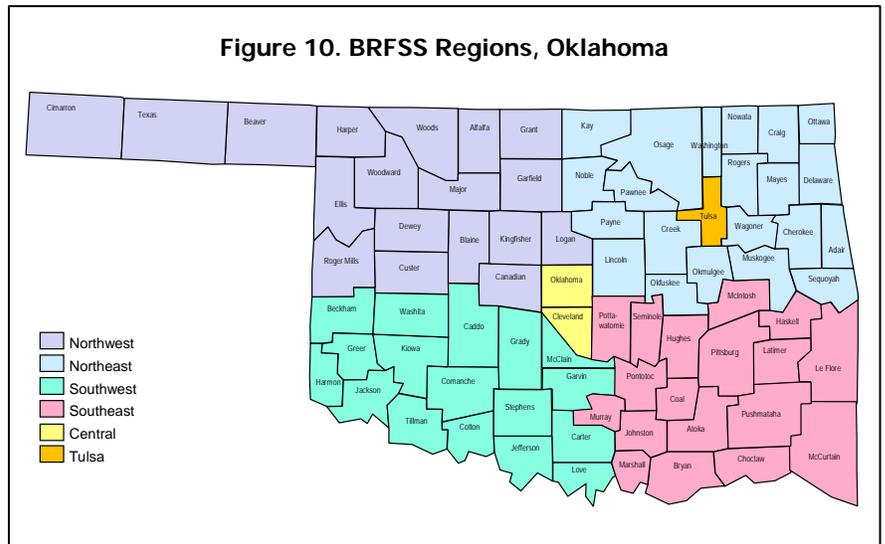
Uniform Crime Reporting

Program. The Uniform Crime Reporting (UCR) program is a nationwide, cooperative statistical program administered by the Federal Bureau of Investigation (FBI). The UCR is a law enforcement tool for operational and administrative purposes. The FBI compiles UCR data nationally. In Oklahoma, the Oklahoma State Bureau of Investigation (OSBI) administers the UCR program. The UCR database includes data submitted from 304 law enforcement agencies (police and sheriffs) in the state for Index Crimes. The data are published annually including county- and city-level data and are available online (http://www.ok.gov/osbi/Publications/Crime_Statistics.html). UCR rape statistics include forcible and attempted rapes of females 12 years of age and older. It is well known that UCR data seriously underreport rape; however, the data are systematically collected and are an indicator for rape crime reports filed by law enforcement agencies. The most recent UCR data available are 2008.

Behavioral Risk Factor Surveillance

System. The Behavioral Risk Factor Surveillance System (BRFSS) is a random digit telephone

Figure 10. BRFSS Regions, Oklahoma



survey of non-institutionalized adults 18 years of age and older. The survey is conducted annually for the U.S. and participating states. Data is compiled by the states and the CDC. The purpose of the survey is to estimate the prevalence of risk behaviors in the population. A sexual violence module was developed by the CDC to include in the BRFSS survey at the state's discretion. Oklahoma included the module in the 2005, 2006, 2008 and 2009 BRFSS surveys. The most recent data available is 2008 (preliminary). Data are available for the state and BRFSS geographic regions (Figure 10). BRFSS data is available on the OSDH public use interactive website, OK2Share (www.ok.gov/health/pub/wrapper/ok2share.html).

Youth Risk Behavior Surveillance System.

The national YRBS survey is conducted during odd years in a randomly selected group of high schools in Oklahoma. The YRBS surveys students in 9th through 12th grades and includes questions on sexual violence and intimate partner violence. The most recent complete year of data available for the random survey is 2007. The 2009 YRBS survey data are expected to be available in 2010. National and state level data are available through

the CDC website (<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>). In Oklahoma, schools may also participate in a non-random state survey during even years. The OSDH administers the even-year survey but only provides the data to the participating school. The schools and school-specific data are confidential and can only be accessed through the school directly.

Oklahoma Anti-bullying Survey (OAS). In 2005, a study was conducted by the Oklahoma State Department of Health to determine 1) the perceptions of Oklahoma students about the seriousness of bullying, 2) student involvement in bullying (as a victim or perpetrator), 3) responses to being bullied or witnessing the bullying of others, and 4) actions that students wanted adults to take to make the situation better. Eighty-three (15%) of 540 public school districts participated in the survey. A total of 7,848 students in third (n=2,651), fifth (n=2,731), and seventh (n=2,466) grades completed surveys.

Oklahoma Women's Health Survey. The Oklahoma Women's Health Survey (OWHS) was an extensive statewide self-report survey conducted from March 2001 to March 2003 as part of the IPS Intimate Partner Violence Injury Surveillance Program. The survey was conducted by the OSDH BRFSS team and used BRFSS methodology. Over 6,000 women 18-44 years of age married or in a romantic relationship or dating in the past year were interviewed by telephone. The purpose of the survey was to determine past year prevalence of physical and sexual IPV, violent behaviors, injuries and treatment. Questions were also included on general health, chronic conditions, and sexual assault since age 18 using the 2000 CDC BRFSS sexual assault module.

Oklahoma University Public Opinion Learning Laboratory Sexual Assault Survey and Sexual Assault Prevention Surveys. The Oklahoma University Public Opinion Learning Laboratory (OU POLL) Sexual Assault Survey was

a random telephone survey conducted statewide by the OU POLL in 2006 among females 18-34 years of age. The purpose of the survey was to gauge what measures could be taken to help prevent sexual assault in the state of Oklahoma and estimate the prevalence of sexual assault among women. The Sexual Assault Prevention Surveys were similar surveys conducted in Cherokee and Ottawa Counties during 2007 and 2008. The Sexual Assault Prevention Surveys included separate surveys of males and females 18-64 years of age in each county. Only the survey of females estimated the prevalence of sexual assault.

Hospital Discharge Data. The OSDH Health Care Information (HCI) Division maintains statewide hospital inpatient discharge data. The data are available annually to determine the number of persons hospitalized in Oklahoma and treated for rape. International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) codes 995.83 and E960.1 are used to identify cases. Hospitals include general medical surgical, long-term acute care, and rehabilitation facilities. The most recent complete year of data is 2008.

Other Data Systems. Other sources of data that could be useful for estimating the magnitude of sexual violence include:

- Oklahoma Department of Corrections - prison rape and incarcerations for rape and sex crimes
- Oklahoma Department of Human Services, Adult Protective Services - adult sexual abuse incidents
- Oklahoma Office of Juvenile Affairs - juvenile offenders convicted of rape
- U.S. Department of Education, Campus Crime Statistics (<http://www.ope.ed.gov/security/index.aspx>)

- Safeline Crisis Hotline and Call Rape – number of sexual assault service calls (currently not available)

Additionally, published report data derived from the National Violence Against Women Survey and the National Crime Victimization Survey provides statistics on the magnitude of sexual violence in the U.S.

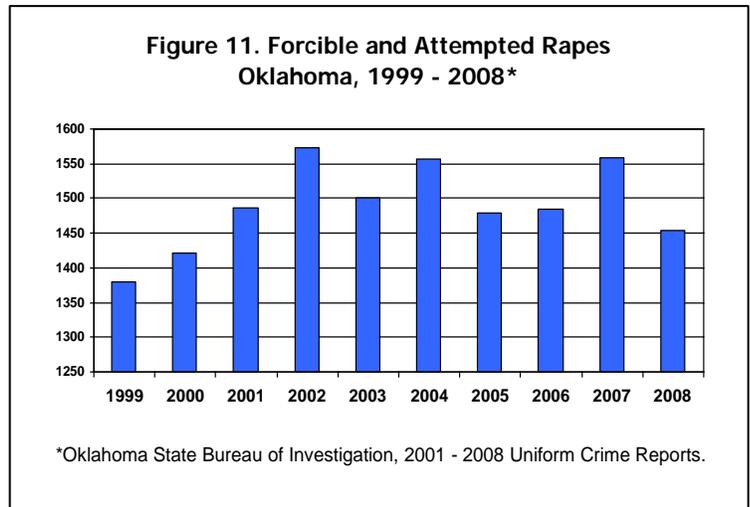
Prevalence of Sexual Violence

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. The state clearance rate for rape and attempted rape was 42%. Recently issued 2008 UCR data reported 1,453 forcible and attempted rapes (78.8 per 100,000 females) in Oklahoma, which was a 7% decline from 2007. The number of reported rapes increased from 1999 to 2002 and generally declined in subsequent years (Figure 11). Over the past 10 years, the annual UCR reported rate of rape in Oklahoma has consistently been 35-45% higher than the U.S. rate.

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>); therefore, we rely upon other data sources to describe the magnitude of sexual violence in Oklahoma and largely upon survey data at this time.

Oklahoma Women’s Health Survey.

According to the OWHS survey data in Oklahoma



during 2001-2003, 12% of women 18 to 44 years of age surveyed reported that they had been threatened, coerced, or physically forced to engage in sexual acts since their 18th birthday and 2% had been forced to engage in sex in the past 12 months. These data indicate that somewhere between 74,600 and 88,500 Oklahoma women have been victims of forced sex in their lifetime and between 8,500 and 14,500 have been victims in the past year. The perpetrator of the most recent forced sex incident was an intimate partner (66%), friend or acquaintance (19%), stranger (11%), relative (2%), or other person known to the victim (2%).

Behavioral Risk Factor Surveillance

System. According to preliminary BRFSS data available for 2008, 7% of non-institutionalized Oklahomans 18 years of age and older reported that someone had sex with them after they said or showed they didn’t want to or without their consent (ever), including 12% of women and 1% of men. Among those persons, 5% said that it occurred in the past 12 months. Additionally, 8% of persons reported attempted sexual assault in their lifetime. Among those persons, 10% said that it occurred in the past 12 months (past year). BRFSS estimates of lifetime prevalence of sexual assault for both males and females were relatively stable from 2005 – 2008 (Figure 12).

Combined 2005 and 2006 BRFSS data indicate that regional rates of sexual assault vary. Rates of lifetime and past year prevalence of sexual assault are highest in the northeast and central regions of the state (Figure 13).

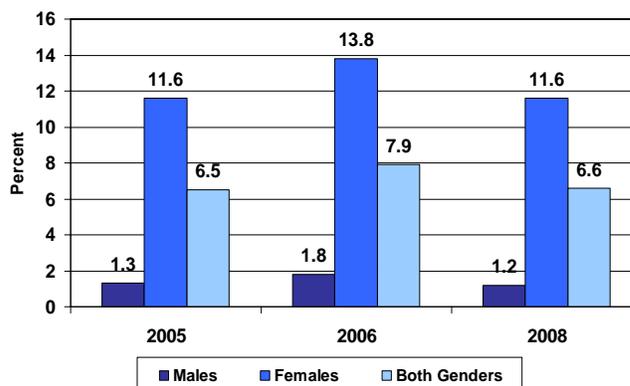
Among non-Hispanic females, Native Americans and multi-racial females reported the highest rates of sexual assault (15% and 22%, respectively) followed by white females (13%) (Figure 14). (Note: In Oklahoma, it is likely that a high proportion of persons reporting more than one race in BRFSS are Native American and another race. According to 2000 Census data, approximately two-thirds of persons reporting two or more races in Oklahoma were Native American.) Females 25 to 44 years of age reported the highest rate of sexual assault, while females 18 to 24 years of age reported the highest rate of past year sexual assault (Figure 15).

Youth Risk Behavior Surveillance System.

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 that they did not want. These rates have remained relatively constant since YRBS data were first collected in 2003 (Figure 16). YRBS data suggest that high school girls have similar rates of sexual assault as adult women in the BRFSS survey. Also, high school boys reported sexual assault at higher rates than adult males in the BRFSS survey, but much lower rates than their female peers in 9th -12th grades.

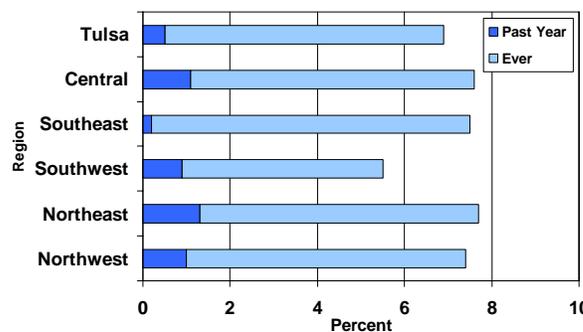
For girls, the rates of sexual assault increased by age. Girls in 12th grade had the highest rates of sexual assault (14%). Boys in 10th and 11th grade had the highest rates of sexual assault (Figure 17). Among high school girls, persons of “other” race had the highest proportion of sexual assault (15%), followed by white girls (12%), and black girls (10%) (Figure 18). Among high school boys, Hispanic students had the highest rate of sexual assault (11%), followed by white students (4%) and students of “other” race (4%). (Note: YRBS

Figure 12. Estimated Lifetime Prevalence of Sexual Assault by Gender, Oklahoma BRFSS, 2005-2008*



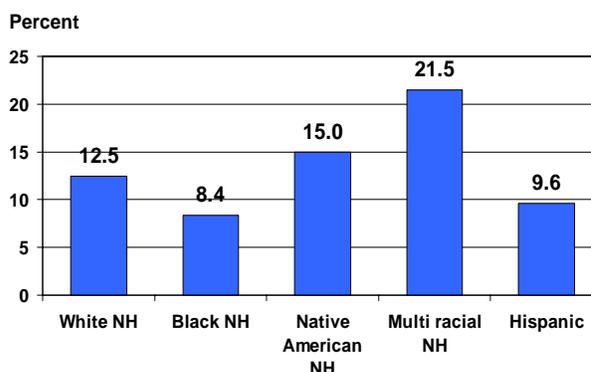
*Oklahoma State Department of Health, Health Care Information, BRFSS. Data not available for 2007.

Figure 13. Lifetime and Past Year Sexual Assault by BRFSS Region Oklahoma, 2005-2006*



*OK2Share, BRFSS data, Oklahoma State Department of Health website <http://www.health.state.ok.us/ok2share/brfsscros.html>

Figure 14. Lifetime Prevalence of Sexual Assault Among Females by Race, Oklahoma BRFSS, 2005-2006*



*OK2Share, BRFSS data, Oklahoma State Department of Health website <http://www.health.state.ok.us/ok2share/brfsscros.html>

data accessible from the CDC website does not include the category of Native American for race. "Other" race may likely represent Native Americans in the Oklahoma data for reasons stated earlier.)

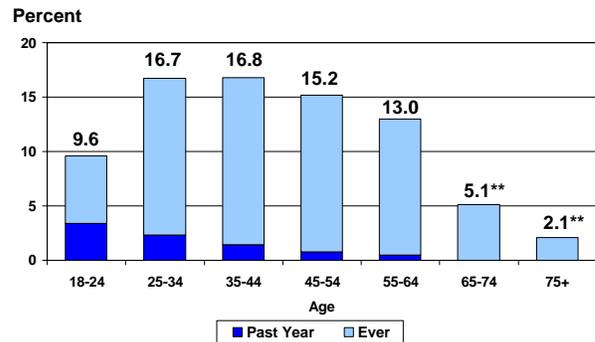
Oklahoma Anti-bullying Survey. Of the 7,848 students in third, fifth, and seventh grade surveyed in the OAS in 2005, 33% reported occasional, often or daily involvement in bullying, as a bully (12%), victim (14%), or both (7%). Fourteen percent of students reported being physically bullied (pushed, hit, had things taken away) often or daily and 23% reported being socially bullied (name-calling, put downs, hurtful teasing, or purposively being left out of a group) often or daily. In the survey, fifth and seventh graders were also asked about sexual bullying. Eight percent reported experiencing frequent or daily bullying by words, touches or gestures of a sexual nature.

Oklahoma University Public Opinion Learning Laboratory. In the OU POLL statewide sexual assault survey conducted in 2006, nearly one-third (31%) of women 18-34 years of age self-reported that they had been sexually assaulted; 1% had been raped or sexually assaulted in the past 12 months. Additionally, 17% of the women reported that they had been victims of an attempted sexual assault and 51% of women said they knew of a friend or relative who had been sexually assaulted.

Three of every four women who had been sexually assaulted (74%) were less than 18 years of age when the first sexual assault occurred. Thirty-two percent of women had experienced more than one sexual assault. More than three-fourths (78%) of women were 10-24 years of age at the time of the most recent sexual assault (Figure 19).

Assailants were current or former intimate partners (30%), relatives (28%), friends or acquaintances (27%), strangers (8%), or other persons (7%) (Figure 20). The victim, assailant, or both were using alcohol in 43% of the incidents; in

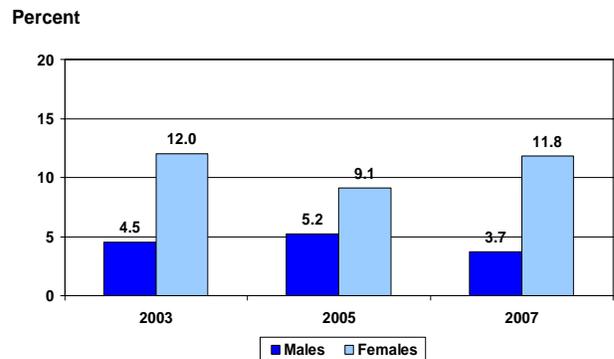
Figure 15. Lifetime and Past Year Sexual Assault Among Females by Age, Oklahoma BRFSS, 2005-2006*



*OK2Share, BRFSS data, Oklahoma State Department of Health website <http://www.health.state.ok.us/ok2share/brfsscros.html>.

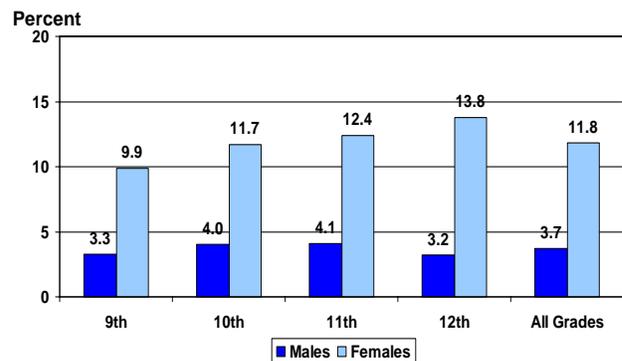
**Past year prevalence was not calculated due to small cell size.

Figure 16. Percent of Students Physically Forced to Have Sex by Year and Gender Oklahoma YRBS, 2003-2007*



*YRBS, Youth Online. Accessed at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.

Figure 17. Percent of Students Physically Forced to Have Sex by Grade and Gender, Oklahoma YRBS, 2007*



*YRBS, Youth Online. Accessed at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

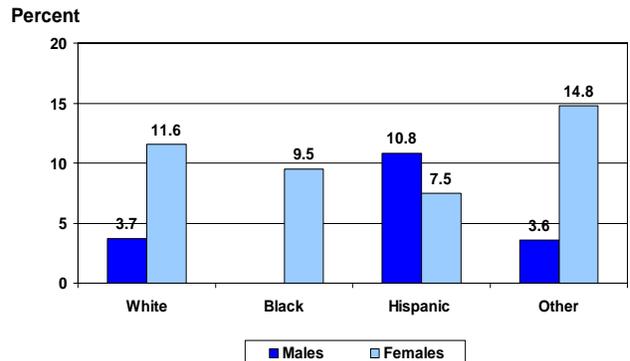
57% of incidents alcohol was not involved. The vast majority of sexual assaults (75%) occurred in a home [victim's home (41%), the assailant's home (19%), or the home of a relative or friend of either the victim or assailant (15%)]. Eleven percent of incidents occurred outdoors, in a parking lot, or car; 4% at a party; and 10% in other locations.

Twenty-seven percent of victims reported the incident to police and 23% received medical treatment for the assault. Among women who received medical treatment for the assault, 64% had a medical exam that included evidence collection. Additionally, 29% of women who were sexually assaulted received rape victim's services including counseling (87%), telephone help and hotlines (9%), and other victim services (4%). Three fourths of victims (75%) told someone such as a friend or relative about the assault (see Appendix E for more detail about the OU POLL statewide *Sexual Assault Prevention Survey*).

The IPS contracted with the OU POLL to conduct similar surveys among residents of Cherokee and Ottawa counties as part of evaluation activities for RPE funded sexual violence prevention programs in those counties. The *Sexual Assault Prevention Surveys* included two separate surveys, one for males and one for females. The surveys included questions about prevention activities in K-12 schools, faith community, colleges and universities, as well as beliefs about rape and sexual assault and media reporting of rape. However, questions regarding victimization were only included in the survey for females. Information on victimization was obtained from females using the same questions that were used in the statewide OU POLL sexual assault survey to allow comparisons.

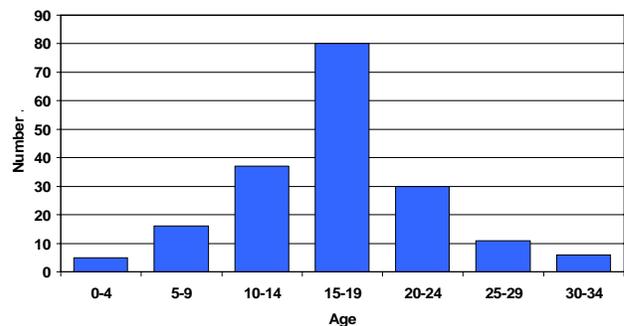
The OU POLL *Sexual Assault Prevention Surveys* were conducted in Cherokee County during September - December 2007. A total of 1,153 persons were interviewed including 576

Figure 18. Percent of Students Physically Forced to Have Sex by Race and Gender, Oklahoma YRBS, 2007*



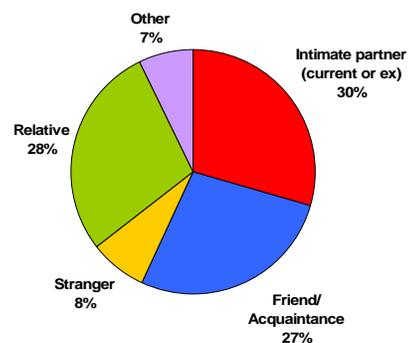
*YRBS, Youth Online. Accessed at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Figure 19. 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 20. Assailant of the Most Recent Sexual Assault, Oklahoma, 2006*



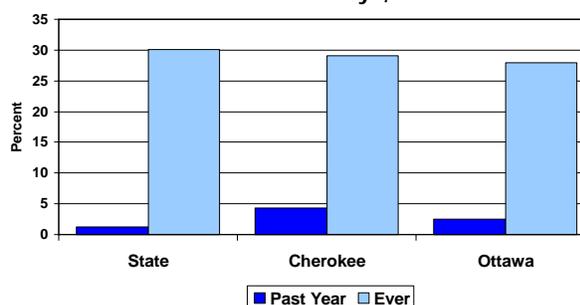
*Includes 183 female respondents 18-34 years of age in a random telephone survey conducted by the OU POLL from May 15, 2006 – July 21, 2006, who were sexually assaulted and provided information on the assailant.

males and 577 females 18-64 years of age. Nearly 30% of the women 18-64 years of age in Cherokee County self-reported that they had been sexually assaulted; 4% had been sexually assaulted in the past 12 months. Twenty percent of respondents experienced an attempted sexual assault. Forty-five percent of women who had been sexually assaulted had been assaulted more than once; 24% had been assaulted two to five times and 20% had been sexually assaulted more than five times. Nearly two-thirds of women who had been sexually assaulted (66%) were less than 21 years of age when the most recent sexual assault occurred. The majority (81%) of women were sexually assaulted by someone they knew: a friend or acquaintance (32%), intimate partner (25%), or relative (24%).

