

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

Figure 1. 2007 Population Estimates by County

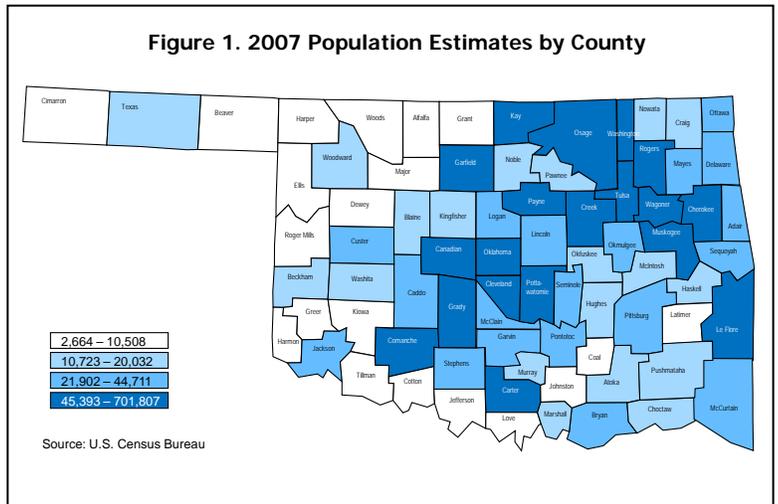
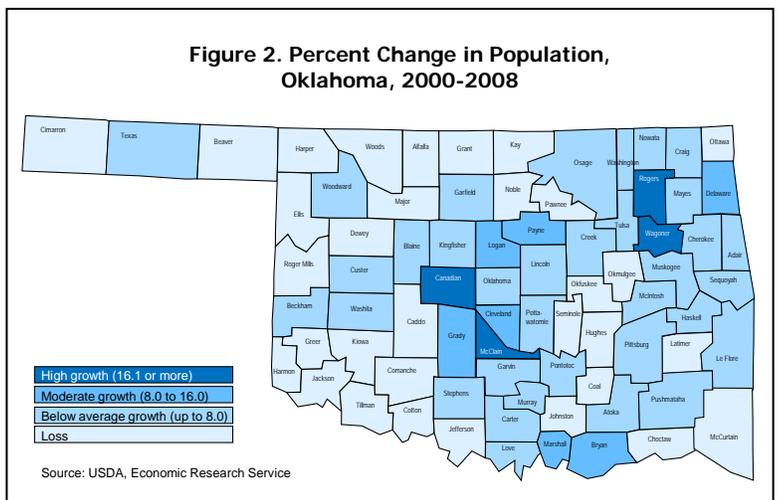


Figure 2. Percent Change in Population, Oklahoma, 2000-2008



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.

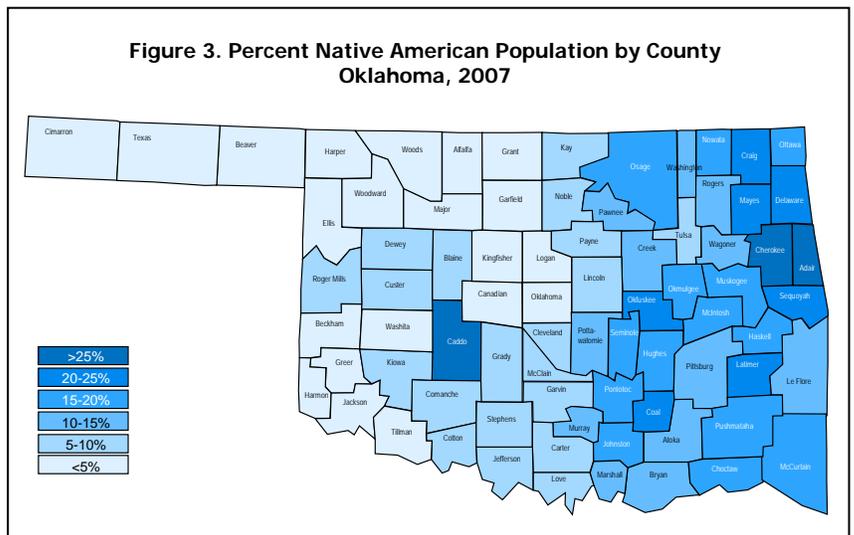
Table 2. Oklahoma and U.S. Vital Statistics, 2006

	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



five counties, Oklahoma, Tulsa, Cherokee, Muskogee, and Cleveland.

