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).

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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.

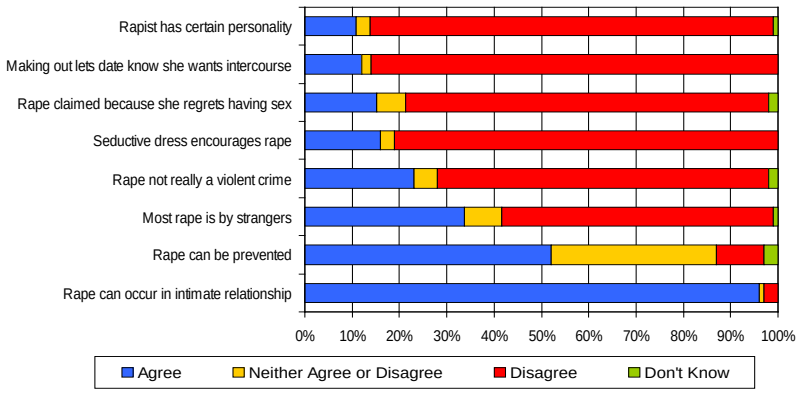
To better inform sexual violence prevention programs in Oklahoma, the OSDH contracted with the University of Oklahoma Public Opinion Learning Laboratory (OU POLL) to conduct a random telephone survey of Oklahoma women 18-35 years of age. Survey data was collected on women's attitudes and beliefs about 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

Figure 1. Women's Beliefs Regarding Rape, Oklahoma, 2006



*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.

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.

handle the assault seriously and with respect, 6.0% were 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.

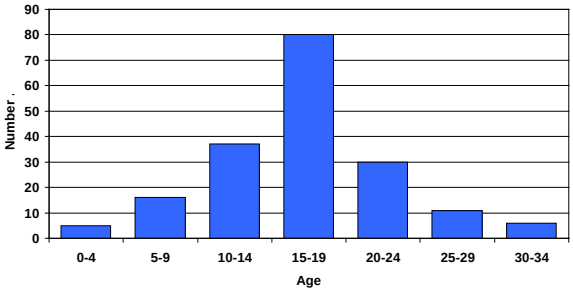
Table 2. Women's Opinions Regarding Rape Prevention and Education, Oklahoma, 2006*

	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.

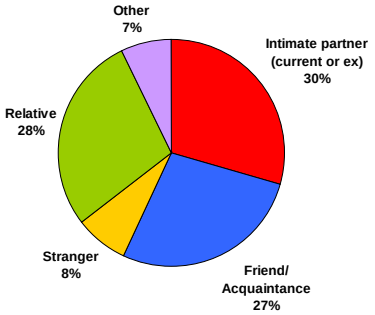
Victimization. Nearly one-third (31.2%) of the women surveyed self-reported that they had been sexually assaulted; 1.2% had been raped or sexually assaulted in the past 12 months. Three of every four women that had been sexually assaulted (73.9%) were less than 18 years of age when the first sexual assault 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). Assailants 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.

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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