The *Sexual Assault Prevention Surveys* for Ottawa County were conducted from November 2007 to February 2008. A total of 1,033 persons were interviewed including, 421 males and 612 females 18-64 years of age. Nearly 28% of the women 18-64 years of age in Ottawa County self-reported that they had been sexually assaulted; 3% had been sexually assaulted in the past 12 months. Nearly 13% of respondents experienced an attempted sexual assault. Forty-four percent of women who had been sexually assaulted had been assaulted more than once; 26% had been assaulted two to five times and 17% had been sexually assaulted more than five times. Two-thirds of women who had been sexually assaulted (68%) were less than 21 years of age when the most recent sexual assault occurred. The majority of women (74%) were sexually assaulted by someone they knew: a friend or acquaintance (36%), intimate partner (20%), or relative (18%).

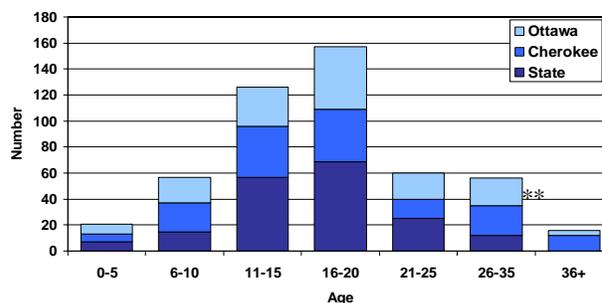
Lifetime and past year sexual assault prevalence rates estimated from OU POLL Surveys for the state, Cherokee and Ottawa counties are shown in Figure 21. The age at the time of the most recent sexual assault for each of

Figure 21. Lifetime and Past Year Sexual Assault Among Women in the Statewide, Cherokee and Ottawa County OU POLL Sexual Assault Surveys, Oklahoma 2006-2008*



*Includes female respondents in the statewide, Cherokee County, and Ottawa County sexual assault telephone surveys, who reported that they had been sexually assaulted.

Figure 22. Age of Victim at the Time of Most Recent Sexual Assault in the Statewide, Cherokee and Ottawa County OU POLL Sexual Assault Surveys, Oklahoma 2006-2008*



*Includes female respondents 18-35 years of age statewide, and females 18-64 year of age in Cherokee and Ottawa County, who reported they had been sexually assaulted.
 **Women over age 35 were not surveyed in the statewide sexual assault survey.

these surveys is shown in Figure 22. Lifetime and past year prevalence rates estimated from other surveys conducted in the state are compared in Figure 23.

Conclusions. The prevalence data described above indicate several high-risk populations for sexual violence victimization. Based on these data, at a minimum, sexual violence prevention activities in Oklahoma should aim to reduce or prevent sexual assault victimizations among the following groups:

- Females 10-24 years of age (BRFSS, YRBS, and OU POLL),

- Residents of northeastern and central regions of Oklahoma (BRFSS).
- Native American females (BRFSS and YRBS),
- High school males, especially Hispanic males (YRBS).

Among other factors, sexual violence prevention activities should, at a minimum, aim to reduce or prevent sexual assault perpetration by current and former intimate partners, friends/acquaintances, and relatives since these people are most often reported as perpetrators in the OWHS and OU POLL surveys. Additionally, sexual violence prevention activities should aim to reduce or prevent sexual assaults that occur in a home, which is where the OU POLL data show the majority of sexual assaults occurred.

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 (WHO, *World Health Report on Violence*).

A discussion of health and safety indicators that contribute to poor social outcomes including sexual violence perpetration and victimization follows. State and county level data are provided where possible in Appendices F and G. Sources of the data are included in the Appendices as well.

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,

Figure 23. 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

dating partners, and persons who share a child. During 2007 in Oklahoma, there were 23,000 police reports for domestic violence incidents (646.9 per 100,000). Rates of domestic violence per 100,000 population ranged from 112.6 in Cimarron County to 2358.1 in Pottawatomie County (Appendix F – Risk Indicators). Pottawatomie, Muskogee, Washington and Kay Counties had the highest rates of domestic violence. Fifteen counties had rates higher than the state. There are no national data for comparison purposes.

Child abuse/neglect: Experiencing physical and/or sexual abuse in childhood or adolescence is associated with 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. Pittsburg County had the highest rate of child abuse/neglect at 36.9 per 1,000 children. Thirty-eight counties had rates of confirmed child abuse/neglect higher than the state average. Generally, the highest county-specific rates of confirmed child abuse/neglect were in Southeastern Oklahoma counties and included Pittsburg, McCurtain, Johnston, and McIntosh Counties (Appendix F – Risk Indicators).

Alcohol and substance abuse: Alcohol and drug abuse is a risk factor for both sexual violence victimization and perpetration. According to the Oklahoma Department of Mental Health and

Substance Abuse Services, 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 (OPNA) survey in grades 6, 8, 10, and 12 had taken their first drink of alcohol before age 13. Native American participants in the OPNA study reported greater alcohol use compared to all other races. In 2007, Oklahoma high school students were more likely to report driving after drinking alcohol than U.S. students. 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). In 2006, alcohol-related mortality in Oklahoma was 12.5 per 100,000 population (Appendix G – Violence-Related Mortality).

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 (number of births among mothers 15-19 years of age per 1,000 population) in Oklahoma (61.3 per 1,000 births) was 46.0% higher than the 2006 U.S. teen birth rate (42.0 per 1,000 births). Fifty counties had teen birth rates higher than the state average. Teen birth rates ranged from 20.0 in Beaver County to 148.9 in Harmon County. Generally, the highest teen birth rates in the state were in rural counties (Appendix F – Risk Indicators).

The following indicators are measures of delinquency, crime, and violence in the state's environment.

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% (Appendix F – Risk Indicators).

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 (Appendix F – Risk Indicators). 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. juvenile arrest data for index crime 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 to 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 (Appendix F – Risk Indicators).

Violence-related mortality: Appendix G shows data for firearm-related mortality, suicide, and

homicide in Oklahoma by county for 2007. The most recent U.S. data available (2005) is included for comparison. 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, OSDH IPS, unreleased report).

Protective Factors. Factors that reduce or minimize purported risk factors for sexual violence perpetration are considered to be protective. Protective factors likely 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 likely protective include:

- The presence of strong faith institutions and communities
- Partnerships to prevent child abuse and neglect
 - Child Abuse Training and Coordination Council (CATCC). CATCC provides coordination, training and technical assistance to regional multidisciplinary teams that respond to cases of child abuse/neglect.
 - Think Prevent Live (TPL) is a campaign and partnership between with the Oklahoma Department of Human Services, OSDH, and the Oklahoma Child Death

Review Board to reduce the leading causes of child death. The campaign targets four areas: drowning, motor vehicle crash deaths, safe sleep practices, and child abuse/neglect.

- Organizations and programs in Oklahoma that are working to improve the health and safety status of youth and address prevention (most were previously described in this report).
 - Thirty Domestic Violence and Sexual Assault programs,
 - A statewide Coalition (OCADVSA) that addresses both domestic violence and sexual assault,
 - Tribal family violence programs,
 - ODMHSAS Area Prevention Resource Centers provide services for alcohol and substance abuse prevention,
 - Tobacco Cessation and Use Prevention involves a strong youth leadership coalition,
 - 2Much2Lose underage drinking campaign that involves youth leadership,
 - Children First program to improve maternal and child health outcomes including child abuse/neglect prevention,
 - Big Brothers Big Sisters organizations building positive relationships between adults and youth,
 - Boys and Girls Clubs building leadership and character development among youth and improving life skills.
- 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.
- The Oklahoma State Department of Education Title IV Safe and Drug Free Schools office promotes violence prevention education in schools and maintains a website and an automated electronic mailing system to disseminate information on research based prevention curricula.
- 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. The ODMHSAS also sponsors an annual conference on suicide prevention for providers.

- The 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 Cherokee County, more than 80% of parents/guardians supported schools including curricula on healthy relationships, bullying prevention, and dating and sexual violence. In Ottawa County, more than 90% of parents/guardians supported schools including curricula on healthy relationships, bullying prevention, and dating and sexual violence prevention.

OKLAHOMA'S STRATEGIC PLAN TO END SEXUAL VIOLENCE

In September 2006, the OSDH, OCADVSA, and Oklahoma Attorney General's Office convened a group of leaders to initiate a statewide strategic planning process for sexual violence prevention. See Appendix H for a list of participants and key informants. The Prevention Institute, a California-based national center working to build momentum for effective primary prevention, facilitated the day-and-a-half convening session to assist in developing comprehensive primary prevention strategies with a focus on sustained, environmental change.

The strategic planning convening brought together key stakeholders and leaders to engage in frank dialogue and creative thinking regarding the state climate and needs to reduce sexual violence. The *Spectrum of Prevention* was used as a strategic framework. The planning sessions set out to achieve three specific objectives:

1. Identify preliminary objectives and potential activities for primary prevention of sexual violence in the state of Oklahoma across the *Spectrum of Prevention*.
2. Identify preliminary infrastructure, data, and evaluation needs for accomplishing primary prevention objectives in Oklahoma.
3. Identify potential next steps to complete strategic planning.

Participants prioritized what they thought were the most important and influential environments to focus on in order to prevent sexual violence in Oklahoma and evaluated each environment according to the following criteria:

- Would a focus on this environment build on existing local and/or statewide assets and strengths?
- Is a focus on this environment do-able and achievable?

- Does a focus on this environment balance pragmatism with vision?
- Is a focus on this environment consistent with promising models?
- Is a focus on this environment informed by research/evidence?

Participants voted and prioritized four environments as the most important areas of focus: 1) media, 2) K – 12 schools, 3) colleges and universities, and 4) faith communities. Participants then developed four preliminary strategic objectives.

Preliminary Objective 1 – Media: Improve the media environment in Oklahoma through more accurate reporting of sexual violence and greater engagement of local media outlets in sexual violence prevention.

Preliminary Objective 2 – Faith Communities: Engage faith communities in modeling and promoting healthy relationships, free from sexual violence.

Preliminary Objective 3 – K – 12 Schools: Implement comprehensive sexual harassment and assault prevention efforts in K – 12 schools to promote healthy relationships and related knowledge and skills among children and youth.

Preliminary Objective 4 – Colleges and Universities: Influence the physical and educational environment of colleges and universities to improve response to and prevention of sexual violence.

The *Spectrum of Prevention* was used to delineate primary prevention activities to achieve each of the four preliminary objectives at each of the six levels of the *Spectrum* including:

- ***Influencing Policy and Legislation (Level 6):*** Developing strategies to strengthen laws and

policies that promote healthy community norms and a violence-free society.

- *Changing Organizational Practices (Level 5):* Adopting regulations and shaping norms to prevent violence and improve safety.
- *Fostering Coalitions and Networks (Level 4):* Bringing together groups and individuals for broader goals and greater impact on promoting healthy community norms.
- *Educating Providers (Level 3):* Informing providers who will transmit skills and knowledge to others and model positive norms.
- *Promoting Community Education (Level 2):* Reaching groups of people with information and resources to prevent violence and promote safety.
- *Strengthening Individual Knowledge and Skills (Level 1):* Enhancing an individual's capability for preventing violence and promoting safety.

Participants felt that focusing primary prevention efforts on both men and women across the *Spectrum of Prevention* was important since men need to be engaged as prevention partners. At the same time, an essential element of primary prevention must be the elevation of the status of women. Prevention initiatives should include elements to support greater empowerment of women and girls as well as healthy development and engagement of men and boys. The strategic planning group created *Spectrum* charts for each of the four priority areas (Appendix I). The *Spectrum* charts have since served as a framework and guide for comprehensive planning of sexual violence prevention activities.

Five infrastructure elements were identified for implementation, sustainability and effectiveness of the strategic plan: 1) coordination; 2) data/

research; 3) evaluation; 4) resource development; and 5) communications. There was an overall sense that infrastructure was needed to expand primary prevention efforts and that prevention and intervention efforts should move forward together. Prevention will likely generate greater demand for services because breaking silence and seeking support will become more accepted as community norms related to sexual violence shift.

Effective coalition building, coordination and synergy of efforts were seen as essential to the success of Oklahoma's sexual violence prevention efforts. Participants were particularly concerned about maintaining the momentum generated by the convening session and proposed the formation of a multidisciplinary coalition of state and local nonprofit and public agencies to act as the coordinating body for the state's sexual violence

prevention efforts. The groups recommended statewide initiatives for the four focus areas and workgroups to examine resource development, research and evaluation, and

communications. This proposal led to the creation of the Oklahoma Sexual Violence Prevention Planning Committee (OSVPPC). The primary elements of the strategic plan have been incorporated into the activities of the OSVPPC, RPE activities, and the comprehensive sexual violence prevention plan.

Oklahoma Sexual Violence Prevention Planning Committee

The Oklahoma Sexual Violence Prevention Planning Committee (OSVPPC) was established in September 2007. Committee members represent a range of stakeholders in preventing sexual violence including domestic and sexual violence service providers, the Office of the Attorney General, youth-serving organizations, colleges and universities, the media, and faith communities. The OSVPPC also has subcommittees for each of the

*OSVPPC Vision:
Oklahoma, a safe place with a positive culture
without gender myths and stereotypes*

four priority areas identified in the *Oklahoma Statewide Strategic Plan to Prevent Sexual Violence*: K–12 schools, colleges and universities, media, and faith institutions. Subcommittee members have also engaged subject-matter experts who are not members of the OSVPPC.

Among the OSVPPC functions, members have worked to examine the focus areas and revise the *Spectrum of Prevention* charts. Future activities of the OSVPPC will include further development of the formal structure of the committee, establishing bylaws, creating workgroups to advise on implementation strategies, and recruitment of opinion and political leaders as well as subject-matter experts. A list of OSVPPC membership is included in Appendix J.

Strengths, Weaknesses, Opportunities, and Threats Analysis

Each of the four OSVPPC subcommittees participated in a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis.

Members of the four subcommittees were surveyed through email using open-ended questions about how the members perceived the strengths, weaknesses, opportunities and threats concerning the institutions included in the four focus areas. Answers ranged from brief, bullet-point style responses to philosophical discussions about the institutions. The SWOT analysis was presented to the OSVPPC and approved. A synthesis of the responses is included in Appendix K.

OSVPPC Shared Definition of Sexual Violence

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.

EVALUATION AND ASSESSMENT ACTIVITIES

As discussed previously under Assessment of Current Prevention Programming and Capacity, the OSDH sexual violence prevention program funds comprehensive, community-based, sexual violence prevention programs in Tahlequah, Miami, Oklahoma City, and Stillwater using RPE funds. Additionally, the OSDH contracts with the OCADVSA for a statewide prevention coordinator using non-RPE funds. The statewide prevention coordinator facilitates the OSVPPC and provides statewide training and technical assistance to agencies and organizations working in sexual violence prevention. The current activities used to evaluate the OSDH sexual violence prevention program include the following:

- Monthly conferences calls are held between the OSDH RPE principal investigator, the statewide prevention coordinator, and prevention educators in the RPE funded communities to discuss program activities, share information, and provide technical assistance.
- RPE funded programs submit monthly activities reports as required by the contract and track the number of educational sessions

and information materials distributed in Excel spreadsheets.

- OSDH RPE personnel conduct hospital chart reviews of female assault patients treated in emergency departments in the service areas of two RPE funded communities (Tahlequah and Miami) and two control hospitals in comparable communities to determine the prevalence of rape and sexual assaults treated in emergency rooms. Data collected in the RPE funded communities will be compared to control communities over time. Baseline data were collected for 2006 and will be collected again in 2008 to evaluate changes.
- Baseline data were collected in OU POLL random telephone surveys of the state, Cherokee County, and Ottawa County. Surveys were conducted to gauge community readiness, support for sexual violence prevention, and female victimization rates in the program areas. Data were gathered at baseline from 2006 to 2008 and will be repeated in five years (estimated 2011 to 2013) if funding is available to measure impact/outcomes of local prevention efforts.

TRAINING AND TECHNICAL ASSISTANCE

Since 2005, the IPS has been building capacity for sexual violence prevention through training. The IPS contracted with the University of North Carolina Injury Prevention Research Center (UNC-IPRC) to conduct several trainings in Oklahoma City and Tulsa. In March 2005, a national PREVENT Workshop, *Moving Towards Violence Prevention*, was conducted in Oklahoma City with teams from around the country including an Oklahoma team. In October 2005, UNC-PREVENT conducted a two-day competency-based workshop for Oklahoma participants. Additional introductory and advanced level competency-based workshops were sponsored in 2006 and 2007 primarily to train RPE contractors and other identified stakeholders around the state to increase knowledge and skills in primary prevention. In June 2008, the OSDH partnered with the OCADVSA to sponsor a two-day UNC-IPRC training, *Preventing Sexual Violence Through Building Effective Programs* as a pre-conference to the OCADVSA annual conference. The pre-conference training was followed up with prevention track breakout sessions at the regular conference.

All IPS sponsored UNC-PREVENT competency-based trainings in Oklahoma have included sessions on primary prevention, program planning utilizing the ecological model, evaluation, and introductions to existing evidence-based and promising programs. Feedback from workshop participants was used to modify subsequent trainings. Based on feedback from previous trainings, in 2009, the IPS sponsored training workshops on specific evidence-based programs at partner conferences. At the OCADVSA annual conference in June 2009, the IPS sponsored two

training sessions: *Using Safe Dates in the Classroom*, presented by Marty Harding, Hazelden Publishing, and *You Only Have 45 Minutes? Inspire Them! (2 part session)*, training on the *Green Dot* model by Dorothy Edwards, University of Kentucky. At the annual conference of the Oklahoma School Counselor's Association in June 2009, the IPS sponsored the general session speaker, Susannah Faxon-Mills, to present on *Break the Cycle's* teen dating violence prevention curricula, *Ending Violence*. At the Oklahoma Attorney General's Partnership Conference in September 2009, the IPS sponsored workshops with Dr. Barbara Ball of Safe Place in Austin, Texas, to cover the *Expect Respect* program, *Safe Teens*, and *Choose Respect*. The IPS plans to continue to sponsor prevention track training at partner conferences.

Data from the *Oklahoma Needs Assessment Survey: Resources for the Prevention of Sexual Violence* in 2009 indicated that there was widespread familiarity among DVSA service directors with the concepts of primary prevention, the ecological model, planning and evaluation, which may be attributable to the many IPS-sponsored competency-based trainings provided by UNC-PREVENT over the years. In addition to the UNC-PREVENT training, the RPE program developed a similar competency-based training module to cover basic prevention concepts, the public health approach, and the ecological model. The module will be used to train agency personnel and for conference workshops. The RPE program will continue to focus efforts on training and building capacity for primary prevention.

SEXUAL VIOLENCE PREVENTION SYSTEMS CAPACITY

Prevention systems in Oklahoma that, in theory, could support or create synergy for sexual violence prevention include DVSA programs, and programs that promote positive outcomes for children and youth. Based on the *Oklahoma Needs Assessment Survey: Resources for the Prevention of Sexual Violence*, the majority (79%) of DVSA programs in the state have programs for sexual violence prevention and 89% have paid staff to conduct domestic violence and sexual assault educational programs in the community. Many of the programs are already conducting educational sessions at schools addressing the topics of healthy relationships and teen dating violence, as well as other topics. However, nearly all the directors believed that their current sexual violence prevention activities were not adequate for the need in their communities. The OSDH sexual violence prevention program cannot possibly address the need for funding requested by nearly all the directors; however, requests for curricula and materials, and staff training needs can be addressed to some degree to increase their capacity to have programs and activities that address sexual violence prevention.

In addition to the 30 state-certified DVSA programs throughout the state, there are a number of programs that promote positive outcomes for children and youth including several programs that have been previously described in this report. These programs include *Tobacco Cessation and Use Prevention*, *Teen Pregnancy Prevention*, *Abstinence Education*, *Children First*, *2M2L*, *Area Prevention Resource Centers*, *Suicide Prevention*, *Boys and Girls Clubs*, and *Big Brothers and Big Sisters*. These programs represent prevention networks that address common risk and protective factors for violence as well as models for working with children and youth.

The School Bullying Prevention Act required school boards to adopt a policy for the control and

discipline of children attending public school, specifically prohibiting harassment, intimidation, and bullying by students at school. The Act also required schools to establish Safe School Committees with representatives from the schools, school districts and parents to develop bullying prevention policies and to explore prevention programs used in other areas. Safe School Committees could be entrance points for new prevention initiatives including sexual violence prevention.

Title IV, Safe and Drug-Free Schools and Communities, is a federal program administered as a state formula grant. The program provides funding for a variety of prevention efforts including alcohol, drug and tobacco use prevention and violence prevention. The current administration proposes to terminate the program in 2010; however, funding for national activities to prevent violence and substance abuse will remain, as well as funding to local schools/districts to implement activities. Additional funding will be made available through a new program to encourage comprehensive solutions and focusing on culture and climate change to reduce violence and drug use (U.S. Department of Education, Safe Schools and Citizen Education, *FY 2010 Budget Request* at www.ed.gov/about/overview/budget/budget10/justifications/g-ssce.pdf).