From 2000 to 2007, the Hispanic population in Oklahoma increased from 5% to 7%. In 2007, forty-one counties had a higher percentage of Hispanics in the population than the overall state average (7%). Generally, southwestern counties and the Panhandle had the highest percentage of Hispanics in the population (Figure 4). However, 63% of Oklahoma's Hispanic population resided in four counties, Oklahoma, Tulsa, Cleveland, and Comanche.

Approximately 12% of Oklahoma's population are youth 10-18 years of age (a selected population for rape prevention and education), which is comparable to the U.S. percentage of youth age 10-18 years of age (13%). The percentage of youth 10-18 years of age varies by county and ranges from 9% in Alfalfa County to 15% in Adair County (Appendix A). In Oklahoma, females 15-44 years of age (population at greatest risk for sexual violence and intimate partner violence) represent 20% of the state's population, which is similar to the U.S. population (21%). The percentage of females 15-44 years of age varies by county and ranges from 13% in Alfalfa County to 25.1% in Payne County. Payne and Cleveland Counties, the locations of the state's two largest universities, have the highest percentage of females 15-44 years of age at 25% and 23%, respectively.

Economic Factors

Employment. Oklahoma is an energy producing state and because of that, the state has not been

impacted as severely as other states by the current national recession. In 2007, the state's unemployment rate was at 4.1% while the U.S. unemployment rate was at 4.6% (Appendix B – Selected Socioeconomic Characteristics by

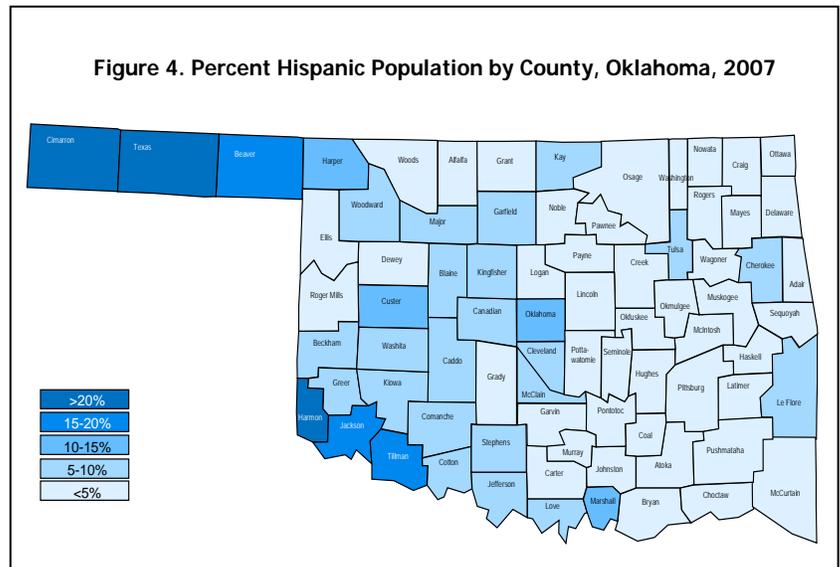


Table 3. Top 20 Employers in Oklahoma, 2008

Rank	Company	Employment	Location
1	State of Oklahoma	36,000 - 37,000	Statewide
2	Wal-Mart and Sam's Club	29,000 - 33,000	Statewide
3	Tinker Air Force Base	26,000 - 27,000	Oklahoma City
4	U.S. Army Field Artillery Center and Ft. Sill	21,400	Lawton
5	U.S. Postal Service	16,500	Statewide
6	University of Oklahoma and OU Medical Center	13,000	Norman and Oklahoma City
7	Oklahoma State University	11,000 - 12,000	Stillwater
8	American Airlines	7,000 - 7,500	Tulsa
9	Tulsa Public Schools	6,500 - 7,000	Tulsa
10	Cherokee Nation of Oklahoma	5,900	Tahlequah, Stilwell, Tulsa, and other
11	Chickasaw Enterprises	5,800 - 6,000	Ada
12	Choctaw Nation of Oklahoma	4,800- 5,000	Durant
13	Oklahoma City School District	4,800 - 5,000	Oklahoma City
14	City of Oklahoma City	4,600 - 4,700	Oklahoma City
15	AT&T and AT&T Wireless	4,400 - 4,600	Statewide
16	St. Francis Hospital	4,240 - 4,500	Tulsa
17	City of Tulsa	4,000 - 4,200	Tulsa
18	ConocoPhillips	3,750 - 4,000	Bartlesville, Ponca City
19	YUM! Brands	3,500 - 4,500	Statewide
20	Braum's Inc.	3,200 - 3,500	Oklahoma City

Source: Oklahoma Department of Commerce, Research & Analysis. Accessed at http://staging.okcommerce.gov/test1/dmddocuments/Oklahoma_Major_Employers_2907081238.pdf.