The Regional University System of Oklahoma (RUSO) violence prevention project is a recently developed prevention system for colleges and universities to reduce domestic violence, sexual violence and stalking. The RUSO system includes East Central University, Northeastern State University, the University of Central Oklahoma, Northwestern State University, Southeastern State University, and Southwestern Oklahoma State University. East Central University is the flagship institution representing the project. RUSO schools serve more than 41,000 students in Oklahoma and

approximately 6,500 new students enter the system per year. The violence prevention project is funded by a grant from the U.S. Department of Justice Office on Violence Against Women and seeks to establish mandatory prevention education programs for all incoming students during a freshman seminar on enrollment day. Prevention education including education about domestic and sexual violence is also required for continuing

students through campus-wide seminars and student organization meetings. The project aims to strengthen partnerships between the RUSO institutions, create safer communities, and prevent and control campus crime. Representatives of East Central University and the University of Central Oklahoma serve on the OSVPPC colleges and universities subcommittee.

SECTION 2. COMPREHENSIVE STATE PLAN FOR SEXUAL VIOLENCE PREVENTION

Based on a review of the state assessment data and ongoing collaborations within the OSVPPC, the strategic planning process was finalized with the completion of the comprehensive state plan for sexual violence prevention. The plan retains the four priority focus areas from the strategic planning process—K–12 schools, colleges and universities, faith communities, and the media. It was approved by the current OSVPPC membership, many of whom participated in the initial 2006 strategic planning meeting. The comprehensive state plan is summarized below. Additionally, a logic model for the comprehensive plan and a logic model specific to RPE funded activities are included in Appendix L.

TARGET POPULATIONS

- Universal population: The overarching goals and objectives of the Oklahoma sexual violence prevention plan will target the population of the state of Oklahoma.
- Selected populations: The goals and objectives of the Oklahoma sexual violence prevention plan will include working with two 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.

GOALS AND OUTCOMES

Goal 1: Reduce first time perpetration of sexual violence.

RPE Funded Strategies/Activities:

- 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; and
- 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:

1. 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.

2. 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.

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.
- Provide training to 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:

3. 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.

4. 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.

RPE Funded activities:

- 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.
- Sponsor education and training on best practices at faith community conferences.
- Fund informational brochures and other media aimed at 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.

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:

5. 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.

6. 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.

Existing Programs and Resources

Existing resources, personnel, and programs will be used to develop an implementation plan for achieving the goals and outcomes stated above. OSDH RPE personnel, the OCADVSA statewide prevention coordinator, and prevention specialists in the RPE funded programs will work together to implement sexual violence prevention activities in the four focus areas to achieve the goals and outcomes. OSVPPC members will be asked to contribute to the implementation plan in an active role. The OSVPPC will be asked to restructure the function and focus of the existing subcommittees to focus on statewide policy development activities and to also create a new subcommittee to focus on the implementation of the comprehensive sexual violence prevention plan.

Local Prevention Specialists. The state RPE program will continue to fund local DVSA programs to conduct community-based sexual violence prevention programs and provide a local full time

prevention educator/specialist. Similar to *Enhancing and Making Programs and Outcomes Work to End Rape* (EMPOWER) states, having local prevention staff provides a laboratory to explore new ideas and to increase knowledge of what works in prevention in Oklahoma. Local prevention specialists have been and will continue to be a valuable part of assessing and implementing prevention programming. Working at the forefront of the sexual violence prevention movement, they have been the test-cases for many of the curricula and strategies that the OSVPPC has considered. The on-the-ground perspective allows the OSVPPC to consider their successes and challenges and lessons learned, which help to develop and refine training and technical assistance needs. Additionally, local staff will serve as resources and form networks to provide training and technical assistance to groups interested in prevention and serve as an outside body to evaluate the overall RPE statewide program.

Determining What Works

Existing Programs/Best Practices. One of the greatest challenges and key to the success of the program has been to determine what programs, curricula, and activities work. Using information from conference presentations, trainings, and information available on the Prevention Connection Wiki, available evidence-based or promising practices in prevention education were identified to consider for implementation in Oklahoma.

Ideally, we want to increase sustainability of prevention education by institutionalizing sexual violence prevention education within public and private schools, higher education, and faith organizations in the state. Media activities can reinforce the education by strengthening accurate representation of rape and sexual assault and increasing media messaging about healthy relationships.

Because there are few evaluated prevention programs available to prevent first-time perpetration/victimization of sexual violence in both universal and selected populations, an obstacle remains for implementing a statewide sexual violence prevention program. We have determined that a focus on healthy relationships (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 the most promising basis for sexual violence prevention at this time. The OSVPPC has not endorsed one particular mode of education/curricula for either bystander education and/or healthy relationships but is considering several including *Safe Dates*, *Second Step*, *Expect Respect*, *Men of Strength*, *Green Dot*, and *Ending Violence* (see Appendix M for a complete list and description of the programs).

Needs. The state assessment activities identified areas in which prevention capacity needs to be strengthened. For DVSA service providers, funding remains a significant barrier as well as appropriate curricula and materials. Given the current economic downturn, local agencies must be able to make a very strong case for both need and effectiveness to move funding towards prevention activities or to ask for additional funding. DVSA service providers also indicated a need for appropriate materials and resources. Additionally, funding for violence prevention in K–12 schools will likely be an issue as federal funding for Title IV is expected to change dramatically for FY 2010. The IPS plans to fund pilot programs in local K–12 schools to implement dating violence prevention curricula by providing curricula and training for school personnel. The IPS will also continue to fund prevention educators/specialists through DVSA service providers to conduct community-based sexual violence prevention, including programs in schools as well as other efforts in their communities.

The second major area of need is in training and technical assistance for organizations that may have resources to implement programming, but lack the necessary knowledge about effective programming. Colleges and universities often fall into this category. Oklahoma State University, the University of Oklahoma, and RUSO universities have staff to implement prevention programming and serve more than 79,000 college students. These institutions have expressed an interest in working with state level RPE program and the OCADVSA statewide prevention coordinator to increase the effectiveness of their prevention programs. State DVSA service providers have also expressed a need for training in best practices in prevention and technical assistance in developing, implementing, and evaluating sexual violence prevention programs in their communities.

PLAN COMPONENTS

K–12 Schools

Funding will be provided to schools using non-RPE funds to implement pilot projects, purchase evidence-based curriculum and fund training. The RPE program will identify pro-active schools/personnel that are already looking for assistance—“innovators” and “early adopters” (*Diffusion of Innovation Theory*) in preventing sexual violence. Allowing schools to maintain local control of curriculum decisions while increasing the use of evidence-based and evidence-informed practice will remain a priority.

Each institution faces unique challenges to the implementation of age and culturally appropriate activities. K–12 schools are increasingly aware of sexual violence as a problem, which is usually recognized as part of the broader topic of teen dating violence. 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 often express concern regarding parents' reaction to inclusion of "sexual violence prevention" curricula, equating it with "sex education," which may be a contentious subject. Recognizing that community ownership and inclusion are essential to prevention programs, we feel it is important to use language and activities that are respectful of community norms.

The OSVPPC developed a list of programs/curricula identified as best or promising practices for K–12 schools and colleges and universities. Criteria examined were evidence basis (research v. anecdotal field evaluation), appropriateness for identified target population, alignment with Strategic Plan and goals pertaining to K–12 schools and colleges and universities, perceived benefits and perceived deficits/drawbacks (Appendix M). The OSVPPC and RPE team will continue to review the programs/curricula and expand the list as new and emerging programs/curricula are identified. Funded schools will choose from the list or may propose other prevention programs that meet the principles of effective prevention programming and promote healthy relationships and/or bystander intervention.

Colleges and Universities

The College and Universities Administrative Policy/Practices Survey data indicated there was a great deal of support for sexual violence prevention education and training among college and university leadership. 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. State RPE personnel and the OSVPPC membership will: 1) develop working relationships

through the college and universities subcommittee with RUSO institutions, the University of Oklahoma, Oklahoma State University, and colleges and universities in RPE funded program areas; 2) determine appropriate policies that support non-violence on campus; and 3) determine appropriate curricula for freshman seminar/orientation sessions.

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 Cleary 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.

Faith Communities

Working with faith communities has been a more challenging focus area than K–12 schools, colleges and universities, and media. Since the OSVPPC was created, there has not been an active faith communities subcommittee. Potential strategies for beginning to engage the faith community include: 1) conducting a survey of faith leaders in the Oklahoma City Metropolitan area, 2) sponsoring training at faith conferences, and 3) presenting at group meetings. The faith communities component of the comprehensive sexual violence prevention plan has not been sufficiently addressed and will be developed in future months.

Evaluation

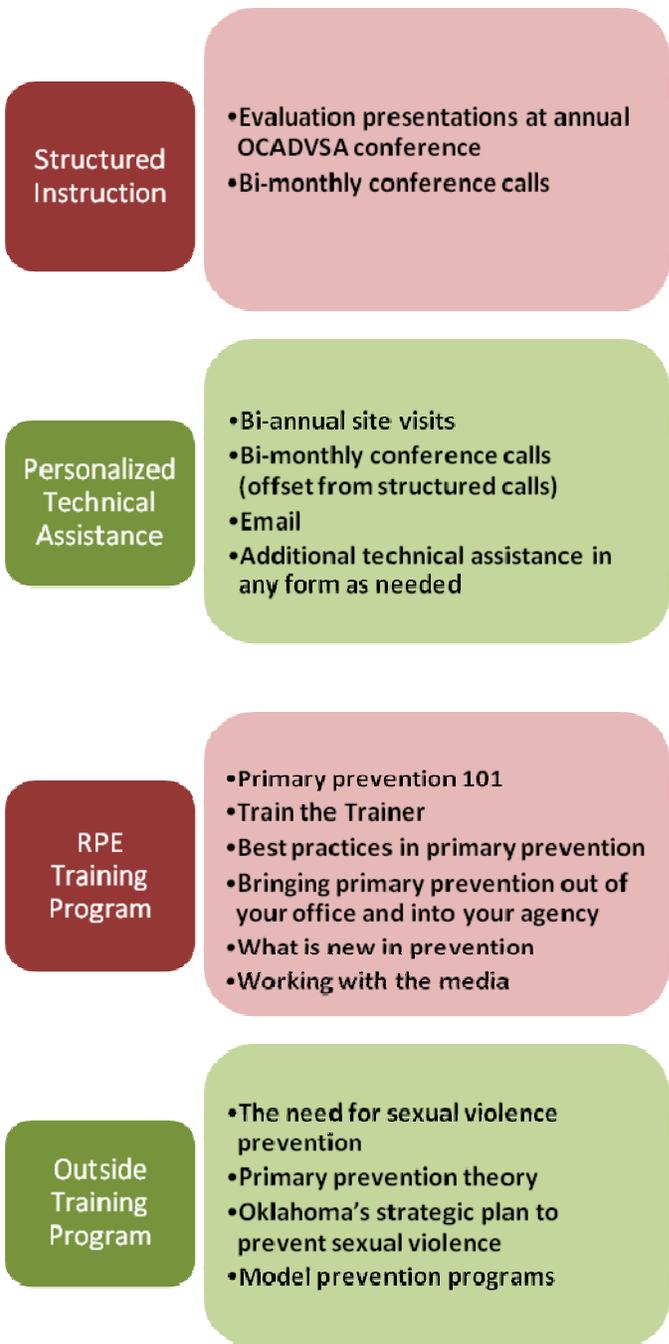
Because evaluation has become increasingly necessary, both to justify funding and as a tool to persuade state and local leaders to implement and sustain prevention activities, RPE funding will also

be used to provide technical assistance for evaluation activities to all funded projects. Recent research regarding evaluation has shown that a combination of structured instruction and site-specific technical assistance is a promising format.

A structured instruction program including training on formative and outcome evaluation will be created by state RPE personnel and OCADVSA and will be presented at the annual OCADVSA conference. Additionally, bi-monthly conference calls will be held so that project personnel can share successes, observations, challenges and new ideas. This format has been successfully used among current state and local RPE funded program staff. The participants have given positive feedback about this format saying that it provided both feedback and contact with state level personnel at OSDH and OCADVSA and created a sense of community among all the projects.

Site-specific technical assistance provides the opportunity to engage local programs “where they are,” both in terms of physical location and unique needs based on their goals. This form of assistance includes help with their program evaluation, gathering data for related grant applications or to increase community participation. Together, technical assistance and structured instruction programs will create a statewide prevention network of local programs working together and sharing lessons learned directly with their counterparts while maintaining close contact with statewide prevention experts.

Finally, collection of high quality data is essential for evaluation. RPE funds will continue to be used to fund sexual violence surveillance to monitor prevalence and incidence with a cap of 2% of the total RPE budget. Typically, these funds are used for the inclusion of sexual violence prevention questions on the annual state BRFSS questionnaire. In addition to surveillance data, RPE funds will be used to collect data to measure programmatic success, including process and outcome data.



Training

Making training available and accessible for groups engaged in sexual violence prevention and groups interested in learning about sexual violence prevention is a high priority of the comprehensive state plan. Through the funding and technical assistance pieces of the comprehensive plan we have identified some

innovators and early adopters. The characteristics of these groups indicate that they are interested in having access to the most up-to-date information and contact with other innovators. An annual training track (in conjunction with DELTA PREP) on primary prevention as part of the OCADVSA annual conference will provide an established venue and opportunity for the RPE program to continue to engage individuals in RPE funded and non-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 which includes preventing sexual violence, investigating rape and sexual assault crimes, prosecuting offenders, and providing services to victims rather than activities in competition with traditional activities. Conference participants represent a diverse range of experts from many fields that 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, RPE staff will also develop conference presentations and training to engage leaders of K–12 schools, colleges and universities, and faith groups in sexual violence prevention. RPE staff will identify state and regional conferences and present in these focus areas and be available to present on request to small or large groups.

Diverse training topics, formats, and dissemination will be necessary to achieve the goals and desired outcomes of this ambitious comprehensive plan and to impact all of the four focus areas: K–12 schools, colleges and universities, faith communities, and the media. 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.

APPENDICES

Appendix A. Selected Demographic Characteristics by County, Oklahoma, 2007

	Total Population	White		Native American		Black		Asian		Hispanic		Youth Ages 10-18		Females Ages 15-44	
U.S.	301,621,157	243,582,944	80.8%	3,235,707	1.1%	40,028,958	13.3%	14,773,548	4.9%	45,504,311	15.1%	37,585,937	12.5%	62,097,211	20.6%
State Total	3,617,316	2,914,987	80.6%	319,498	8.8%	310,923	8.6%	71,908	2.0%	261,635	7.2%	442,400	12.2%	724,996	20.0%
Adair	21,902	11,713	53.5%	9,996	45.6%	135	0.6%	58	0.3%	826	3.8%	3,183	14.5%	4,488	20.5%
Alfalfa	5,593	5,106	91.3%	202	3.6%	272	4.9%	13	0.2%	213	3.8%	497	8.9%	749	13.4%
Atoka	14,512	11,613	80.0%	1,952	13.5%	906	6.2%	41	0.3%	319	2.2%	1,633	11.3%	2,517	17.3%
Beaver	5,380	5,244	97.5%	88	1.6%	36	0.7%	12	0.2%	812	15.1%	733	13.6%	901	16.7%
Beckham	19,700	18,247	92.6%	604	3.1%	751	3.8%	98	0.5%	1,378	7.0%	2,313	11.7%	3,775	19.2%
Blaine	12,475	9,635	77.2%	1,243	10.0%	1,182	9.5%	415	3.3%	1,093	8.8%	1,336	10.7%	1,765	14.1%
Bryan	39,563	32,866	83.1%	5,471	13.8%	946	2.4%	280	0.7%	1,499	3.8%	4,778	12.1%	8,183	20.7%
Caddo	29,296	20,389	69.6%	7,624	26.0%	1,177	4.0%	106	0.4%	2,328	7.9%	4,148	14.2%	5,516	18.8%
Canadian	103,559	92,464	89.3%	4,999	4.8%	3,295	3.2%	2,801	2.7%	5,601	5.4%	13,345	12.9%	21,367	20.6%
Carter	47,582	38,631	81.2%	4,581	9.6%	3,976	8.4%	394	0.8%	1,738	3.7%	5,805	12.2%	9,055	19.0%
Cherokee	45,393	28,822	63.5%	15,289	33.7%	996	2.2%	286	0.6%	2,780	6.1%	5,672	12.5%	10,217	22.5%
Choctaw	15,011	10,713	71.4%	2,612	17.4%	1,654	11.0%	32	0.2%	323	2.2%	1,832	12.2%	2,883	19.2%
Cimarron	2,664	2,600	97.6%	34	1.3%	25	0.9%	5	0.2%	601	22.6%	330	12.4%	441	16.6%
Cleveland	236,452	201,787	85.3%	11,757	5.0%	13,180	5.6%	9,728	4.1%	13,074	5.5%	27,969	11.8%	54,500	23.0%
Coal	5,709	4,457	78.1%	1,200	21.0%	37	0.6%	15	0.3%	183	3.2%	761	13.3%	1,054	18.5%
Comanche	113,811	80,071	70.4%	6,576	5.8%	23,583	20.7%	3,581	3.1%	10,677	9.4%	15,940	14.0%	22,288	19.6%
Cotton	6,299	5,411	85.9%	610	9.7%	253	4.0%	25	0.4%	372	5.9%	803	12.7%	1,170	18.6%
Craig	15,195	11,483	75.6%	3,081	20.3%	569	3.7%	62	0.4%	240	1.6%	1,679	11.0%	2,765	18.2%
Creek	69,073	59,582	86.3%	6,994	10.1%	2,196	3.2%	301	0.4%	1,664	2.4%	8,841	12.8%	13,188	19.1%
Custer	26,111	22,926	87.8%	1,764	6.8%	983	3.8%	438	1.7%	2,930	11.2%	2,839	10.9%	5,802	22.2%
Delaware	40,406	30,391	75.2%	9,421	23.3%	223	0.6%	371	0.9%	998	2.5%	4,819	11.9%	7,381	18.3%
Dewey	4,338	4,060	93.6%	256	5.9%	18	0.4%	4	0.1%	165	3.8%	463	10.7%	683	15.7%
Ellis	3,911	3,835	98.1%	59	1.5%	13	0.3%	4	0.1%	158	4.0%	402	10.3%	563	14.4%
Garfield	57,657	52,873	91.7%	1,486	2.6%	2,246	3.9%	1,052	1.8%	3,681	6.4%	6,739	11.7%	10,737	18.6%
Garvin	27,141	23,809	87.7%	2,349	8.7%	884	3.3%	99	0.4%	1,176	4.3%	3,143	11.6%	5,092	18.8%
Grady	50,615	45,674	90.2%	2,972	5.9%	1,716	3.4%	253	0.5%	1,963	3.9%	6,407	12.7%	10,610	21.0%
Grant	4,497	4,318	96.0%	155	3.4%	10	0.2%	14	0.3%	124	2.8%	546	12.1%	750	16.7%
Greer	5,810	4,970	85.5%	208	3.6%	613	10.6%	19	0.3%	514	8.8%	536	9.2%	827	14.2%
Harmon	2,837	2,409	84.9%	56	2.0%	354	12.5%	18	0.6%	692	24.4%	370	13.0%	468	16.5%
Harper	3,254	3,206	98.5%	40	1.2%	1	0.0%	7	0.2%	332	10.2%	339	10.4%	484	14.9%
Haskell	12,059	9,771	81.0%	2,098	17.4%	113	0.9%	77	0.6%	298	2.5%	1,480	12.3%	2,297	19.0%
Hughes	13,680	10,416	76.1%	2,518	18.4%	709	5.2%	37	0.3%	420	3.1%	1,578	11.5%	2,221	16.2%
Jackson	25,778	22,484	87.2%	611	2.4%	2,236	8.7%	447	1.7%	5,024	19.5%	3,700	14.4%	5,092	19.8%
Jefferson	6,273	5,684	90.6%	437	7.0%	68	1.1%	84	1.3%	511	8.1%	726	11.6%	1,095	17.5%
Johnston	10,402	8,241	79.2%	1,841	17.7%	277	2.7%	43	0.4%	330	3.2%	1,307	12.6%	1,956	18.8%
Kay	45,638	40,002	87.7%	4,205	9.2%	1,037	2.3%	394	0.9%	2,481	5.4%	5,798	12.7%	8,122	17.8%
Kingfisher	14,320	13,427	93.8%	545	3.8%	309	2.2%	39	0.3%	1,395	9.7%	1,722	12.0%	2,680	18.7%
Kiowa	9,456	8,151	86.2%	725	7.7%	537	5.7%	43	0.5%	757	8.0%	1,068	11.3%	1,505	15.9%
Latimer	10,508	7,983	76.0%	2,315	22.0%	189	1.8%	21	0.2%	215	2.0%	1,396	13.3%	2,248	21.4%
Le Flore	49,715	42,053	84.6%	6,208	12.5%	1,264	2.5%	190	0.4%	3,069	6.2%	6,032	12.1%	9,402	18.9%
Lincoln	32,272	28,710	89.0%	2,512	7.8%	926	2.9%	124	0.4%	703	2.2%	4,289	13.3%	6,173	19.1%
Logan	36,435	31,591	86.7%	1,201	3.3%	3,412	9.4%	231	0.6%	1,531	4.2%	4,684	12.9%	7,482	20.5%

Appendix A. Selected Demographic Characteristics by County, Oklahoma, 2007

	Total Population	White		Native American		Black		Asian		Hispanic		Youth Ages 10-18		Females Ages 15-44	
Love	9,112	8,174	89.7%	677	7.4%	234	2.6%	27	0.3%	802	8.8%	1,096	12.0%	1,642	18.0%
McClain	31,849	29,336	92.1%	2,029	6.4%	348	1.1%	136	0.4%	1,815	5.7%	3,906	12.3%	6,331	19.9%
McCurtain	33,539	25,213	75.2%	5,147	15.3%	3,086	9.2%	93	0.3%	1,355	4.0%	4,475	13.3%	6,589	19.6%
McIntosh	19,709	15,084	76.5%	3,653	18.5%	928	4.7%	44	0.2%	316	1.6%	2,197	11.1%	3,567	18.1%
Major	7,190	7,024	97.7%	99	1.4%	49	0.7%	18	0.3%	430	6.0%	858	11.9%	1,244	17.3%
Marshall	14,830	12,928	87.2%	1,505	10.1%	354	2.4%	43	0.3%	1,847	12.5%	1,717	11.6%	2,692	18.2%
Mayes	39,627	30,246	76.3%	8,925	22.5%	282	0.7%	174	0.4%	908	2.3%	5,009	12.6%	7,631	19.3%
Murray	12,695	10,693	84.2%	1,650	13.0%	302	2.4%	50	0.4%	565	4.5%	1,416	11.2%	2,406	19.0%
Muskogee	71,116	48,918	68.8%	12,405	17.4%	9,276	13.0%	517	0.7%	2,827	4.0%	8,590	12.1%	13,905	19.6%
Noble	11,124	9,743	87.6%	1,061	9.5%	279	2.5%	41	0.4%	266	2.4%	1,317	11.8%	1,946	17.5%
Nowata	10,723	8,252	77.0%	2,108	19.7%	339	3.2%	24	0.2%	212	2.0%	1,356	12.6%	2,000	18.7%
Okfuskee	11,248	7,747	68.9%	2,300	20.4%	1,189	10.6%	12	0.1%	241	2.1%	1,291	11.5%	1,940	17.2%
Oklahoma	701,807	533,556	76.0%	25,391	3.6%	116,109	16.5%	26,751	3.8%	86,033	12.3%	83,018	11.8%	143,405	20.4%
Okmulgee	39,300	28,926	73.6%	6,207	15.8%	4,059	10.3%	108	0.3%	945	2.4%	5,032	12.8%	7,568	19.3%
Osage	45,523	32,719	71.9%	7,207	15.8%	5,380	11.8%	217	0.5%	1,199	2.6%	5,721	12.6%	8,540	18.8%
Ottawa	32,474	25,725	79.2%	6,080	18.7%	405	1.2%	264	0.8%	1,322	4.1%	4,175	12.9%	6,240	19.2%
Pawnee	16,447	13,912	84.6%	2,292	13.9%	199	1.2%	44	0.3%	247	1.5%	2,084	12.7%	3,034	18.4%
Payne	79,931	68,933	86.2%	4,203	5.3%	3,634	4.5%	3,161	4.0%	2,109	2.6%	7,895	9.9%	20,097	25.1%
Pittsburg	44,711	35,852	80.2%	6,611	14.8%	2,038	4.6%	210	0.5%	1,249	2.8%	5,050	11.3%	7,713	17.3%
Pontotoc	36,571	28,454	77.8%	6,657	18.2%	1,138	3.1%	322	0.9%	1,069	2.9%	4,272	11.7%	7,615	20.8%
Pottawatomie	69,038	56,804	82.3%	8,719	12.6%	2,805	4.1%	710	1.0%	2,150	3.1%	8,564	12.4%	14,774	21.4%
Pushmataha	11,666	9,394	80.5%	2,077	17.8%	172	1.5%	23	0.2%	253	2.2%	1,434	12.3%	2,173	18.6%
Roger Mills	3,308	3,046	92.1%	241	7.3%	16	0.5%	5	0.2%	133	4.0%	353	10.7%	492	14.9%
Rogers	83,105	70,354	84.7%	10,615	12.8%	1,385	1.7%	751	0.9%	2,584	3.1%	11,203	13.5%	17,385	20.9%
Seminole	24,179	17,841	73.8%	4,725	19.5%	1,519	6.3%	94	0.4%	629	2.6%	2,989	12.4%	4,594	19.0%
Sequoyah	41,024	30,972	75.5%	8,905	21.7%	967	2.4%	180	0.4%	1,117	2.7%	5,375	13.1%	8,108	19.8%
Stephens	43,322	39,296	90.7%	2,571	5.9%	1,266	2.9%	189	0.4%	2,235	5.2%	5,112	11.8%	7,826	18.1%
Texas	20,032	19,267	96.2%	291	1.5%	247	1.2%	227	1.1%	8,142	40.6%	2,628	13.1%	3,937	19.7%
Tillman	8,148	6,973	85.6%	302	3.7%	801	9.8%	72	0.9%	1,554	19.1%	1,100	13.5%	1,387	17.0%
Tulsa	585,068	465,620	79.6%	32,731	5.6%	73,072	12.5%	13,645	2.3%	54,967	9.4%	71,800	12.3%	117,069	20.0%
Wagoner	67,239	56,333	83.8%	6,848	10.2%	3,311	4.9%	747	1.1%	2,594	3.9%	8,954	13.3%	14,125	21.0%
Washington	49,888	42,503	85.2%	5,200	10.4%	1,653	3.3%	532	1.1%	2,043	4.1%	6,007	12.0%	9,254	18.5%
Washita	11,667	11,068	94.9%	447	3.8%	117	1.0%	35	0.3%	669	5.7%	1,382	11.8%	2,160	18.5%
Woods	8,319	7,814	93.9%	181	2.2%	260	3.1%	64	0.8%	263	3.2%	791	9.5%	1,560	18.8%
Woodward	19,505	18,449	94.6%	543	2.8%	397	2.0%	116	0.6%	1,357	7.0%	2,252	11.5%	3,555	18.2%
OKC MSA	1,192,989	963,118	80.7%	50,861	4.3%	138,986	11.7%	40,024	3.4%	110,720	9.3%	143,618	12.0%	249,868	20.9%
Tulsa MSA	905,755	727,446	80.3%	72,894	8.0%	89,602	9.9%	15,813	1.7%	64,200	7.1%	113,635	12.5%	180,909	20.0%

Source: United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin, compiled from 1990-1999 bridged-race intercensal population estimates and 2000-2007 (Vintage 2007) bridged-race postcensal population estimates, on CDC WONDER On-line Database. Accessed at <http://wonder.cdc.gov/bridged-race-v2007.html> on Jun 17, 2009.

Appendix B. Selected Socioeconomic Characteristics by County, Oklahoma, Selected Years

	Total Population ¹ (2007)	Unemployment Rate (%) (2007) ²	Median Household Income (2007) ²	Poverty Rate (%) All Ages (2007) ²	Poverty Rate (%) Under Age 18 (2007) ²	Percent Completing Less than HS (2000) ²	Percent Completing HS (2000) ²	Percent Completing Some College (2000) ²	Percent Completing College (2000) ²	Internet Access ³
U.S.	301,621,157	4.6	50,740	13.0	18.0	19.6	28.6	27.4	24.4	62.4
State Total	3,617,316	4.1	41,551	15.8	22.2	19.4	31.5	28.8	20.3	57.6
Adair	21,902	4.7	30,668	25.4	35.4	33.3	38.1	18.8	9.8	
Alfalfa	5,593	4.3	38,470	15.3	20.9	18.6	40.8	25.7	14.9	
Atoka	14,512	5.4	29,810	23.6	31.6	30.6	39.9	19.4	10.1	
Beaver	5,380	2.6	44,529	12.7	17.8	18.8	36.3	27.3	17.6	
Beckham	19,700	2.4	40,947	15.6	21.0	24.1	34.7	25.7	15.5	
Blaine	12,475	4.2	35,117	19.0	24.2	24.5	41.2	20.3	14	
Bryan	39,563	3.5	33,584	21.7	32.7	25.1	31.8	25.2	17.9	
Caddo	29,296	4.9	34,378	19.6	27.7	24.1	40.5	21.1	14.2	
Canadian	103,559	3.7	58,044	8.0	11.0	12.7	32.0	34.4	20.9	
Carter	47,582	3.4	36,379	16.4	21.8	23.0	36.8	25.1	15.1	
Cherokee	45,393	4.0	30,535	31.8	35.0	23.3	30.2	24.4	22.1	
Choctaw	15,011	5.3	28,392	26.8	38.5	31.0	36.7	22.4	9.9	
Cimarron	2,664	3.8	33,233	15.5	22.5	23.4	31.5	27.3	17.7	
Cleveland	236,452	3.7	51,052	10.0	12.2	11.9	26.7	33.4	28	
Coal	5,709	6.2	30,241	24.4	36.1	31.4	37.0	19.3	12.4	
Comanche	113,811	4.3	42,972	18.8	26.9	14.8	31.5	34.5	19.1	
Cotton	6,299	2.6	36,718	14.3	22.5	23.0	39.2	23.7	14	
Craig	15,195	4.6	36,260	21.5	24.7	23.1	40.7	25.7	10.5	
Creek	69,073	4.3	41,745	16.4	23.2	22.4	40.0	25.9	11.7	
Custer	26,111	3.0	40,287	19.5	26.3	18.8	31.4	27.0	22.8	
Delaware	40,406	4.5	33,139	20.2	33.9	24.6	37.0	25.0	13.3	
Dewey	4,338	3.0	36,735	14.9	21.3	20.2	40.8	22.4	16.6	
Ellis	3,911	2.4	36,924	12.7	19.8	18.8	38.2	23.7	19.2	
Garfield	57,657	2.9	39,904	15.6	22.9	17.8	35.6	27.1	19.6	
Garvin	27,141	3.2	38,360	16.6	22.8	27.0	40.4	20.6	12	
Grady	50,615	4.4	43,341	14.1	18.5	20.5	38.3	26.8	14.4	
Grant	4,497	3.2	36,667	15.1	23.9	14.3	39.1	30.4	16.2	
Greer	5,810	4.8	30,911	24.5	32.8	23.3	36.3	27.8	12.6	
Harmon	2,837	3.4	27,635	27.6	40.1	36.8	32.2	18.8	12.1	
Harper	3,254	2.8	43,201	10.6	16.2	17.9	36.3	26.6	19.2	
Haskell	12,059	4.0	31,592	16.9	26.6	33.1	32.6	24.0	10.3	
Hughes	13,680	6.1	28,689	25.7	36.3	29.2	39.1	22.1	9.7	

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Jackson	25,778	3.4	38,313	17.9	24.3	20.9	26.9	33.7	18.5	
Jefferson	6,273	4.9	28,843	19.2	30.5	30.7	37.4	21.4	10.6	
Johnston	10,402	4.2	32,556	19.9	29.1	30.9	30.4	25.3	13.3	
Kay	45,638	4.2	38,080	18.1	28.8	19.1	33.2	29.5	18.3	
Kingfisher	14,320	2.6	49,242	10.8	14.5	18.8	38.7	26.3	16.1	
Kiowa	9,456	4.4	31,731	20.4	28.7	22.6	36.2	26.3	14.8	
Latimer	10,508	4.9	34,060	18.7	26.5	26.2	34.8	27.0	12	
Le Flore	49,715	5.5	33,925	21.5	30.6	29.6	35.1	23.9	11.3	
Lincoln	32,272	4.2	38,204	16.4	21.7	22.5	42.0	24.4	11.1	
Logan	36,435	3.8	48,003	12.7	18.0	18.5	34.6	27.8	19.1	
Love	9,112	3.1	38,921	13.5	21.6	26.4	41.4	21.4	10.8	
McClain	31,849	3.8	48,654	10.0	13.8	20.7	36.8	26.8	15.7	
McCurtain	33,539	6.3	29,249	25.2	34.3	30.8	36.2	22.3	10.8	
McIntosh	19,709	5.4	31,251	19.6	31.3	28.4	34.2	24.3	13.1	
Major	7,190	2.7	41,007	11.1	15.1	21.4	40.4	23.8	14.4	
Marshall	14,830	4.3	34,819	16.5	25.4	29.0	34.3	25.3	11.4	
Mayes	39,627	4.3	38,040	16.8	24.7	23.9	38.1	25.9	12.1	
Murray	12,695	2.8	37,934	15.9	22.9	25.7	35.8	23.6	14.9	
Muskogee	71,116	5.5	36,490	16.8	25.2	24.9	31.9	27.8	15.4	
Noble	11,124	3.3	39,414	14.6	20.5	18.5	40.1	25.6	15.8	
Nowata	10,723	4.9	35,578	16.3	22.4	23.8	42.7	24.0	9.5	
Okfuskee	11,248	4.9	29,516	21.9	30.7	30.6	39.7	20.5	9.2	
Oklahoma	701,807	4.4	41,598	15.9	22.3	17.5	26.0	31.1	25.4	
Okmulgee	39,300	5.5	35,018	18.1	25.8	25.3	35.3	28.1	11.4	
Osage	45,523	4.1	42,245	13.3	19.7	19.8	36.4	29.2	14.6	
Ottawa	32,474	4.9	33,841	16.1	24.5	24.3	34.6	29.0	12.2	
Pawnee	16,447	4.5	40,255	16.1	22.6	21.2	40.2	26.5	12.1	
Payne	79,931	3.7	33,840	21.8	18.8	13.3	26.7	25.8	34.2	
Pittsburg	44,711	3.8	37,113	16.5	22.8	23.8	36.5	26.8	12.9	
Pontotoc	36,571	3.6	35,895	16.1	24.0	21.8	31.7	24.7	21.8	
Pottawatomie	69,038	4.1	38,614	18.8	26.8	20.7	35.6	28.2	15.5	
Pushmataha	11,666	4.9	28,348	22.4	32.6	31.0	35.4	21.3	12.4	
Roger Mills	3,308	2.7	41,268	12.7	17.1	20.7	38.6	24.9	15.8	
Rogers	83,105	3.8	52,866	9.8	13.6	16.6	32.8	33.7	16.9	
Seminole	24,179	5.4	33,207	22.8	33.0	26.8	34.8	26.3	12.1	

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Sequoyah	41,024	5.7	36,370	19.2	28.2	29.8	34.9	24.4	10.9	
Stephens	43,322	3.6	40,866	14.3	20.8	23.0	37.3	23.1	16.6	
Texas	20,032	3.1	42,069	12.7	15.8	28.1	28.6	25.6	17.7	
Tillman	8,148	4.6	26,120	23.7	32.6	32.6	34.3	20.5	12.5	
Tulsa	585,068	3.8	45,313	14.2	21.3	14.9	26.5	31.6	26.9	
Wagoner	67,239	3.8	53,455	11.1	16.3	18.7	35.8	30.1	15.4	
Washington	49,888	3.4	46,298	11.4	17.0	14.8	32.1	27.4	25.8	
Washita	11,667	3.0	39,151	15.3	20.9	20.3	39.1	25.6	15.1	
Woods	8,319	5.9	38,183	15.1	20.5	17.3	31.9	27.1	23.7	
Woodward	19,505	2.6	45,700	13.3	16.5	20.1	38.2	26.5	15.2	
Oklahoma City MSA	1,192,989	4.0	46,985	12.4	16.8	17.8	33.8	29.2	19.2	
Tulsa MSA	905,755	4.3	44,414	14.1	20.4	19.8	35.3	29.3	15.6	

NA=Data not available.

¹United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin, compiled from 1990-1999 bridged-race intercensal population estimates and 2000-2007 (Vintage 2007) bridged-race postcensal population estimates, on CDC WONDER On-line Database. Accessed at <http://wonder.cdc.gov/bridged-race-v2007.html> on Jun 17, 2009.

²County and state level data from the United States Department of Agriculture, Economic Research Service. Accessed at <http://www.ers.usda.gov/data/> on June 16, 2009. U.S. Data from U.S. Census Bureau. Accessed at <http://factfinder.census.gov/> on June 17, 2009.

³Oklahoma Department of Commerce, U.S. and Oklahoma percentage of persons 3 years and older who access the internet from some location. Accessed at http://www.okcommerce.gov/index.php?option=com_docman§ionid=7&Itemid=639&%20subcat=103&order=d.dmname&ascdesc=ASC&subcat=135 on June 16, 2009.

Appendix C

Summary

Results from the Oklahoma Needs Assessment Survey: Resources for the Prevention of Sexual Violence

The Oklahoma State Department of Health (OSDH), Injury Prevention Service (IPS), conducted a needs assessment survey to gather information on existing program activities of Domestic Violence and Sexual Assault (DVSA) programs in Oklahoma (both Rape Prevention Education (RPE) and non-RPE funded) aimed at preventing sexual violence. The information collected in the assessment was used to estimate the percentage of agencies conducting prevention activities including primary prevention activities, the types of prevention activities, and the areas of need.

The survey instrument and method was developed by the Injury Prevention Service (IPS) in collaboration with the statewide sexual violence prevention coordinator, the Oklahoma Coalition on Domestic Violence and Sexual Assault (OCADVSA), and the Southern Plains Inter-Tribal Epidemiology Center in Oklahoma City, OK. The survey instrument is included in Appendix 1. A total of 30 state-certified Domestic Violence and Sexual Assault programs and 17 tribally operated programs in Oklahoma were included in the survey. Survey data were collected through telephone interviews with DVSA program directors or their designees. The survey instrument was mailed to the directors in advance so they could consult with their staff beforehand or have staff available for the telephone interview with the information needed. An initial call was made to confirm receipt of the survey and to schedule a follow up phone call to conduct the interview. Follow up calls were made to schedule and complete the surveys. Each program was called 3 to 7 times to schedule an interview before attempts to contact were discontinued. In some cases initial contact was made and an interview was scheduled but we were not able to reach the director at the scheduled time. In these cases, 3 additional attempts were made to contact the director. Surveys were mailed to directors on December 2, 2008. Interviews were conducted from December 2008 through February 2009.

Results

Interviews were completed with 19 (63%) state-certified programs and 3 (18%) tribal programs. Due to the low response rate, data collected from the tribal programs were excluded from the results. Only the data collected from the 19 state-certified DVSA programs are included in the results.

Ten of the programs (53%) had client data available for 2008, 8 (42%) had data available for 2007, and one program (5%) had data available for 2006. Based on the programs' most recent client data, more than 31,000 service contacts were documented in a year including Crisis Hotline services. A total of 14,044 clients were served annually by the DVSA programs surveyed, including 10,203 women, 430 men, and 2,619 children (gender was unknown for 792 clients). Among those served, 12,050 (86%) were domestic violence clients, 1,202 (9%) were sexual violence clients, and the type of service was unknown for 792 (6%) clients. Ten programs had data available on the number of domestic violence clients that were also victims of sexual assault. A total of 1,357 primarily domestic violence clients also disclosed being victims of sexual violence, which increased the total number of clients who were victims of sexual assault to 2,559 (18%).

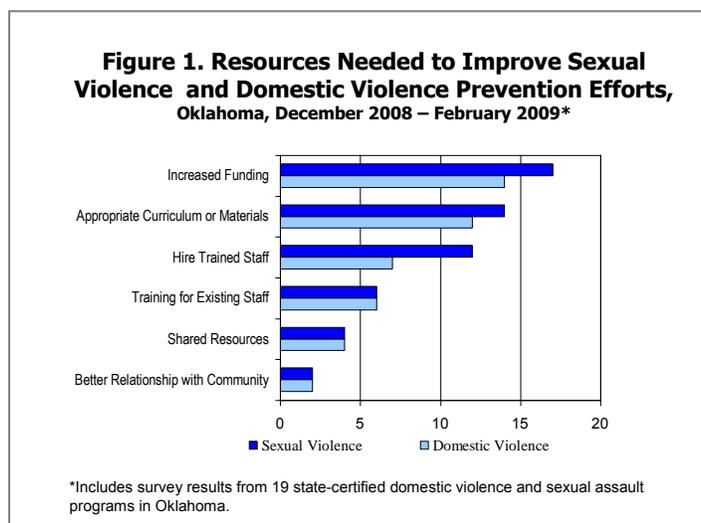
Among the programs that completed the survey, 42% had received Rape Prevention and Education (RPE) funds at some time. (At the time of the survey, only three programs were funded through RPE). Seventeen of the 19 programs (89%) had paid staff to conduct domestic violence or

sexual violence educational programs in the community; 10 programs had more than one paid staff educators. Programs that had “ever” received RPE funds were no more likely to have paid staff for prevention than programs that had never received RPE funds. The 17 programs had a total of 30 staff members conducting domestic and sexual violence educational activities. Four staff members worked 31-40 hours per week, 4 staff members worked 11-30 hours per week, and 22 staff members worked less than 10 hours per week conducting educational programs. Five of the 19 programs (26%) had a volunteer working less than 10 hours per week on educational programs.

When asked about the importance of sexual violence prevention, 42% of directors believed that conducting programs aimed at preventing sexual violence is very important to achieving their agency’s mission, and 58% believed it to be essential. When asked about the importance of domestic violence prevention, 32% of directors believed that conducting programs aimed at preventing domestic violence is very important to achieving their agency’s mission, and 68% believed it to be essential. Eighteen (95%) of the directors believed that their current sexual violence prevention activities were not adequate for the need in their community, and one director (5%) was not sure. When asked what resources would be necessary to have an adequate sexual violence prevention program, 17 of the 18 directors believed increased funding was needed for sexual violence prevention activities. The level of increased funding requested ranged from \$3,000 to \$200,000 per year, with a mean of \$41,867 and a median of \$30,000 per year. The mean level of increased funding requested was higher among programs that had received RPE funds at some time than among programs that had never received RPE funds, \$67,142 and \$19,750, respectively. More than three-fourths (78%) of directors requested appropriate curriculum and materials and 67% cited the need to hire trained staff (Figure 1). Ten of the 17 programs with paid staff for sexual violence prevention needed to hire additional staff.

For domestic violence, 14 (74%) directors believed that their current prevention activities were not adequate for the need in the community, 3 (16%) believed their current prevention activities were adequate, and 2 (11%) were not sure. All of the 14 directors who believed their current domestic violence prevention activities were not adequate cited the need for increased funding. The level of increased funding needed by individual programs for domestic violence prevention ranged from \$1,000 to \$200,000 per year, with a mean of \$42,077 and a median of \$30,000 per year. Among the 14 directors who believed that domestic violence prevention was inadequate, appropriate materials and/or appropriate curricula were needed by 12 (86%) of the directors, a need to hire trained staff was requested by 50% of directors, and education and training for existing staff was requested by 43% of directors.