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

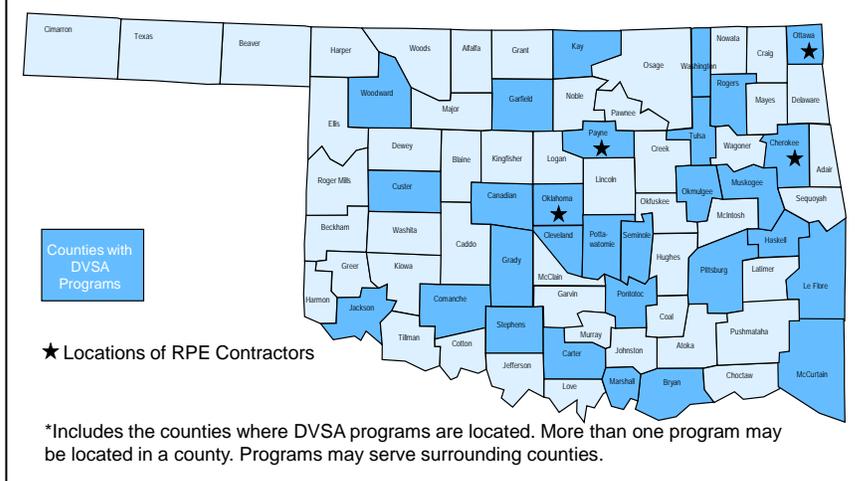
There are 30 DVSA service providers certified by the Oklahoma Attorney General's Office located throughout the state (Figure 5). A list of programs is on the OCADVSA website (<http://ocadvsa.org>). By law, certified programs are required to provide both domestic violence and sexual assault services to 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).

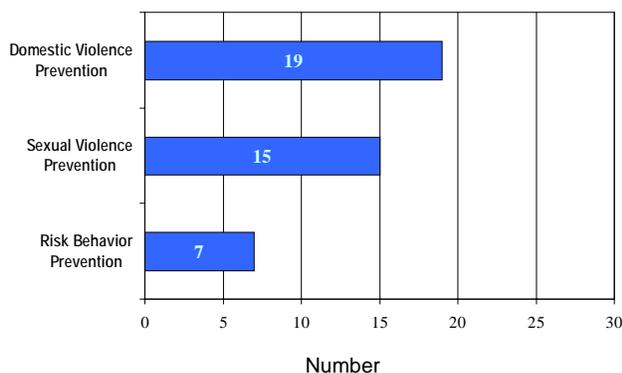
Forty-two percent of the state-certified programs had received RPE funds at some time, including the four funded RPE programs. Seventeen (89%) of the programs had paid staff to conduct domestic violence or sexual violence educational programs in the community; 53% of the programs had more than one paid 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).

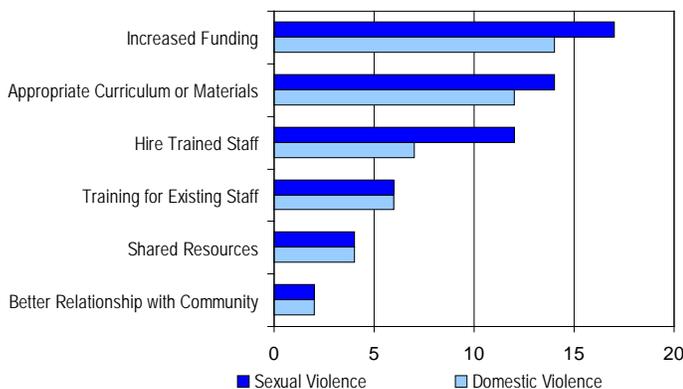
Among the 15 programs that conducted activities aimed at preventing sexual violence; nine focused on first time perpetration, and 11 focused on first time victimization. Ten of the programs had activities aimed at everyone regardless of risk for

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.