Seven of the 19 programs (37%) surveyed conducted prevention activities aimed at preventing risk behaviors including alcohol and substance abuse and relapse prevention (4); tobacco (2); safety planning (2); parenting (1); anger management (1); and youth violence, bullying, and cyber predators (1). Only one of the programs conducting risk behavior prevention had ever received RPE funding. All of the 19 programs surveyed conducted activities aimed at preventing domestic violence (Figure 2). The most common type of domestic violence prevention among programs was domestic violence awareness and education in schools, with

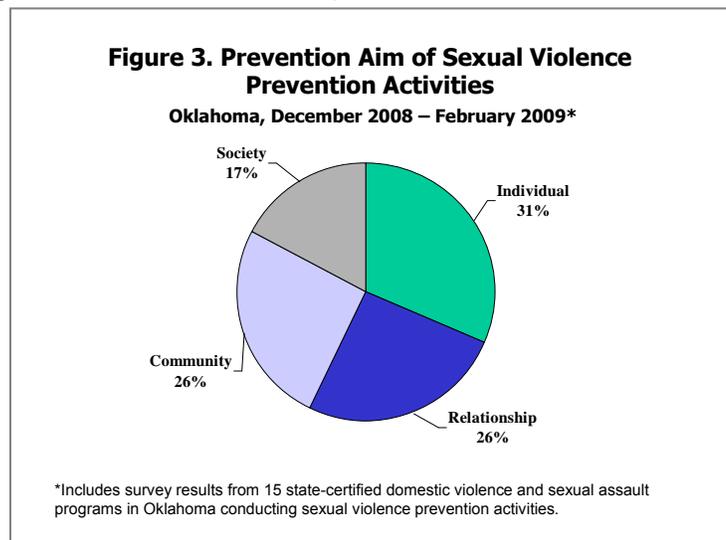
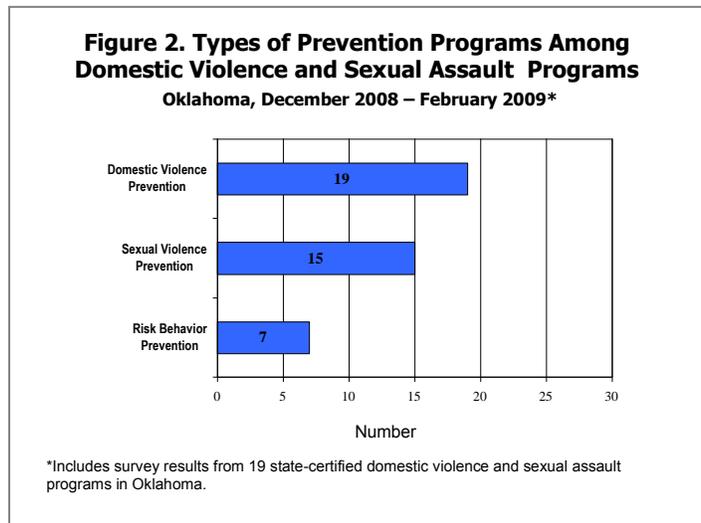


programs focusing on bullying in elementary school and healthy relationships and dating in middle schools and high schools. Program staff also made educational presentations at colleges, churches, civic groups, health fairs, and many other community engagements to spread domestic violence awareness and information. Several programs are involved in crisis intervention, safety, shelter, and advocacy, as well as training law enforcement and volunteers.

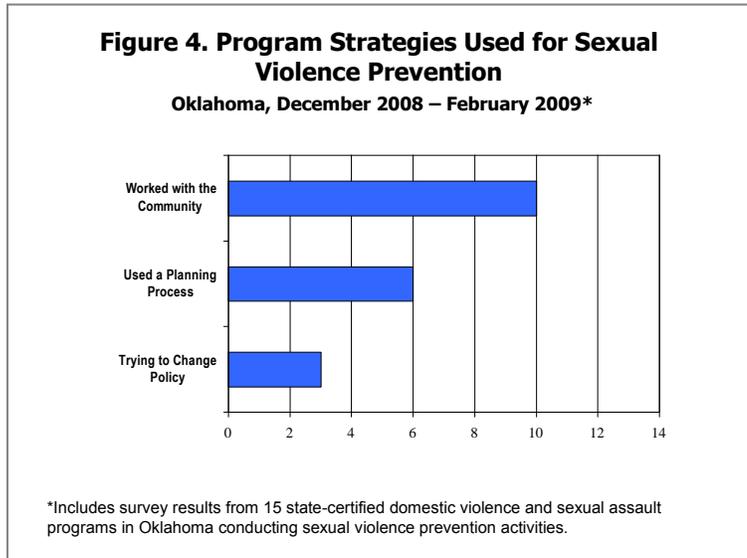
Fifteen of the 19 programs (79%) conducted activities aimed at preventing sexual violence. Six of the 15 programs had received RPE funding at some time. Two programs that had received RPE funds in the past were not conducting sexual violence prevention activities. The majority of sexual violence prevention activities consisted of educational presentations or classes for schools (7 programs) or community groups (3). Sexual violence prevention at schools was often paired with domestic violence prevention, and included education about healthy relationships and teen dating (6). Other prevention activities focused on cyber predators and bullying, and self-defense and risk reduction. Programs also provided sexual violence prevention education to law enforcement. Based on the social-ecological model, 11 of the 15 programs (73%) addressed the individual level, 9 programs (60%) targeted interpersonal relationships, 9 programs (60%) targeted the community, and 6 programs (33%) targeted larger societal factors to prevent sexual violence (Figure 3). Six (40%) of the programs said their prevention aim was to address all four of the levels (individual, relationship, community, and societal), six programs addressed only one level, one program addressed 2 and one program addressed 3 of levels. Fourteen of the directors believed their activities were primary prevention. However, only 13 of the programs were providing prevention for persons who had not become victims or perpetrators (i.e., primary prevention).

Funding for prevention activities came from a variety of sources. Nine (60%) programs were funded through multiple sources, 4 (27%) programs cited only one source of funding and 2 (13%) programs did not cite any source of funding for their sexual violence prevention activities. Sources of funding included RPE or grants (6), fundraising and private donations (4), United Way or foundation (5), Attorney General’s Office and other sources (11).

Programs were asked about the types of strategies used for their sexual violence prevention activities. Six of the 15 programs (40%) used a planning process, 7 (47%) did not use a planning process, and 2 (11%) were not sure. The planning materials typically were gathered from what the directors had available and came from several different sources. Ten of the 15 programs (67%) enlisted the ideas or support of members

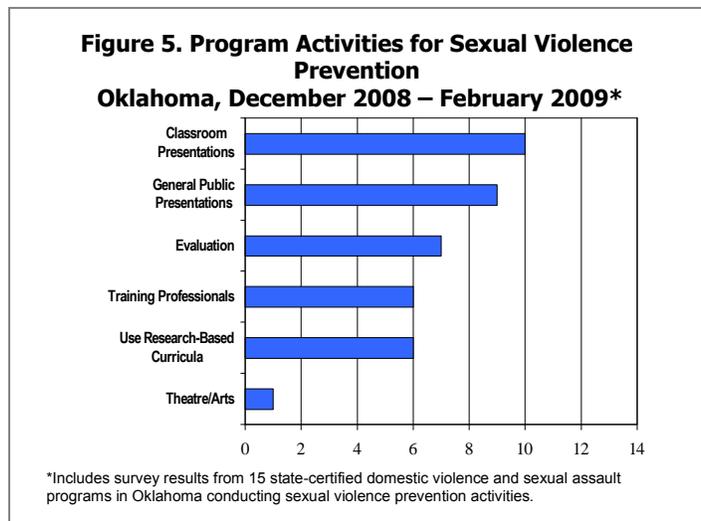


or groups in the community, including schools and universities, the OCADVSA, health and mental health programs, and advocacy groups. There were only 3 programs that were attempting to change public/organizational policy. One program was attempting to implement DVSA curriculum in schools, one program was attempting to implement a plan for stalking for the workplace, and one program was in the planning stages for attempting a policy change (Figure 4).

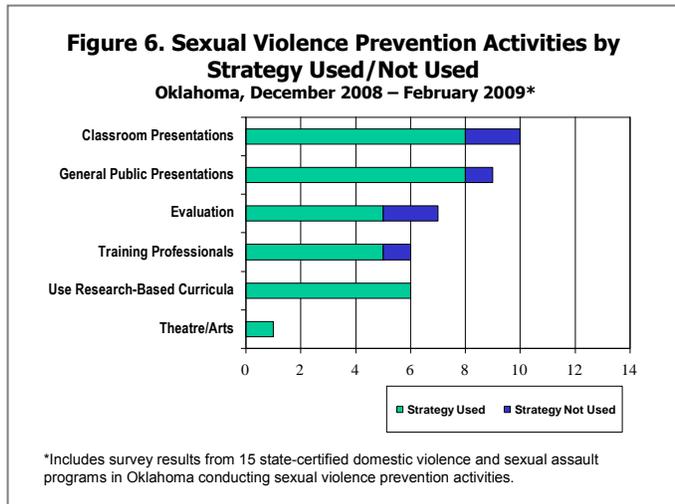


Nine out of 15 programs (60%) provided general public presentations in a large audience format, with topics that included domestic violence and sexual assault education, date rape, rape laws, sexual assault and stalking, safety, cyber predators, and bullying. The audiences included schools, churches, health departments, police departments, workplaces, and groups that request presentations. The general presentations were estimated to reach audiences from 150 to 2000 people per year per program with an estimated 10,000 individuals reached annually by all programs combined. Ten out of 15 programs (67%) provided classroom presentations with smaller audiences in schools on dating and sexual violence. The main audience was 6th or 7th grade through high school, with two programs targeting elementary school as well, and one program targeting college age students. Research based curricula were used by 6 of the 10 programs (60%) conducting classroom presentations, and included Safe Dates, Expect Respect, and Inside the Classroom. The curricula were typically used in middle schools or high schools. Half of the programs were conducting single session classroom presentations, 40% were conducting multiple session classroom presentations, and 10% did not indicate the number of sessions conducted. An estimated 100 to 2000 students were reached per year per program with an estimated 3,870 students reached annually by all programs combined. One program used theater arts in the form of a puppet show for elementary school students, which was performed at 7 different schools and reached over 400 students. Six of the 15 programs (40%) conduct trainings for professionals, including hospitals, law enforcement, youth organizations, faith leaders, and teachers (Figure 5). The majority (80%) of programs used strategies such as a planning process, community involvement, or changing policy with their activities (Figure 6).

Nine of the programs conducted prevention aimed at first time perpetration, and 11 programs focused on first time victimization. Ten of the programs had activities aimed at everyone regardless of risk for perpetration or victimization, and 2 programs had activities aimed at a special risk group, none of the programs cited prevention activities aimed at persons who had already become victims or perpetrators.



Eleven programs (73%) indicated their staff members received training to carry out the prevention activities. The types of training included employee training, annual certification training, RPE sponsored PREVENT training, intensive sexual assault/abuse training, monthly staff trainings, rape exam training, and Coalition training. Seven of the programs reported that they conduct evaluations of their sexual assault prevention activities primarily consisting of pre- and post-tests for participants and speaker/trainer evaluations. Among the seven programs that did not conduct evaluations, 4 (57%) cited a lack funding, time and staffing as the reason. Six of the programs used their evaluation data. Programs used their evaluation to plan for future trainings/presentations or activities, provide to community coalitions, and look for positive results.



Twelve program directors cited weaknesses of their sexual violence prevention activities. Weaknesses cited by the directors included not having available curricula or funds to purchase curricula and materials including handouts for children, needing evaluation and feedback, needing technical assistance, not enough time and staff available, and not enough community involvement.

Thirteen program directors cited strengths of their sexual violence prevention activities. Strengths cited by directors included the high quality of the presentations and speakers, teaching many different people about domestic violence and sexual assault, the interaction between the speakers and the audience, getting feedback from the audience that the messages were heard and understood, audience is interested and makes a connection, audience appreciates the information, doing well with what little they have, the number of people that are reached, and creating a change in base knowledge.

Discussion

The data collected demonstrates that there are many different types of sexual violence prevention activities throughout the state and often these activities are coupled with domestic violence prevention. The low response rate (63%) clearly limits the usefulness of the data to estimate overall capacity of the programs for sexual violence prevention. It was difficult to establish contact with some of the state program directors and even more difficult to establish contact with the tribal program directors for several reasons. The surveys were initially mailed in early December, which meant the holidays created difficulty for scheduling interviews. A few of the state program directors and many of the tribal programs never received the mailed survey, so the survey was then emailed to the directors. A phone call was made to the tribal program before the surveys were mailed to get the name of the program director for the domestic violence program. However, when the interviewer called to schedule an interview, it was difficult to locate the person responsible for the tribal domestic violence program and arrange an interview. The tribal programs often could not connect the interviewer with a specific director for the domestic violence program, or the domestic violence program was housed within another program.

The original intent of the survey was to collect the data by phone interview. However, five of the directors did not have time to schedule and complete an interview by phone and mailed or faxed the written completed survey. We believe using phone interviews to collect the data worked best. The phone interviews allowed for more discussion about the prevention activities. The written

responses were sometimes not as thorough, but provided sufficient information to be included in the results. Mailing the surveys in advance allowed the directors to have all of the information they needed to complete the interview.

The program directors gave similar responses to many of the questions regarding the importance of domestic violence and sexual violence prevention and the limitations they face. Most program directors would like more funding to be able to provide more education, awareness, and trainings, and the programs are in need of more materials and curriculum. The majority of directors understood which activities were considered primary, although some believed they were conducting primary prevention activities when they were providing prevention to victims. One director considered the prevention activities for victims to be primary prevention because it is “all they have.”

The results demonstrate that although there are a number of primary prevention activities being conducted throughout the state, the majority of program directors felt there was a need for more. Directors would like to expand their prevention efforts to include more age groups at schools, more comprehensive curriculum, and the addition of presentations to different groups in the communities. Many directors spoke of plans for additional prevention activities that will target the community as well as societal factors, but presently are utilizing the resources they have available to them to provide as much awareness and education that time will allow. All program directors agreed that domestic violence and sexual violence prevention is very important, if not essential, to their organization’s mission and to reducing the domestic violence and sexual violence burden throughout the state.

Appendix D

Summary

Results from the Administrative Policy and Practices Survey of Oklahoma Colleges/Universities

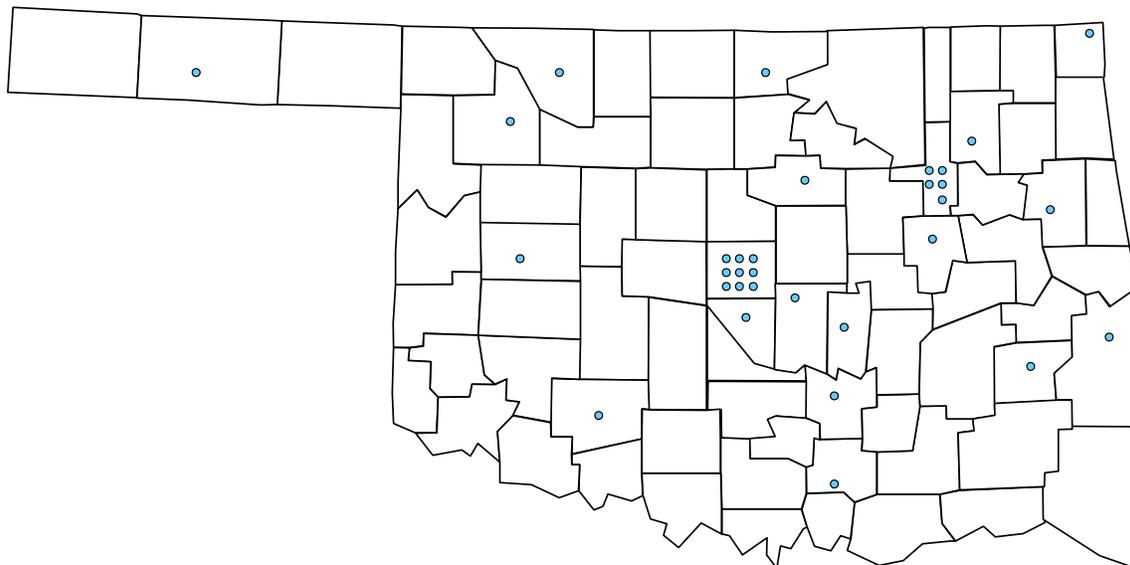
June 2009

Introduction: The Oklahoma State Department of Health (OSDH), Injury Prevention Service (IPS), conducted a needs assessment to determine existing sexual violence prevention efforts in Oklahoma. The *Administrative Policy/Practices Survey* was developed to collect information from colleges and universities regarding sexual violence prevention efforts on campuses, and the extent of training and curricula that supported sexual violence prevention. The data collected in the survey will be used to identify needs, resources, and strengths; and for planning and implementing the activities in the colleges and universities focus area of the *Oklahoma Rape and Sexual Assault Prevention Strategic Plan*.

Methods: The survey aim was to identify key components of administrative practices, policies, and environmental/cultural factors in colleges and universities that address sexual violence prevention. The survey inquired about the training requirements of college personnel, sexual violence prevention education for students including freshman orientation, how information on sexual violence is disseminated to students and faculty, and integration of sexual violence prevention into coursework. The survey included questions to gauge attitudes regarding the importance of sexual violence prevention education and mandatory training for administration/faculty/staff.

The survey instrument was developed in collaboration by the IPS Rape Prevention Education team, the Oklahoma Coalition against Domestic Violence and Sexual Assault statewide prevention coordinator, and members of the Oklahoma Sexual Violence Prevention Planning colleges and universities subcommittee. Dr. Greg Istre, MD, clinical director of the Greater Dallas Injury Prevention Service, provided epidemiological expertise and consultation on the survey content and design.

Figure 1. Locations of Oklahoma Colleges and Universities
Participating in the Administrative Survey



Surveys were mailed to all college and university Vice Presidents of Student Affairs in an effort to gather information from the institutions' decision makers – those individuals most knowledgeable of organizational practices and policies of the institutions.

Results: Surveys were mailed to 46 colleges and universities, 32 (70%) completed surveys were returned. Surveys were completed by large institutions as well as smaller four-year schools, two-year junior and community colleges, health science centers, and private institutions. According to the Oklahoma State Regents for Higher Education, during 2008, there were 254,622 students enrolled in Oklahoma colleges and universities. The institutions responding to the survey accounted for 91% (231,796) of total state enrollments. A total of 133,958 females and 97,838 males were enrolled in the institutions responding to the survey.

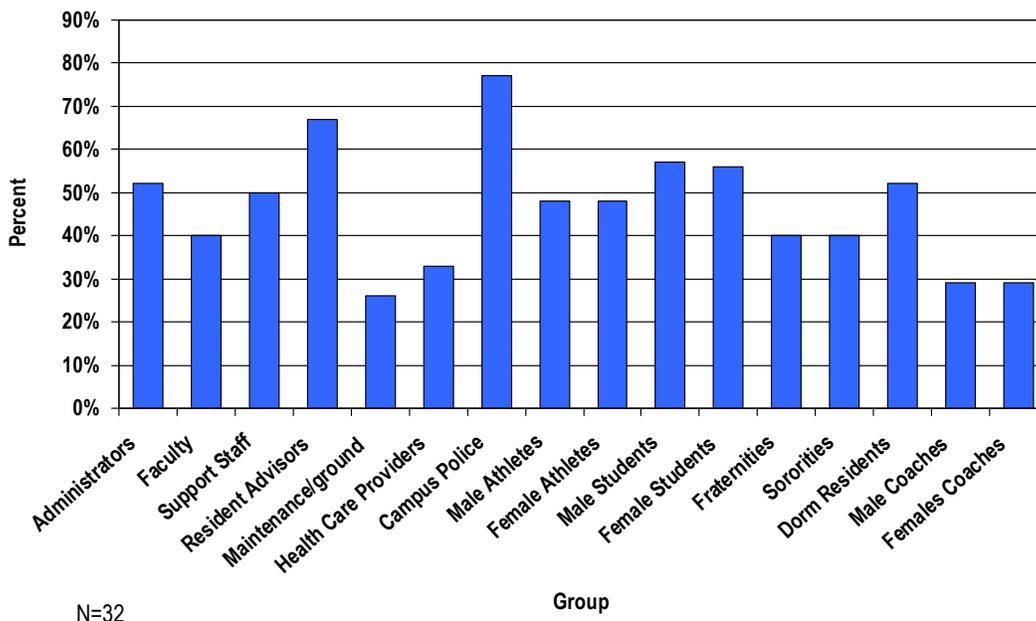
All 32 institutions responding to the survey had at least one specific rape prevention strategy (measure). The strategies cited most often were campus police ride/assistance (79%), 24-hour security personnel present on campus (81%), 24-hour emergency phones on campus (60%), and taxi services for students (21%).

Colleges/universities provided training on sexual assault prevention to various groups on campus. Campus police and resident advisors were the two groups most frequently cited as being trained on sexual assault prevention, 77% and 67%, respectively. Both male and female coaches had very low rates of training (29%, respectively) and maintenance personnel had the lowest rate of training (26%). Only 52% of administrators and 40% of faculty were trained in sexual violence prevention (Figure 2).

Institutions provided sexual violence prevention education to male athletes (48% of institutions), female athletes (48%), male students (57%), and female students (55%). Thirty-eight percent of institutions required mandatory training for certain groups on campus, on identification, reporting, and/or prevention of sexual assaults.

In 47% (15/32) of the colleges/universities, sexual harassment and/or sexual assault

Figure 2. College and University Groups that Received Training on Sexual Assault Prevention



prevention curriculum was included freshmen orientation; 37% (11/32) of institutions included both sexual harassment and sexual assault information in freshman orientation. Among the colleges/universities that included sexual violence prevention in freshman orientation, 46% (7) estimated that they spent less than one hour, 46% (7) spent one to four hours, and 1 (7%) spent four to eight hours covering the subject in freshman orientation (Figure 3).

Six (19%) of the respondents reported that their institution had research projects on sexual violence and 7 (22%) had research projects on other types of violence. Other types of violence research included domestic, dating, intimate partner violence, stalking, child maltreatment prevention, enhancing family violence prevention, gang violence, and sustaining prevention programs.

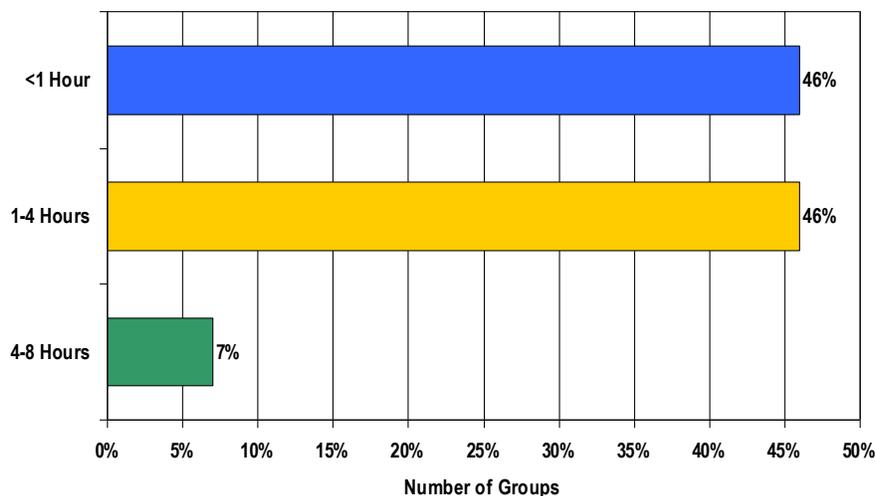
Most institutions (84%) were involved in other prevention programs, (72%) of institutions had programs aimed at alcohol and drug abuse prevention. Other prevention programs included smoking cessation, obesity, eating disorders, and depression.

Respondents reported that sexual violence prevention topics (sexual harassment, rape and sexual assault) were integrated into the coursework of the following disciplines: pre-law (19%), pre-med/medicine (9%), nursing (44%), education (29%), counseling (59%), social work (54%), psychology (58%), and sociology (50%).

Nearly all institutions (97%) communicated their sexual harassment policy in handbooks to both faculty/staff and students. Seventy percent of respondents said their institution had a written policy for reporting rape to campus or community police, and 30% said the institution did not have a written policy or they were not aware of one.

Twenty-one (70%) of the institutions distributed sexual violence prevention information. Information was distributed via campus newspapers (83%), public service announcements (20%), social marketing (44%), posters and/or flyers (95%), periodic news releases (63%), recruiting well-known personalities as spokespersons (13%), and inviting speakers (71%) in addition to the established orientations and handbooks. Nearly half of respondents said their

Figure 3. Estimated Amount of Time Spent on Sexual Violence Prevention during Freshman Orientation*



*Includes 15 colleges/universities that included sexual violence prevention in freshman orientation.

institutions partnered with community organizations to address rape and sexual assault.

The *Administrative Policy/Practices Survey* asked respondents to use a Likert Scale (1=lowest, 3=moderate, 5=highest) to assess the importance of selected groups receiving training in rape and sexual assault prevention. Every respondent believed that rape and sexual violence prevention training was valuable. Table 1 shows the groups that the Student Affairs Vice President responding to the survey believed needed training on sexual violence prevention.

Table 1. Groups That Need to be Trained on Sexual Violence Prevention*

Group	Percent
University administration	93%
University faculty/staff	97%
Collegiate coaches	100%
City Police	100%
Campus Police	100%
Campus clubs/organizations	97%
Local DV/SV organizations	97%
Student body	100%
Greek organizations	84%
Area businesses	87%
Area faith organizations	94%
High School Principals and Teachers	97%
High School students	100%
Middle School Principals and Teachers	100%
Middle School Students	100%
Media	97%
N=32	
*Includes the percentage of respondents who ranked the need for sexual violence prevention training as moderate to high importance.	

Questions were included to determine the level of support for mandatory training of college/university personnel on the identification, reporting, and prevention of rape and sexual assault, and the level of support for including sexual violence prevention curriculum in freshman orientation. Ninety-one percent of the Vice Presidents of Student Affairs felt that mandatory training of college/university personnel was moderately to very important. Sexual violence prevention curriculum in freshman orientation received a higher endorsement at 93%.

Conclusions:

The survey results represent a high percentage (70%) of colleges and universities in the state and 91% of all student enrollments. Though all of the institutions had at least one rape prevention strategy on campus, most were risk reduction strategies involving police/security and emergency phones available on campus 24-hours. Risk reduction education was used as an information tool to avoid sexual violence but less than half of our respondents covered sexual violence prevention in freshman orientation.

The respondents' institutions provide training to a number of groups on campus, most often campus police and resident advisors. Only slightly more than half of administrators had training in sexual violence prevention. Surprisingly, male and female coaches had the second to lowest rate of training in sexual violence prevention among campus personnel—only slightly higher training rates than maintenance personnel. However, when respondents were asked about the groups that needed to have training on sexual violence prevention, all believed that coaches were important to train. The respondents clearly recognized the importance of sexual violence prevention education and the need for a number of other professional and student groups to be trained.

Some exposure to sexual violence prevention education after the freshman orientation is possible as the subject is integrated in the coursework of certain disciplines. The topics of sexual harassment, rape, and sexual assault were integrated into the coursework of law, medicine, nursing, education, counseling, social work, psychology, and sociology. Additionally, one-fifth of the respondents' institutions were engaged in research projects on sexual violence. Additionally, 22% of the institutions were engaged in research projects on other types of violence.

As might be expected, nearly three-fourths of the institutions had alcohol and drug abuse prevention programs as well as other types of prevention programs on their campuses. Our survey did not query respondents as to whether these other types of prevention programs were covered in freshman orientation and if so how much time was spent. However, we do suspect that sexual violence prevention education may not be as established or comprehensive as other prevention programs on campus.

The institutions largely relied upon student and faculty handbooks to communicate their sexual harassment policy. Nearly one-third of the respondents said their institution did not have or they were not aware of a written policy for reporting rape to campus or community police.

Finally, respondents overwhelmingly supported mandatory training of college/university personnel (91%) regarding rape and sexual assault and the inclusion of sexual violence curricula in freshman orientation (93%). This strong level of support indicates a need and opportunity for state and local level personnel working in sexual violence prevention to provide information, training, and technical assistance.

The IPS Rape Prevention Education team, the statewide prevention coordinator, and the OSVPPC college and universities subcommittee will use the survey results to develop a state implementation plan for sexual violence prevention on college and university campuses. The data indicate that some areas of focus should include:

- Increasing the percentage of colleges and universities that address sexual violence prevention in freshman orientation
- Increasing the percentage of colleges and universities that train coaches in sexual violence prevention
- Increasing the percentage of colleges and that have a written policy on reporting rape to campus and community police

- Increasing the awareness and stature of sexual violence prevention on par with alcohol and drug abuse prevention programs.
- Provide information and technical support to colleges and universities on evidence-based curricula including bystander education
- Integrating sexual violence prevention with other prevention programs on campuses, such as alcohol and drug abuse prevention programs.
- Foster college/university and community organizations partnership on sexual violence prevention.
- Work with decision-makers to implement comprehensive sexual violence prevention programming on campuses including the Oklahoma Board of Regents for Higher Education, college/university Presidents and Administrators.

INJURY UPDATE

*A Report to Oklahoma Injury Surveillance Participants**

December 15, 2006

Oklahoma Women and Sexual Violence--Beliefs, Opinions, and Victimization: Results from a Random Telephone Survey

Sexual violence in a community has typically been difficult to estimate or characterize due to underreporting and social norms that encourage secrecy. The 1995 National Violence Against Women Survey estimated that 17% of women and 3% of men 18 years of age and older had been victims of a completed or attempted rape at some time in their life and 0.3% of women and 0.1% of men had been raped in the past year. More than half of women reporting completed or attempted rape were less than 18 years of age when the rape occurred. Women who were raped before age 18 were twice as likely to also be raped as an adult. The National Center for Injury Prevention and Control reports that 20% of college women in the U.S. have experienced a completed rape and 25% have experienced an attempted rape. Victims of sexual violence often experience serious immediate and long-term physical health problems such as pregnancies, sexually transmitted diseases, and chronic pain and may also experience mental health problems such as anxiety, depression, and post-traumatic stress disorder. Data from the National Crime Victimization Survey (1992-2000) estimated that only 36% of completed rapes and 34% of attempted rapes were reported to police and that all victims of completed rapes and 39% of victims of attempted rapes suffered physical injuries.

Forcible or attempted rape of a woman is a violent crime tracked by the Federal Bureau of Investigation, Uniform Crime Reporting System (UCR). In Oklahoma during 2004, police reported 1,557 forcible and attempted rapes to the UCR. The rate of forcible and attempted rape in Oklahoma was 38% higher than the U.S. rate, 87.3 and 63.5 per 100,000 women, respectively.

Since the majority of rapes are unreported to police, the Oklahoma State Department of Health (OSDH) has undertaken surveys to estimate the true incidence and prevalence of rape and sexual violence among Oklahoma's population.

The Oklahoma Women's Health Survey (OWHS) conducted from 2001 to 2003 was a random telephone survey of women 18-44 years of age who were married or had been in a relationship in the past year. As part of the OWHS, respondents were asked about sexual violence. The survey found that 12% of women surveyed had experienced threatened, coerced, or forced sex since age 18 and 1.7% had experienced forced sex in the past year. These data indicate that 74,600 to 88,500 Oklahoma women in the population surveyed have been victims of forced sex in their lifetime, and 8,500 to 14,500 of women had been victims of forced sex in the past year. The perpetrator of the most recent forced sex incident was an intimate partner (66%), friend or acquaintance (19%), stranger (11%), relative (2%), or other person known to the victim (2%).

During 2005, the Oklahoma Behavioral Risk Factor Surveillance System (BRFSS), a random telephone survey of persons 18 years of age and older, included questions about sexual violence. Data from the BRFSS survey estimated that 11.6% of women and 1.3% of men in Oklahoma had experienced unwanted sex in their life, and 0.6% of women and 0.1% of men had experienced unwanted sex in the past year.

The OSDH also gathered information about sexual violence from high school students in Oklahoma as part of the 2005 Youth Risk Behavior Survey (YRBS).

*The INJURY UPDATE is a report produced by the Injury Prevention Service, Oklahoma State Department of Health. Other issues of the INJURY UPDATE may be obtained from the Injury Prevention Service, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, Oklahoma 73117-1299, 405/271-3430 or 1-800-522-0204 (in Oklahoma). INJURY UPDATES and other IPS information are also available at www.health.state.ok.us/program/injury.

The YRBS survey showed that 9.1% of high school girls and 5.2% of high school boys had been physically forced to have sexual intercourse when they did not want to. Twelve percent of 9th grade girls, 10.5% of 10th grade girls, and 7.6% of 11th grade girls reported they had been forced to have sexual intercourse.

To better inform sexual violence prevention programs in Oklahoma, the OSDH contracted with the University of Oklahoma Public Opinion Learning Laboratory (OU POLL) to conduct a random telephone survey of Oklahoma women 18-35 years of age. Survey data was collected on women’s attitudes and beliefs about sexual assault, use of services, and opinions on sexual assault prevention and education. Additionally, information was gathered on sexual assault victimizations. Telephone interviews were conducted between May 15 and July 21, 2006.

A total of 602 women were interviewed representing 35.4% of eligible respondents. Nearly one-third (32.1%) of women were 18-25 years of age, 34.3% were 26-30 years of age, and 32.7% were 31-35 years of age. Nearly three fourths (74.4%) of respondents identified themselves as white, 9.5% black, 9.0% Native American, 4.3% Hispanic, 0.7% Asian, 1.2% multi-racial, and 0.7% other races. Thirty-two percent of women interviewed had an annual household income below the state median household income (\$35,634) and 47.2% had an annual household income above the state median; 20.9% of respondents did not provide their annual household income.

Beliefs/attitudes. Women were asked about certain beliefs/attitudes regarding rape and sexual assault (Figure 1). The belief/attitude most frequently endorsed by respondents was that rape can occur in a marriage or intimate relationship, 96.2% of women agreed with this statement. The least frequently endorsed beliefs/attitudes were: a rapist has a certain personality and you can tell who they are (86.0% disagreed), when a woman makes out she is letting her date know she wants to have sexual intercourse (85.7% disagreed), and women who dress seductively invite men to rape them (81.2% disagreed). One-third (33.7%) of women agreed that most people were raped by strangers, 57.8% disagreed, and 7.8% neither agreed nor disagreed. Only slightly more than half of women (51.8%) agreed that rape can be prevented, 34.9% disagreed, and 10.1% neither agreed nor disagreed.

Services. The vast majority (91.4%) of women surveyed indicated that if someone sexually assaulted or attempted to sexually assault them, they would likely report the assault to the police (Table 1). Of those, 60.8% felt very or somewhat confident that the police would handle the assault seriously and with respect, 36.5% felt slightly or not at all confident that police would handle the assault seriously and with respect, and 2.7% did not have an opinion about how police may handle the assault. Ninety-two percent of women surveyed said that if someone sexually assaulted or attempted to sexually assault them, they would likely to go to a hospital for medical treatment; 92.5% felt very or somewhat confident that medical personnel would handle the assault seriously and with respect, 6.0% were

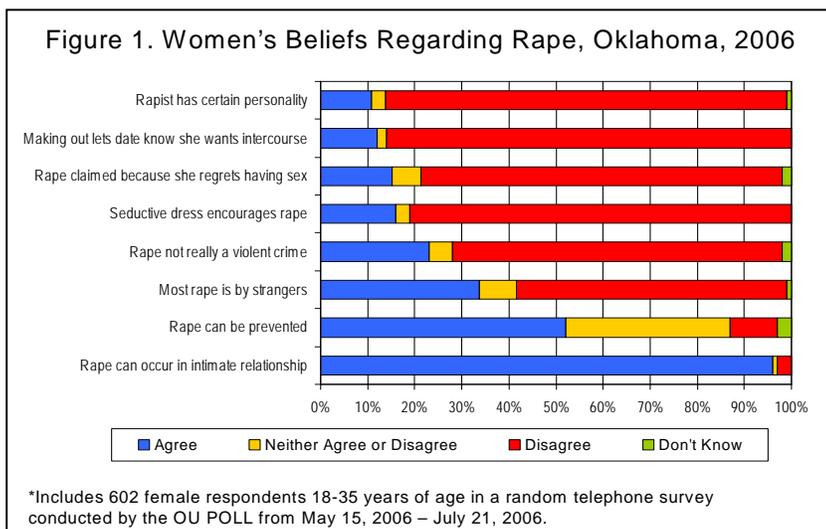


Table 1. Services and Frequency that Women Would Likely Use the Service if Sexually Assaulted, Oklahoma, 2006*

	Number	Percent
Report to police	550	91.4%
Go to hospital for medical treatment	556	92.4%
Confide in someone else	565	93.9%
Sexual assault hotline	453	75.2%
Rape victim advocate	402	66.8%

*Includes 602 female respondents 18-35 years of age in a random telephone survey conducted by the OU POLL from May 15, 2006 – July 21, 2006.

slightly or not at all confident that medical personnel would handle the assault seriously and with respect, and 1.5% did not have an opinion about how medical personnel may handle the assault. Finally, 93.9% of women said they would likely confide in someone they knew and 75.2% said they would consider calling a sexual assault hotline if they were sexually assaulted.

Rape Prevention and Education. The majority (59.3%) of women were not aware of organizations that help sexual assault victims. Additionally, less than a third (28.9%) of women had heard about sexual assault hotline numbers. When asked about rape prevention, more than half of the women (52.8%) believed that teaching women what they needed to do to prevent being raped was the best strategy, 6.3% believed that changing the attitudes and beliefs of men regarding rape was the best strategy, and 19.9% believed that prevention was needed to target both men and women. When asked about the best methods for educating the public about sexual assault help and prevention, television alone or in combination with other media was cited most often as the best method (42.5%). Other educational methods cited are listed in Table 2.

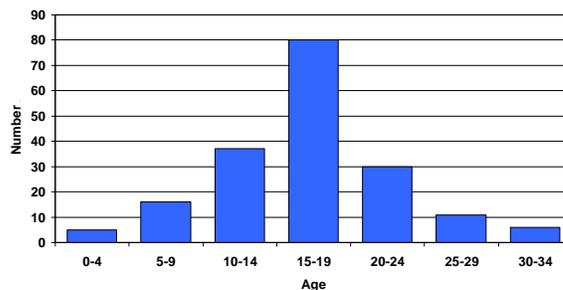
Table 2. Women’s Opinions Regarding Rape Prevention and Education, Oklahoma, 2006*

	Number	Percent
Best prevention strategy		
Teach women what they need to do to prevent being raped	318	52.8%
Change attitudes and beliefs of men regarding rape	38	6.3%
Strategies targeting both sexes	120	19.9%
Other strategies	80	13.3%
Don’t know	46	7.6%
Best method to educate the public		
Television	217	36.0%
Schools/School teachers	66	11.0%
Television in combination with other print and electronic media	39	6.5%
Newspaper or radio	32	5.3%
Brochures/flyers	32	5.3%
Internet	17	2.8%
Doctor’s Office/Health professionals	15	2.0%
Victims of sexual assault	12	2.0%
Other methods	98	16.3%
Don’t know	74	12.3%

*Includes responses from 602 women 18-35 years of age interviewed in a random telephone survey conducted by the OU POLL from May 15, 2006 – July 21, 2006.

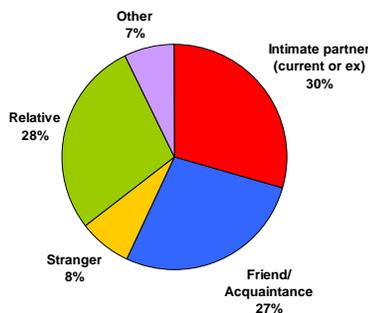
Victimization. Nearly one-third (31.2%) of the women surveyed self-reported that they had been sexually assaulted; 1.2% had been raped or sexually assaulted in the past 12 months. Three of every four women that had been sexually assaulted (73.9%) were less than 18 years of age when the first sexual assault occurred. Forty-three percent of sexually assaulted women had experienced one sexual assault, 31.9% had experienced more than one sexual assault, and for 25.0% of respondents the number of assaults was not specified. More than three-fourths (78.2%) of women were 10-24 years of age at the time of the most recent sexual assault (Figure 2). Assaultants were current or former intimate partners (29.5%), relatives (28.4%), friends or acquaintances (27.3%), strangers (7.7%), or other persons (7.1%) (Figure 3). The victim, assailant, or both were using alcohol in 43.1% of the incidents; in 56.9% of incidents alcohol was not involved. The vast majority of sexual assaults (74.8%) occurred in a home [victim’s home (40.7%), the assailant’s home (18.7%), or the home of a relative or friend of either the victim or assailant (15.4%)]. Eleven percent of incidents occurred outdoors, in a parking

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



*Includes 188 female respondents 18-35 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 18-35 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.

lot, or car; 3.8% at a party; and 10.4% in other locations. Twenty-seven percent of victims reported the incident to police and 23.4% received medical treatment for the assault. Among women who received medical treatment for the assault, 63.6% had a medical exam that included evidence collection. Additionally, 28.7% of women who were sexually assaulted received rape victim's services including counseling (87.0%), telephone help and hotlines (9.3%), and other victim services (3.7%). Three fourths of victims (75.0%) told someone such as a friend or relative about the assault.

Seventeen percent of the women surveyed self-reported that they had experienced an attempted sexual assault. The majority (60.0%) of women said that fighting the assailant off prevented the assault. Assaults were also prevented by someone walking in the room (13.3%) and other unknown reasons (26.7%). Additionally, more than half (51.3%) of the 602 women interviewed said they knew of a friend or relative who had been sexually assaulted.

Prevention

Sexual violence is a major public health problem throughout the world including the U.S. To help address this problem in the U.S., the federal government provides funding to states through Rape Prevention Education Programs (RPE) for prevention activities. The Oklahoma RPE program began in 1995. Since that time, the RPE program has supported a wide range of rape prevention educational programs and materials for both women and men in schools, colleges, communities, churches, and professional settings throughout the state. The Centers for Disease Control and Prevention (CDC) recommends that sexual violence prevention programs employ strategies that prevent sexual violence from ever occurring (primary prevention), and strategies that prevent short and long-term consequences after sexual violence has occurred (secondary and tertiary prevention). The National Sexual Violence Resource Center booklet, *Sexual Violence and the Spectrum of Prevention*, proposes that sexual violence is a learned behavior and discusses harmful social norms, or behavior shapers, that promote sexual violence. The booklet provides a tool for creating healthy norms--the Spectrum of Prevention. The Spectrum of

Prevention focuses on changing individuals and their environment through: 1) strengthening individual knowledge and skills to prevent violence and promote safety, 2) educating the community, 3) educating providers, 4) fostering coalitions and networks, 5) changing organizational practices, and 5) influencing policy and legislation. Activities at all levels should be integrated to strengthen the effect of each. Examples of interventions at each level follow.

Strengthening individual knowledge and skills.

Workshops, seminars, and support groups for men address healthy masculine roles, healthy sexual relationships, and strengthen men's roles in preventing sexual violence. Educational programs such as the Men's Program challenges men to be active in change by addressing sexual coercion versus mutual consent, and condemning sexist attitudes and abuse of women among male peers. In Oklahoma, the Man-to-Man program uses similar strategies to educate and work with men on college campuses to prevent sexual violence. Other examples include bystander education, self-defense training for women, and offender treatment.

Community education. Media campaigns such as "My Strength is Not for Hurting" in Washington D.C. emphasize that men can be strong without being violent. Another national campaign "Choose Respect," promotes healthy dating relationships among teens. "Take Back the Night" rallies focus attention and raise awareness about sexual violence in the community.

Educating providers. The "Expect Respect" program in Austin, Texas, is a school-based program to promote a positive environment. As part of this program, school personnel are trained to recognize, respond to, and prevent bullying, sexual harassment, and partner violence.

Fostering coalitions and networks. The Oklahoma Coalition Against Domestic Violence and Sexual Assault (OCADVSA) represents groups working with victims of sexual violence. Members work at virtually all levels of intervention including strengthening individual knowledge and skills, educating the community, and influencing policy and legislation.

The Coalition provides a network for small groups that helps achieve larger common goals.