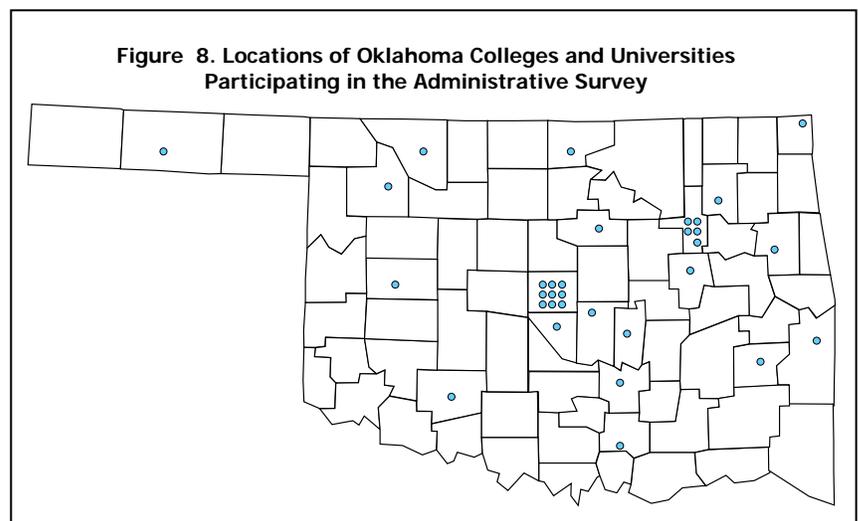
perpetration or victimization, and two programs had activities aimed at a special risk group. The majority of sexual violence prevention activities were educational presentations for schools or community groups. Sexual violence prevention at schools was often paired with domestic violence prevention 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.)

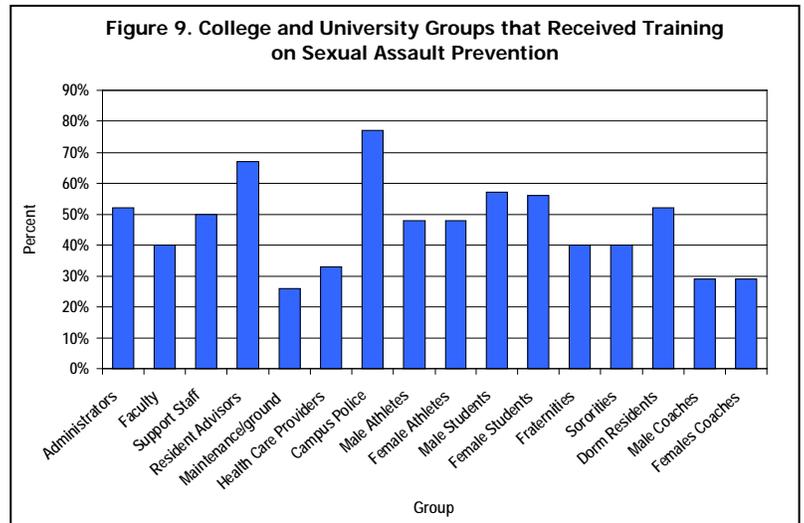
Though all of the institutions had at least one rape prevention strategy on campus, most were



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.

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.

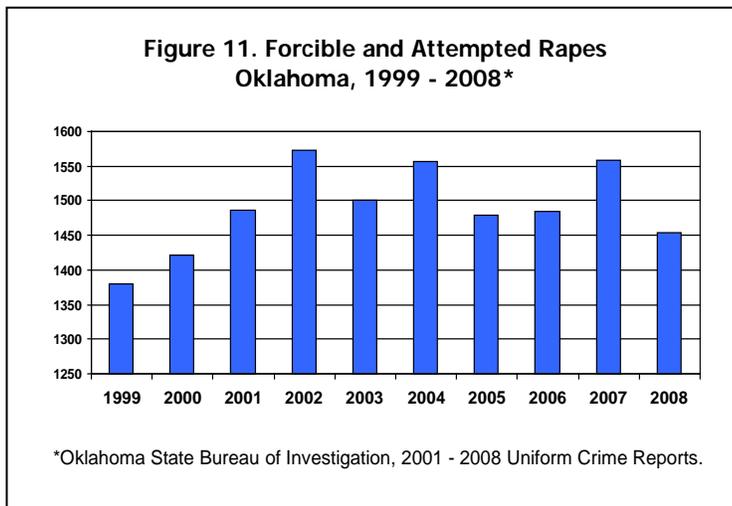
Prevalence of Sexual Violence

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).