Changing organizational practices. In many states, attempts have been made to improve school safety following the Columbine school shootings. In Oklahoma, legislation was enacted that required schools to establish policies regarding harassment, intimidation, and bullying. These behaviors have been linked to sexual aggression.

Influencing policies and legislation. Earlier this year, individuals from Call Rape of Tulsa, victims, the Oklahoma Attorney General's Office, the OCADVSA, the Oklahoma State Department of Health, and others met with legislators regarding the status of services for rape victims and rape prevention in the state. A legislative task force was formed that will formulate recommendations aimed

at improving victim services and rape prevention efforts in the state.

Persons who have been sexually assaulted can get help by calling the National Sexual Assault Hotline at 1-800-656-HOPE. Additional information on how to help someone who has been raped is available on the Rape Abuse and Incest National Network (RAINN) website at <http://www.rainn.org/>.

A "Take Back the Night" event will be held in Oklahoma City on April 1, 2007. For more information about this event and how you can participate visit the OCADVSA website <http://www.ocadvsa.org/>. For more information and materials on sexual violence prevention visit the National Center for Injury Prevention and Control <http://www.cdc.gov/ncipc/factsheets/svfacts.htm> and the National Sexual Violence Resource Center <http://www.nsvrc.org/>.

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Acknowledgement: Mary Outwater, Ph.D.
Director, OU POLL

Appendix F. Selected Risk Indicators by County, Oklahoma, 2007

	Total Population ¹	Teen Birth Rate ²	School Drop Out Rate (FY2008) ³	Forcible and Attempted Rapes (2007) ⁴		Domestic Violence Incidents (2007) ⁵		Number of UCR Juvenile Arrests for Index Crimes (2007) ⁴		Confirmed Cases of Child Abuse and Neglect (FY2007) ⁶
	Number	Live Births per 1,000 Population	Percent	Number	Rate per 100,000 Population	Number	Rate per 100,000 Population	Number	Rate per 100,000 Population	Rate per 1,000 Children
U.S.	301,621,157	42.0*	NA	90,427	30.0	NA	NA	NA	NA	12.3**
State Total	3,617,316	61.3	2.9	1,558	43.1	23,400	646.9	5,149	142.3	15.5
Adair	21,902	93.9	6.2	4	18.3	98	447.4	15	68.5	24.1
Alfalfa	5,593	28.2	0.5	0	0.0	7	125.2	0	0.0	11.8
Atoka	14,512	63.6	3.1	7	48.2	81	558.2	5	34.5	13.6
Beaver	5,380	20.0	0.9	3	55.8	17	316.0	4	74.3	7.0
Beckham	19,700	102.1	5.2	3	15.2	97	492.4	17	86.3	27.5
Blaine	12,475	82.7	2.0	2	16.0	61	489.0	2	16.0	19.8
Bryan	39,563	70.4	1.9	20	50.6	323	816.4	61	154.2	25.9
Caddo	29,296	70.5	2.4	3	10.2	187	638.3	32	109.2	12.1
Canadian	103,559	40.1	2.3	12	11.6	480	463.5	72	69.5	14.9
Carter	47,582	66.0	3.2	19	39.9	350	735.6	89	187.0	20.9
Cherokee	45,393	53.2	2.6	20	44.1	279	614.6	28	61.7	15.2
Choctaw	15,011	86.3	2.4	2	13.3	48	319.8	11	73.3	26.0
Cimarron	2,664	50.0	0.0	0	0.0	3	112.6	0	0.0	0.0
Cleveland	236,452	26.3	2.0	51	21.6	663	280.4	229	96.8	6.5
Coal	5,709	87.8	2.9	1	17.5	30	525.5	1	17.5	18.5
Comanche	113,811	70.0	2.8	80	70.3	526	462.2	187	164.3	9.4
Cotton	6,299	68.0	0.5	1	15.9	8	127.0	1	15.9	15.6
Craig	15,195	59.9	1.5	3	19.7	87	572.6	25	164.5	19.3
Creek	69,073	62.1	2.7	25	36.2	233	337.3	60	86.9	5.5
Custer	26,111	51.2	2.3	4	15.3	81	310.2	10	38.3	22.9
Delaware	40,406	75.0	3.4	22	54.4	232	574.2	18	44.5	12.1
Dewey	4,338	70.3	1.9	0	0.0	9	207.5	3	69.2	14.3
Ellis	3,911	70.7	0.5	0	0.0	10	255.7	0	0.0	2.5
Garfield	57,657	70.8	2.4	25	43.4	491	851.6	39	67.6	16.2
Garvin	27,141	86.5	3.9	9	33.2	206	759.0	41	151.1	23.0
Grady	50,615	47.3	3.0	9	17.8	292	576.9	29	57.3	13.2
Grant	4,497	30.1	0.7	0	0.0	16	355.8	1	22.2	21.0
Greer	5,810	76.0	3.7	1	17.2	19	327.0	2	34.4	23.4
Harmon	2,837	148.9	3.8	3	105.7	4	141.0	1	35.2	15.8
Harper	3,254	97.6	1.4	0	0.0	13	399.5	0	0.0	6.2
Haskell	12,059	110.3	1.6	5	41.5	55	456.1	6	49.8	13.8
Hughes	13,680	76.7	2.4	2	14.6	62	453.2	25	182.7	18.6
Jackson	25,778	78.4	4.8	0	0.0	140	543.1	29	112.5	25.3
Jefferson	6,273	97.1	0.8	2	31.9	21	334.8	4	63.8	18.1
Johnston	10,402	91.7	3.0	5	48.1	48	461.4	7	67.3	28.7
Kay	45,638	71.7	5.1	22	48.2	420	920.3	164	359.3	22.7
Kingfisher	14,320	60.4	0.1	1	7.0	57	398.0	0	0.0	5.9
Kiowa	9,456	91.2	4.0	1	10.6	33	349.0	5	52.9	19.0
Latimer	10,508	42.7	2.0	1	9.5	43	409.2	1	9.5	26.6
Le Flore	49,715	79.5	2.0	7	14.1	166	333.9	23	46.3	14.5
Lincoln	32,272	54.0	1.9	10	31.0	104	322.3	11	34.1	11.3
Logan	36,435	39.4	0.7	7	19.2	123	337.6	40	109.8	15.2
Love	9,112	58.8	4.6	4	43.9	51	559.7	4	43.9	10.7
McClain	31,849	39.3	1.5	12	37.7	183	574.6	16	50.2	22.4
McCurtain	33,539	79.8	0.6	20	59.6	224	667.9	32	95.4	29.7
McIntosh	19,709	52.0	1.4	4	20.3	71	360.2	9	45.7	28.0
Major	7,190	54.9	1.1	2	27.8	31	431.2	2	27.8	7.3
Marshall	14,830	74.2	2.4	2	13.5	61	411.3	5	33.7	17.0
Mayes	39,627	86.0	4.4	4	10.1	159	401.2	24	60.6	20.7

Appendix F. Selected Risk Indicators by County, Oklahoma, 2007

	Total Population ¹	Teen Birth Rate ²	School Drop Out Rate (FY2008) ³	Forcible and Attempted Rapes (2007) ⁴		Domestic Violence Incidents (2007) ⁵		Number of UCR Juvenile Arrests for Index Crimes (2007) ⁴		Confirmed Cases of Child Abuse and Neglect (FY2007) ⁶
	Number	Live Births per 1,000 Population	Percent	Number	Rate per 100,000 Population	Number	Rate per 100,000 Population	Number	Rate per 100,000 Population	Rate per 1,000 Children
Murray	12,695	113.5	1.3	2	15.8	30	236.3	7	55.1	11.3
Muskogee	71,116	82.2	3.7	53	74.5	757	1,064.5	95	133.6	19.8
Noble	11,124	50.1	3.3	3	27.0	35	314.6	7	62.9	20.8
Nowata	10,723	54.1	1.1	4	37.3	53	494.3	5	46.6	23.5
Okfuskee	11,248	72.5	12.0	5	44.5	46	409.0	6	53.3	15.0
Oklahoma	701,807	69.9	3.2	407	58.0	5367	764.7	982	139.9	19.8
Okmulgee	39,300	82.1	2.1	10	25.4	150	381.7	51	129.8	15.2
Osage	45,523	45.2	1.2	7	15.4	326	716.1	10	22.0	10.5
Ottawa	32,474	77.0	1.4	7	21.6	132	406.5	17	52.3	11.7
Pawnee	16,447	59.1	2.5	4	24.3	63	383.0	11	66.9	14.1
Payne	79,931	24.5	2.7	25	31.3	372	465.4	67	83.8	19.5
Pittsburg	44,711	83.9	3.1	13	29.1	167	373.5	60	134.2	36.9
Pontotoc	36,571	66.1	4.3	21	57.4	219	598.8	58	158.6	18.3
Pottawatomie	69,038	63.1	2.2	34	49.2	1628	2,358.1	64	92.7	14.8
Pushmataha	11,666	75.2	0.9	4	34.3	81	694.3	16	137.2	14.8
Roger Mills	3,308	85.1	0.9	0	0.0	15	453.4	0	0.0	2.9
Rogers	83,105	40.9	3.0	16	19.3	192	231.0	39	46.9	14.5
Seminole	24,179	68.8	2.7	3	12.4	142	587.3	10	41.4	20.5
Sequoyah	41,024	80.3	2.6	66	160.9	268	653.3	71	173.1	7.3
Stephens	43,322	68.0	5.1	16	36.9	202	466.3	20	46.2	18.8
Texas	20,032	71.3	4.3	7	34.9	82	409.3	19	94.8	7.6
Tillman	8,148	74.7	3.4	4	49.1	42	515.5	13	159.5	21.6
Tulsa	585,068	67.9	3.3	378	64.6	5141	878.7	1,942	331.9	10.4
Wagoner	67,239	41.8	4.6	10	14.9	239	355.4	59	87.7	10.0
Washington	49,888	46.0	3.1	18	36.1	479	960.2	107	214.5	13.0
Washita	11,667	80.0	2.7	0	0.0	32	274.3	8	68.6	9.7
Woods	8,319	32.8	4.3	0	0.0	26	312.5	0	0.0	12.2
Woodward	19,505	77.1	2.3	1	5.1	111	569.1	15	76.9	16.3
Oklahoma City MSA	1,192,989	45.2	2.1	508	42.6	7,212	604.5	1,379	115.6	14.8
Tulsa MSA	905,755	57.0	2.8	450	49.7	6,344	700.4	2,172	239.8	11.5

NA=Data not available.

*Teen birth rate for U.S. were calculated using natality and population data from CDC Wonder. Accessed at <http://wonder.cdc.gov/natality.html> on June 16, 2009. Rates were calculated using number of births among mothers 15-19 years of age divided by the U.S. female population 15-19 years of age.

**Child abuse and neglect rates for the U.S. were calculated using estimates reported from the National Child Abuse and Neglect Data System (NCANDS). In 2006 there were an estimated 905,000 children determined to be victims of abuse or neglect in the U.S.

¹United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin, compiled from 1990-1999 bridged-race intercensal population estimates and 2000-2007 (Vintage 2007) bridged-race postcensal population estimates, on CDC WONDER On-line Database. Accessed at <http://wonder.cdc.gov/bridged-race-v2007.html> on Jun 17, 2009.

²Teen birth rates includes the number of births to mothers 15-19 years of age divided by the age-specific population. Oklahoma State Department of Health, Vital Statistics, online database. Accessed on OK2Share, <http://www.health.state.ok.us/ok2share/birth.html> on June 16, 2009.

³Oklahoma State Department of Education, State Dropout Reports for Public Schools 2006-2007. Dropout rate includes only dropouts under 19 years of age (grades 9-12) in FY2008. Accessed at <http://www.sde.state.ok.us/Programs/DropoutPrevention/default.html> on June 17, 2009.

⁴Oklahoma State Bureau of Investigation, State of Oklahoma Uniform Crime Report, Annual Report, January-December 2007. Accessed at <http://www.ok.gov/osbi/documents/2007%20UCR%20Report.pdf> on June 19, 2009.

⁵County-level data provided by the Oklahoma State Bureau of Investigation Information Services Division, Uniform Crime Reporting System, 2007.

⁶Oklahoma Department of Human Services, 2007 Annual Report. Accessed at http://www.okdhs.org/NR/rdonlyres/574C5411-2A95-4ADD-A235-4ECCABD298D0/S07155_2007AnnualReport_okdhs_03282008.pdf on June 17, 2009.

Appendix G. Violence Related Mortality by County, Oklahoma, Selected Years

	Total Population ¹	Alcohol Related Deaths ²		Firearm Deaths ^{3,4}		Suicide Deaths ^{3,4}		Homicide Deaths ^{3,4}	
	<i>Number</i>	<i>Number</i>	<i>Rate per 100,000 Population</i>	<i>Number</i>	<i>Rate per 100,000 Population</i>	<i>Number</i>	<i>Rate per 100,000 Population</i>	<i>Number</i>	<i>Rate per 100,000 Population</i>
U.S.	301,621,157	NA	NA	30,694	10.3	32,637	10.9	18,124	6.1
State Total	3,617,316	453	12.5	483	13.4	526	14.5	239	6.6
Adair	21902	1	*	2	*	1	*	2	*
Alfalfa	5593	0	0.0	1	*	1	*	0	0.0
Atoka	14512	2	*	1	*	2	*	0	0.0
Beaver	5380	0	0.0	3	55.8	2	*	1	*
Beckham	19700	2	*	1	*	2	*	0	0.0
Blaine	12475	1	*	0	0.0	0	0.0	1	*
Bryan	39563	7	17.7	7	17.7	9	22.7	3	7.6
Caddo	29296	13	44.4	0	0.0	2	*	2	*
Canadian	103559	14	13.5	20	19.3	14	13.5	5	4.8
Carter	47582	5	10.5	6	12.6	7	14.7	5	10.5
Cherokee	45393	10	22.0	6	13.2	5	11.0	3	6.6
Choctaw	15011	3	20.0	8	53.3	4	26.6	4	26.6
Cimarron	2664	0	0.0	0	0.0	0	0.0	1	*
Cleveland	236452	18	7.6	18	7.6	19	8.0	7	3.0
Coal	5709	1	*	0	0.0	2	*	0	0.0
Comanche	113811	8	7.0	29	25.5	20	17.6	15	13.2
Cotton	6299	0	0.0	0	0.0	0	0.0	0	0.0
Craig	15195	1	*	2	*	3	19.7	0	0.0
Creek	69073	18	26.1	9	13.0	11	15.9	3	4.3
Custer	26111	5	19.1	3	11.5	2	*	2	*
Delaware	40406	5	12.4	13	32.2	9	22.3	5	12.4
Dewey	4338	1	*	0	0.0	0	0.0	0	0.0
Ellis	3911	0	0.0	0	0.0	0	0.0	0	0.0
Garfield	57657	7	12.1	4	6.9	9	15.6	2	*
Garvin	27141	6	22.1	7	25.8	4	14.7	3	11.1
Grady	50615	5	9.9	2	*	6	11.9	0	0.0
Grant	4497	0	0.0	1	*	1	*	0	0.0
Greer	5810	0	0.0	1	*	1	*	0	0.0
Harmon	2837	0	0.0	2	*	1	*	1	*
Harper	3254	0	0.0	0	0.0	0	0.0	0	0.0
Haskell	12059	0	0.0	1	*	1	*	0	0.0
Hughes	13680	2	*	2	*	3	21.9	0	0.0
Jackson	25778	1	*	2	*	1	*	0	0.0
Jefferson	6273	1	*	0	0.0	1	*	1	*
Johnston	10402	2	*	2	*	3	28.8	0	0.0
Kay	45638	3	6.6	4	8.8	5	11.0	3	6.6
Kingfisher	14320	0	0.0	2	*	2	*	1	*
Kiowa	9456	2	*	1	*	2	*	0	0.0
Latimer	10508	2	*	1	*	1	*	0	0.0
Le Flore	49715	7	14.1	6	12.1	8	16.1	2	4.0
Lincoln	32272	4	12.4	4	12.4	1	*	0	0.0
Logan	36435	5	13.7	2	*	3	8.2	1	*
Love	9112	4	43.9	1	*	2	*	0	0.0
McClain	31849	2	*	2	*	7	22.0	2	*
McCurtain	33539	12	35.8	8	23.9	4	11.9	5	14.9
McIntosh	19709	3	15.2	1	*	3	15.2	2	*
Major	7190	4	55.6	0	0.0	1	*	0	0.0
Marshall	14830	0	0.0	0	0.0	1	*	0	0.0
Mayes	39627	8	20.2	6	15.1	8	20.2	1	*

Appendix G. Violence Related Mortality by County, Oklahoma, Selected Years

	Total Population ¹		Alcohol Related Deaths ²		Firearm Deaths ^{3,4}		Suicide Deaths ^{3,4}		Homicide Deaths ^{3,4}	
	Number	Rate per 100,000 Population	Number	Rate per 100,000 Population	Number	Rate per 100,000 Population	Number	Rate per 100,000 Population	Number	Rate per 100,000 Population
Murray	12695	*	1	*	2	*	3	23.6	0	0.0
Muskogee	71116	5.6	4	5.6	11	15.5	12	16.9	6	8.4
Noble	11124	0.0	0	0.0	2	*	1	*	1	*
Nowata	10723	0.0	0	0.0	4	37.3	5	46.6	0	0.0
Okfuskee	11248	*	2	*	1	*	0	0.0	1	*
Oklahoma	701807	11.7	82	11.7	100	14.2	92	13.1	68	9.7
Okmulgee	39300	15.3	6	15.3	7	17.8	11	28.0	4	10.2
Osage	45523	13.2	6	13.2	5	11.0	7	15.4	1	*
Ottawa	32474	21.6	7	21.6	2	*	9	27.7	0	0.0
Pawnee	16447	18.2	3	18.2	5	30.4	5	30.4	0	0.0
Payne	79931	7.5	6	7.5	8	10.0	10	12.5	1	*
Pittsburg	44711	6.7	3	6.7	7	15.7	10	22.4	4	8.9
Pontotoc	36571	16.4	6	16.4	8	21.9	9	24.6	1	*
Pottawatomie	69038	13.0	9	13.0	3	4.3	7	10.1	3	4.3
Pushmataha	11666	*	1	*	1	*	2	*	0	0.0
Roger Mills	3308	*	1	*	1	*	2	*	0	0.0
Rogers	83105	6.0	5	6.0	4	4.8	9	10.8	1	*
Seminole	24179	16.5	4	16.5	0	0.0	1	*	1	*
Sequoyah	41024	9.8	4	9.8	5	12.2	7	17.1	1	*
Stephens	43322	6.9	3	6.9	3	6.9	5	11.5	1	*
Texas	20032	15.0	3	15.0	2	*	3	15.0	0	0.0
Tillman	8148	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Tulsa	585068	11.6	68	11.6	95	16.2	96	16.4	58	9.9
Wagoner	67239	3.0	2	3.0	6	8.9	7	10.4	4	5.9
Washington	49888	10.0	5	10.0	7	14.0	13	26.1	0	0.0
Washita	11667	42.9	5	42.9	1	*	3	25.7	0	0.0
Woods	8319	*	2	*	0	0.0	1	*	0	0.0
Woodward	19505	*	1	*	2	*	2	*	0	0.0
Unknown			19							
Oklahoma City MSA	1,192,989	10.9	130	10.9	148	12.4	142	11.9	83	7.0
Tulsa MSA	905,755	11.9	108	11.9	131	14.5	146	16.1	71	7.8

*Rate are not reliable due to small cell size.

NA=Data not available.

¹United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Bridged-Race Population Estimates, United States July 1st resident population by state, county, age, sex, bridged-race, and Hispanic origin, compiled from 1990-1999 bridged-race intercensal population estimates and 2000-2007 (Vintage 2007) bridged-race postcensal population estimates, on CDC WONDER On-line Database. Accessed at <http://wonder.cdc.gov/bridged-race-v2007.html> on Jun 17, 2009.

²Alcohol-related deaths includes all decedents with blood alcohol content of .08 gm/dl or greater. Oklahoma Office of the Chief Medical Examiner. Includes 2006 data (most recent available).

³Oklahoma State Department of Health, Injury Prevention Service, Oklahoma Violent Death Reporting System. Includes 2007 data and crude death rates calculated for Oklahoma and counties.

⁴U.S. data for firearm, suicide, and homicide deaths were obtained from the Centers for Disease Control and Prevention, Web-based Injury Statistics Query and Reporting System (WISQARS). Includes 2005 data (most recent data available) and age-adjusted death rates for the U.S. Accessed at <http://www.cdc.gov/injury/wisqars/index.html> on June 17, 2009.

Appendix H. Strategic Planning Convening Participants

1. Brandi Woods-Littlejohn, Program Director, Oklahoma Criminal Justice Resource Center
2. Sue Settles, OSDH, Office of Child Abuse Prevention
3. Representative Pam Petersen
4. Jan Peery, CEO, YWCA of Oklahoma City
5. Jennifer McLaughlin, Sexual Violence Specialist, OCADVSA
6. Susan Krug, Chief, Victim Services Unit, Oklahoma Attorney General's Office
7. Rev. Jeff Hamilton, President, The Interfaith Alliance of Oklahoma
8. Sheryll Brown, MPH, OSDH, Injury Prevention Service
9. Teresa Biffle, Director, Women's Haven
10. Matt Atkinson
11. Kathy Middleton, RPE Coordinator, OSDH, Injury Prevention Service
12. Steve Nedbalek, Program Grant Coordinator, OSDH, Injury Prevention Service
13. Shelli Stephens-Stidham, Chief, OSDH, Injury Prevention Service
14. Tina Chang, CEO, Oklahoma Chinese Cultural Center Foundation
15. Pam Maisano, Legislative Advocate, Oklahoma Conference of Churches
16. Ralph Lindsey, PhD, Executive Director, Stillwater Domestic Violence Services
17. Ruth Barajas-Mazaheri, Director of Programs, Latino Community Development Agency
18. Rebecca Cook, Director, National Center for Disability Education & Training
19. Brandon Pasley, Women's Service & Family Resource Center
20. Gayle Jones, Co-Director of Comprehensive Health, Oklahoma State Department Of Education
21. Carol Furr, Oklahoma Criminal Justice Resource Center

Persons Interviewed Prior to the Strategic Planning Convening

Matt Atkinson, St. Anthony's Hospital

Gayle Jones, Co-Director of Comprehensive Health, Oklahoma Department of Education

Susan Krug, Office of the Attorney General

Jennifer McLaughlin, Sexual Violence Coordinator, Oklahoma Coalition Against Domestic Violence and Sexual Assault.