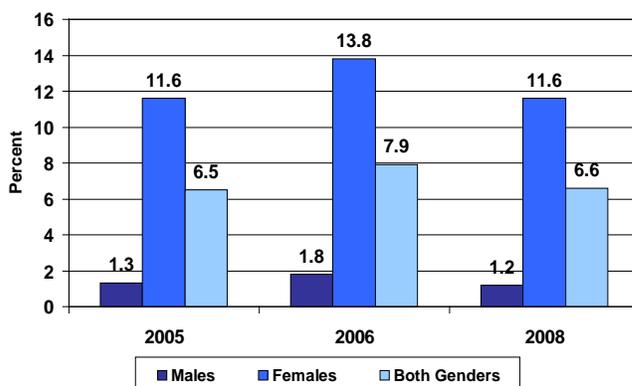
Among non-Hispanic females, Native Americans and multi-racial females reported the highest rates of sexual assault (15% and 22%, respectively) followed by white females (13%) (Figure 14). (Note: In Oklahoma, it is likely that a high proportion of persons reporting more than one race in BRFSS are Native 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.

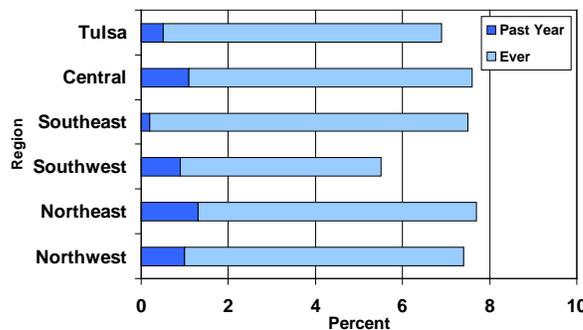
For girls, the rates of sexual assault increased by age. Girls in 12th grade had the highest rates of sexual assault (14%). Boys in 10th and 11th grade had the highest rates of sexual assault (Figure 17). Among high school girls, persons of “other” race had the highest proportion of sexual assault (15%), 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*



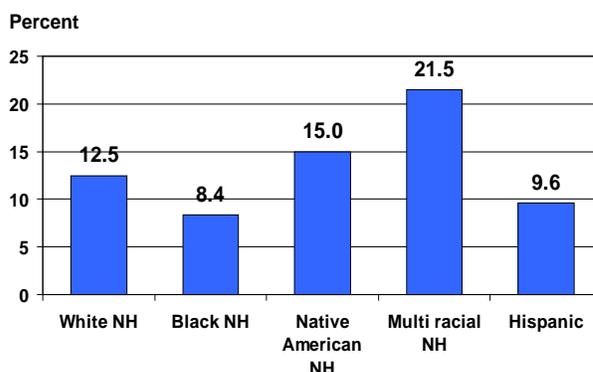
*Oklahoma State Department of Health, Health Care Information, BRFSS. Data not available for 2007.

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.)

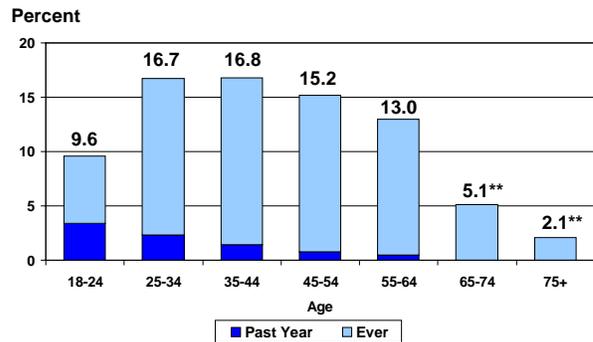
Oklahoma Anti-bullying Survey. Of the 7,848 students in third, fifth, and seventh grade surveyed in the OAS in 2005, 33% reported occasional, often or daily involvement in bullying, as a bully (12%), victim (14%), or both (7%). Fourteen percent of students reported being physically bullied (pushed, hit, 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

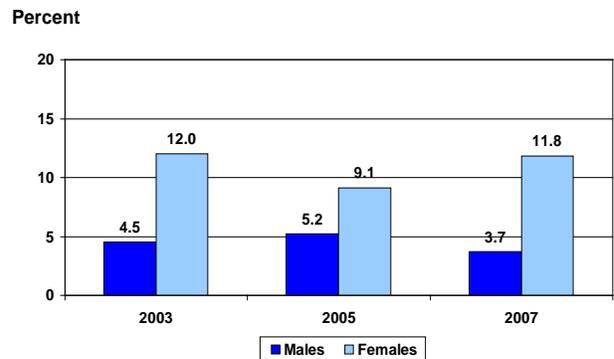
Figure 15. Lifetime and Past Year Sexual Assault Among Females by Age, Oklahoma BRFSS, 2005-2006*