Pauline Musgrove, Spirits of Hope

Marcia Smith, Executive Director, Oklahoma Coalition Against Domestic Violence and Sexual Assault.

Gerald Williamson, Vice President of Student Services, East Central University

Appendix I

Spectrum of Prevention Objectives and Activities Charts for Media, Faith, pre-K-12 Schools, and Colleges and Universities

As of April 2009

REVISED - Preliminary Objective 1 – Media: Improve the media environment in Oklahoma through more accurate reporting of sexual violence and greater engagement of local media outlets in sexual violence prevention.

Spectrum Level	Activities		
6. Influencing Policy and Legislation	<ul style="list-style-type: none"> • Improve enforcement of relevant FCC regulations at local media outlets 		
5. Changing Organizational Practices	<p>Influence local media outlets in Oklahoma, especially news outlets, to engage in the following practices:</p> <ul style="list-style-type: none"> • Provide ample coverage of: 1) stories depicting healthy relationships and healthy sexuality; 2) healthy gender norms, 3) sexual violence prevention efforts, and, 4) youth as advocates • Implement guidelines on advertising • Donate media time for public service announcements • Implement effective workplace sexual harassment prevention policies, including mandatory training 		
4. Fostering Coalitions and Networks	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Partner with: <ul style="list-style-type: none"> • Advertisers • Radio stations • Viewers • State coalitions </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> • Local centers • Elected officials • Faith communities • Chambers of Commerce • Journalism schools </td> </tr> </table>	Partner with: <ul style="list-style-type: none"> • Advertisers • Radio stations • Viewers • State coalitions 	<ul style="list-style-type: none"> • Local centers • Elected officials • Faith communities • Chambers of Commerce • Journalism schools
Partner with: <ul style="list-style-type: none"> • Advertisers • Radio stations • Viewers • State coalitions 	<ul style="list-style-type: none"> • Local centers • Elected officials • Faith communities • Chambers of Commerce • Journalism schools 		
3. Educating Providers	<ul style="list-style-type: none"> • Provide training for local media outlet staff on sexual assault and harassment prevention • Provide training for reporters on accurate reporting on sexual violence and sexual violence prevention. • Provide training for journalism students on accurate reporting of sexual violence 		
2. Promoting Community Education	<ul style="list-style-type: none"> • Provide media literacy education to community members, especially youth • Use media outlets for educational programming for sexual violence prevention 		
1. Strengthening Individual Knowledge & Skills	<ul style="list-style-type: none"> • Increase knowledge and skills in media advocacy among advocates • Increase knowledge of prevention among reporters and editorial staff • Increase knowledge of existing sexual violence prevention collaborations among reporters and editorial staff • Use new media (Facebook/Myspace, Twitter, blogs, texting) in increase knowledge of prevention 		

HAS NOT BEEN REVISED - *Preliminary Objective 2 – Faith Communities:* Engage Faith communities in modeling and promoting healthy relationships, free from sexual violence.

Spectrum Level	Activities
6. Influencing Policy and Legislation	<ul style="list-style-type: none"> • Partner with insurance commission to enforce insurance requirements, including fines and incentives to put protection and prevention practices in place
5. Changing Organizational Practices	<ul style="list-style-type: none"> • Institute protection and prevention practice in employment and other functions of faith institutions
4. Fostering Coalitions and Networks	Partner with: <ul style="list-style-type: none"> • Domestic violence coalition • Insurance commission • Concerned clergy • Oklahoma council • Faith based initiatives
3. Educating Providers	<ul style="list-style-type: none"> • Provide appropriate education to providers, including youth pastors and Sunday School teachers, according to their needs (do an assessment to identify needs)
2. Promoting Community Education	<ul style="list-style-type: none"> • Offer community education in local faith institutions, utilizing resources such as Faith Trust Institute and secular authors
1. Strengthening Individual Knowledge & Skills	<ul style="list-style-type: none"> • Provide children with age appropriate information on healthy relationships • Provide bystanders with appropriate information

REVISED - Preliminary Objective 3 – Pre-K-12 Schools: Implement comprehensive sexual harassment and assault prevention efforts in pre-K through 12 schools to promote healthy relationships and related knowledge and skills among children and youth.

Spectrum Level	Activities
6. Influencing Policy and Legislation	<ul style="list-style-type: none"> Promote education in and assess to establish need and legislative development in the area of sexual harassment and assault prevention school policy for pre-K-12 schools
5. Changing Organizational Practices	<ul style="list-style-type: none"> Assess to establish need and legislative development in the area of all school personnel to have domestic violence and sexual assault training each year Promote age appropriate curriculum on non-violence and healthy relationships in grades pre-K-12
4. Fostering Coalitions and Networks	<p>Partner with</p> <ul style="list-style-type: none"> Non-traditional partners with success in social norms change, The Community Oriented Policing Services and student organizations: FFA, FHA, Fellowship, Boys and Girls Clubs, etc. State coalition OCA OEA OK Counselors Association Youth, FFA, FHA, Fellowship, Boys and Girls Clubs Area Prevention Resource Centers
3. Educating Providers	<ul style="list-style-type: none"> Provide mandatory training to faculty, teachers, coaches, administrators, on identification, reporting and prevention of sexual violence Provide presentations to school boards to increase their knowledge of sexual violence prevention
2. Promoting Community Education	<ul style="list-style-type: none"> Educate parents and other community members.
1. Strengthening Individual Knowledge & Skills	<ul style="list-style-type: none"> Increase skills in non-violence, conflict resolution, anger management, healthy relationships and healthy sexuality among students, teachers and all school personnel

HAS NOT BEEN REVISED - d. Preliminary Objective 4: Colleges and Universities:

Influence the physical and educational environment of colleges and universities to improve response to and prevention of sexual violence.

Spectrum Level	Activities
6. Influencing Policy and Legislation	<ul style="list-style-type: none"> • Establish a policy for colleges and universities in the state to improve response to and prevention of sexual violence, including supports to and options for victims of sexual violence and efforts to promote gender equity on campuses. • Encourage legislation to support grants for sexual violence prevention research
5. Changing Organizational Practices	<ul style="list-style-type: none"> • Require all agencies that use the facilities to enter into an organizational agreement for sexual harassment and assault prevention • Implement a substantial sexual harassment and assault prevention curricula for freshman orientation, Greek organizations, sports programs and all resident housing. • Integrate sexual harassment and assault prevention curricula into professional courses (e.g., law, medicine, counseling, education) • Support collaborative research on sexual violence prevention between university and professionals in the field
4. Fostering Coalitions and Networks	Partner with: <ul style="list-style-type: none"> • Local service providers • Campus police • Faith community • Professionals in the field • Researchers
3. Educating Providers	<ul style="list-style-type: none"> • Provide mandatory training to faculty, teachers, coaches, administrators, on identification, reporting and prevention of sexual violence; involve health care providers and faith community. Offer Continuing Education Units (CEUs) for educators and university personnel
2. Promoting Community Education	<ul style="list-style-type: none"> • Sexual harassment and assault prevention curricula for freshman orientation, Greek organizations, sports programs and all resident housing • Provide bystander education for community members, including bartenders
1. Strengthening Individual Knowledge & Skills	<ul style="list-style-type: none"> • Peer education, sexual violence prevention skills, bystander education

Appendix J. Oklahoma Sexual Violence Prevention Planning Committee Members

Ms.	Andrea	Hamor Edmondson	OCADVSA
Ms.	Sheryll	Brown	Oklahoma State Department of Health
Mr.	Steve	Nedbalek	Oklahoma State Department of Health
Ms.	Kathy	Middleton	Oklahoma State Department of Health
Ms.	Susan	Krug	Oklahoma Attorney General
Ms.	DeeDee	Cox	Community Crisis Center
Ms.	Deana	Franke	Help in Crisis
Ms.	Keyna	Richardson	Okmulgee
Mr.	Brandon	Pasley	Oklahoma Attorney General
Rev.	Jeff	Hamilton	First Christian Church
Ms.	Tracy	Calmenero	Tulsa City-County Health Department
			National Center for Disability Education & Training
Ms.	Rebecca	Cook	
Ms.	Amy	Lester	Broadcast Journalist
			Oklahoma Parent Information and Resource Center
Ms.	Susan	Stewart	
Ms.	Joni	Hays	Oklahoma State University
Ms.	Kathy	Moxley	University of Oklahoma
Ms.	Janice	Esparza	Latino Community Development Agency
Ms.	Marisabel	Kremeier	YWCA OKC

Appendix K. Strengths, Weaknesses, Opportunity And Threats (SWOT) Analysis

The SWOT analysis was conducted by members of the four subcommittees (faith communities, media, K-12 schools and colleges and universities) of the Oklahoma Sexual Violence Prevention Planning Committee. Members responded to questions regarding the Oklahoma Strategic Plan to End Sexual Violence. A synthesis of member’s responses is included in the table below.

Objective	Strengths	Weaknesses	Opportunities	Threats
Faith Communities	<p>Churches have a natural function to provide specific outreach to their congregation and community.</p> <p>Most churches have a dedicated Youth Minister that can often become aware or SV before parents or friends.</p> <p>Increasing awareness of sexual assault in faith institutions</p> <p>Faith involvement in other institutions including media and education</p>	<p>Low level of awareness of sexual violence issues</p> <p>Low level of preparedness to address sexual violence or domestic violence crises</p> <p>Association of sexual violence with sex, rather than violence.</p>	<p>Framing the issue to church leaders that an informed leader can “shepherd” their flock more successfully</p> <p>Offering materials and training to church leaders- possibly some kind of certification</p> <p>Church groups (youth, women etc.) often already exist.</p> <p>Using faith cultural materials (music, books) to actively promote prevention ideals</p>	<p>Not a uniform institution- what works in one place will not work everywhere</p> <p>The fear of "changing roles" for males and females with each faith's understanding of scriptural roles in a changing society</p> <p>Often slow to change</p> <p>Institutional silence</p>

Objective	Strengths	Weaknesses	Opportunities	Threats
<p>Media</p>	<p>Reaches many people at once</p> <p>Can be persuasive</p>	<p>Due to their power to persuade the public, the spin media puts on a particular story could have a negative (i.e., counter-productive) impact.</p> <p>limited time or space media organizations have to devote to any particular story/event/problem</p> <p>Media outlets choose what to pursue based on their own criteria</p> <p>Can be expensive</p>	<p>“new” media including blogs and social networking sites</p> <p>PSA's and other media campaigns are very effective</p> <p>Blogs, You-Tube seem to be media options that reach youth when there isn't any money available.</p>	<p>Stereotypes about sexual violence (like the prevalence of stranger rape) often spread further by media institutions</p> <p>Lack of education and a true understanding of the issues can have a detrimental impact on the way a story is reported, and thus a negative influence on public perception</p>

Objective	Strengths	Weaknesses	Opportunities	Threats
<p>Pre-K – 12 schools</p>	<p>Schools serve our target population</p> <p>Schools primary function is to teach new skills</p> <p>Existing prevention activities (sexual harassment, bullying, drugs etc.)</p>	<p>Lack of support regarding the benefit of leveraging existing federal, state and certification codes for purpose of SV prevention.</p> <p>The general lack of awareness on the part of parents and the community as a whole</p>	<p>Existing federal civil rights codes (Title IX)</p> <p>Existing state school bullying law and safe and drug free schools federal standards (Title IV)</p> <p>Existing academic certification codes for ensuring school climate conducive to learning</p> <p>Rhode Island Model of Dating Violence Prevention in Schools</p> <p>Arizona and Minnesota models funded through health departments</p>	<p>Community readiness</p> <p>Reluctance of some school decision makers to address issues of sexual violence;</p> <p>The perception of school administration and/or parents that because we use the words “sexual violence” it may be assumed that we will be addressing sexuality rather than violent crime.</p> <p>Pressure on school districts and teachers to achieve "No Child Left Behind" academic benchmarks, no extra school hours available for SV topic</p> <p>Teachers not prepared to address SV topic; SV not included in teacher preparation courses.</p>

Objective	Strengths	Weaknesses	Opportunities	Threats
<p>Colleges and Universities</p>	<p>The infrastructure is designed to adapt and facilitate new programming.</p> <p>University personnel are keenly aware of the potential of sexual violence on campus.</p> <p>Universities/Colleges are businesses and have a vested interest in being perceived as safe and protective.</p> <p>Desire of students to get involved in activism and awareness activities on campus and their willingness to volunteer their time to the cause.</p> <p>Places of research and desire for knowledge – best case practice is sought in developing program and response.</p> <p>Ability for collaborative relationships to exist across campus – women’s center, Greek life, athletics, health promotion all working together.</p>	<p>Identifying the administrative/faculty/staff person(s) on campus that can authorize SVP activities.</p> <p>Fear of a community perception that sexual assault is a problem on the campus.</p> <p>On a large campus, there are so many activities for students to participate in that they may not choose to participate in prevention programs.</p> <p>Fear on the part of student gatekeepers – like RA’s and Greek life not wanting to “upset” their groups. This is an uncomfortable topic. So even if administration is on-board, students may be less so.</p> <p>Resources as in \$.</p> <p>Their possible reluctance to acknowledge sexual violence occurs on their campuses.</p>	<p>A variety of media messages, formats, and deliveries are possible within the collegiate environment.</p> <p>Potential partnerships with coaches, faculty, student government, advocates, and the business community to promote new awareness and positive behavior change.</p> <p>A desire to be cutting edge.</p> <p>Safer campuses translate to reduced liability/risk management issues</p>	<p>Fear</p> <p>"Unfunded mandate" issues</p> <p>No central coordinating body – academics is very separate from programming/activities side of things. Then athletics is a separate entity unto itself.</p> <p>Lack of knowledge about the issue across the board.</p>

Appendix L. RPE Logic Model

Inputs	Activities	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<p>Funding</p> <ul style="list-style-type: none"> • RPE Funds <p>Public Health Resources</p> <ul style="list-style-type: none"> • Injury Prevention Service <p>DVSA Program Resources</p> <ul style="list-style-type: none"> • Local Providers <p>School Personnel</p> <p>College and University Personnel</p> <p>Faith Communities</p> <p>OSVPPC Member Organizations</p>	<p>Fund local programs to conduct community-based sexual violence prevention programs</p> <p>Maintain OSVPPC and include new partners as necessary</p> <p>Provide education/training at conferences for educators (K-12 and college/university) and faith leaders</p> <p>Provide education/training to agencies providing sexual violence intervention</p> <p>Provide education/training for agencies engaging in other prevention activities</p> <p>Collaborate with funded programs to develop evaluation plan and collect data</p>	<p>Identify and promote best-practices in SV prevention and building healthy relationships including peer education and bystander intervention strategies</p> <p>Increase capacity of SV prevention partners to identify and use evidence-based practice</p> <p>Increase evaluation capacity among SV prevention partners</p> <p>Increase partnerships with K-12 schools, colleges and universities and faith institutions</p> <p>Identify strategies for organizational policy change regarding SV prevention</p> <p>Engage other prevention oriented agencies in SV prevention</p> <p>Increase media advocacy skills among SV prevention partners</p>	<p>Increase understanding that sexual violence is preventable among innovators and early adopters</p> <p>Implement comprehensive, evidence-based and culturally/community appropriate primary prevention programs</p> <p>Increase number of K-12 schools, colleges and universities and faith institutions providing prevention programs</p> <p>Increase funding sources for SV prevention activities and encourage institutionalization of SV prevention activities</p> <p>Increase media coverage of SV prevention activities</p> <p>Increase use of evidence-based practice among organizations receiving RPE funds</p>	<p>Reduce first time perpetration of sexual violence</p> <p>Increase the number non-violent interactions and healthy relationships</p> <p>Reduce cultural influences supporting sexual violence</p>

Comprehensive Logic Model

Inputs	Activities	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
<p>Funding</p> <ul style="list-style-type: none"> • RPE Funds • Public Health and Health Services (PHHS) Block Grant Funds <p>Public Health Resources</p> <ul style="list-style-type: none"> • Injury Prevention Service • Maternal & Child Health Service • School Health • Adolescent Health • Data (YRBS & BRFSS) <p>DVSA Program Resources</p> <ul style="list-style-type: none"> • OCADVSA • Local Providers <p>School Personnel</p> <p>College and University Personnel</p> <p>Faith Communities</p> <p>OSVPPC Member Organizations</p>	<p>Fund local programs to conduct community-based sexual violence prevention programs</p> <p>Maintain OSVPPC and include new partners as necessary</p> <p>Support a statewide prevention coordinator to provide training, technical assistance and coordination of sexual violence prevention programs</p> <p>Provide funding to encourage middle and high schools to implement prevention activities</p> <p>Pilot test evidence-based sexual violence curricula</p> <p>Provide education/training at conferences for educators (K-12 and college/university) and faith leaders</p> <p>Provide education/training to agencies providing sexual violence intervention</p> <p>Provide education/training for agencies engaging in other prevention activities</p> <p>Collaborate with funded programs to develop evaluation plan and collect data</p>	<p>Identify and promote best-practices in SV prevention and building healthy relationships including peer education and bystander intervention strategies</p> <p>Increase capacity of SV prevention partners to identify and use evidence-based practice</p> <p>Increase evaluation capacity among SV prevention partners</p> <p>Increase partnerships with K-12 schools, colleges and universities and faith institutions</p> <p>Identify strategies for organizational policy change regarding SV prevention</p> <p>Engage other prevention oriented agencies in SV prevention</p> <p>Increase media advocacy skills among SV prevention partners</p>	<p>Increase understanding that sexual violence is preventable among innovators and early adopters</p> <p>Implement comprehensive, evidence-based and culturally/community appropriate primary prevention programs</p> <p>Increase number of K-12 schools, colleges and universities and faith institutions providing prevention programs</p> <p>Increase funding sources for SV prevention activities and encourage institutionalization of SV prevention activities</p> <p>Increase media coverage of SV prevention activities</p> <p>Increase use of evidence-based practice among organizations receiving RPE funds</p>	<p>Reduce first time perpetration of sexual violence</p> <p>Increase the number non-violent interactions and healthy relationships</p> <p>Reduce cultural influences supporting sexual violence</p>

Appendix M. Evidence-Based/Promising Programs

<i>Name</i>	<i>Evidence Base</i>	<i>Target Audience</i>	<i>Pros</i>	<i>Cons</i>
Programs for pre-K-12				
Second Step	Has been evaluated- shows reduction in aggressive behaviors, increased likelihood of choosing pro-social goals and social competence	Elementary/Middle School	<ul style="list-style-type: none"> • Early intervention in conflict resolution • Reduction in aggressive behavior • Multi-grade format allows for age-appropriate progression 	<ul style="list-style-type: none"> • Not specifically geared towards sexual violence • Expensive
Safe Dates	Evaluation shows behavior change when implemented with fidelity	Middle School - Universal population	<ul style="list-style-type: none"> • Pre-packaged curriculum • Already evaluated • Follows principles of effective prevention programming • Positive reviews from the field 	<ul style="list-style-type: none"> • Expensive on a large scale • Very paper-heavy (uses many copying resources) • Multi-session often difficult to get into schools because of time constraints • Focus on dating violence (including sexual, physical and emotional)
Expect Respect	Emerging Best Practice- Evaluation Ongoing	Middle/High School Teens	<ul style="list-style-type: none"> • Comprehensive • Includes universal and selected population strategies • Includes youth leadership component • Follows principles of effective prevention programming 	<ul style="list-style-type: none"> • Multi-session often difficult to get into schools because of time constraints • Focus on dating violence (including sexual, physical and emotional)
Ending Violence Curriculum- Break the Cycle	Positive evaluation showing increased knowledge of dating violence 6 months after.	High School Students	<ul style="list-style-type: none"> • Pre-Packaged Curriculum • Brief • Easily implemented by school teachers • Can be implemented into many school subjects • Could be “foot-in-the-door with schools • Could be part of a larger prevention effort 	<ul style="list-style-type: none"> • Brief • Focus on dating violence (including sexual, physical and emotional) • Does not meet principles of effective prevention programming • Shows increased awareness, but no behavior change 6 months after implementation
One By One: Teens Explore Date Rape	No evaluation available, positive anecdotal evidence	Middle/High School Students	<ul style="list-style-type: none"> • Curriculum with video and 50 min 	<ul style="list-style-type: none"> • No evaluation • Expensive • Could be

Appendix M. Evidence-Based/Promising Programs

<i>Name</i>	<i>Evidence Base</i>	<i>Target Audience</i>	<i>Pros</i>	<i>Cons</i>
	from prevention educators		<ul style="list-style-type: none"> • activities • Easily implemented by prevention educators • Positive response from students • Examines real-life situation portrayed in video (including acknowledging ambiguity) 	considered too graphic for some schools
Men of Strength (MOST) clubs	Emerging best practice- evaluation ongoing.	high-school men, Universal or selected, being adapted for use in college age men and military	<ul style="list-style-type: none"> • Engages men • bystander intervention approach • follows principles of effective prevention programming 	<ul style="list-style-type: none"> • challenges finding leaders • expensive to implement on a smaller scale • time challenges in schools
Programs for Colleges and Universities				
Green Dot	Strong research rationale including bystander intervention, diffusion of innovation (DOI) and perpetrator data. Evaluation Ongoing.	College students, universal	<ul style="list-style-type: none"> • Bystander intervention and DOI theory • Allows for multiple levels of engagement by participants • For core group, follows principles of effective prevention programming 	<ul style="list-style-type: none"> • Could be modified for other populations • Understandable framing • Flexible levels of participation (increases participation- some change is better than nothing)
Men of Strength (MOST) clubs	Emerging best practice- evaluation ongoing.	high-school men, Universal or selected, being adapted for use in college age men and military	<ul style="list-style-type: none"> • Engages men • bystander intervention approach • follows principles of effective prevention programming 	<ul style="list-style-type: none"> • challenges finding leaders • expensive to implement on a smaller scale • time challenges in schools