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

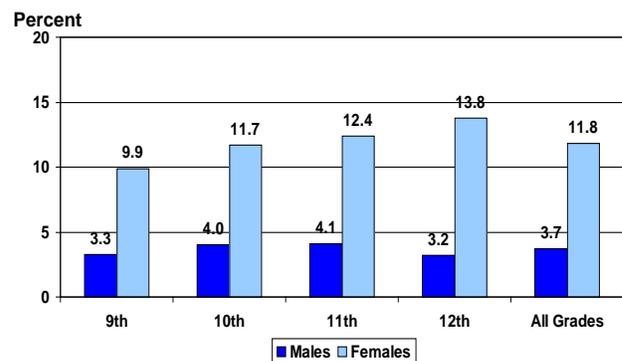
**Past year prevalence was not calculated due to small cell size.

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>

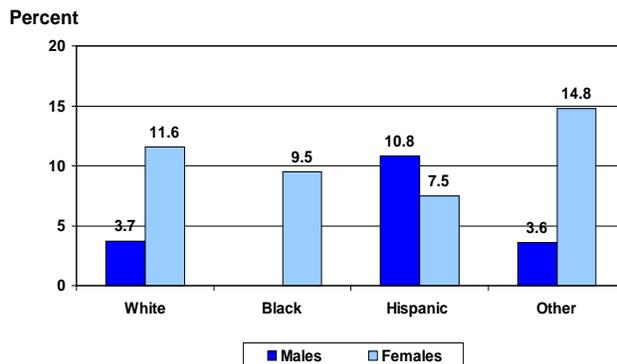
57% of incidents alcohol was not involved. The vast majority of sexual assaults (75%) occurred in a home [victim's home (41%), the assailant's home (19%), or the home of a relative or friend of either the victim or assailant (15%)]. Eleven percent of incidents occurred outdoors, in a parking lot, or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

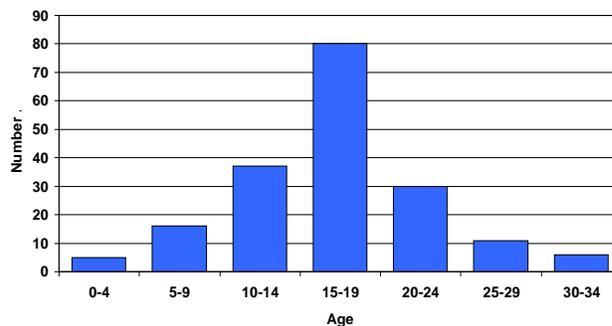
The OU POLL *Sexual Assault Prevention Surveys* were conducted in Cherokee County during September - December 2007. A total of 1,153 persons were interviewed including 576

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



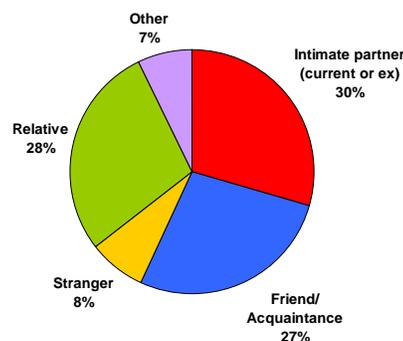
*YRBS, Youth Online. Accessed at <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

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*



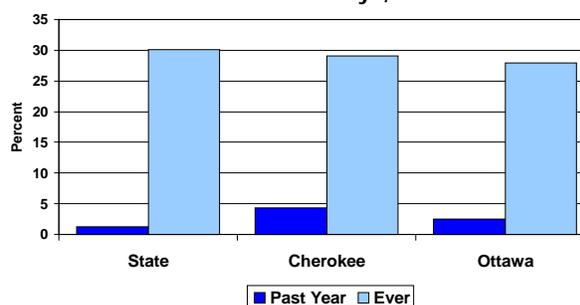
*Includes 183 female respondents 18-34 years of age in a random telephone survey conducted by the OU POLL from May 15, 2006 – July 21, 2006, who were sexually assaulted and provided information on the assailant.

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%).

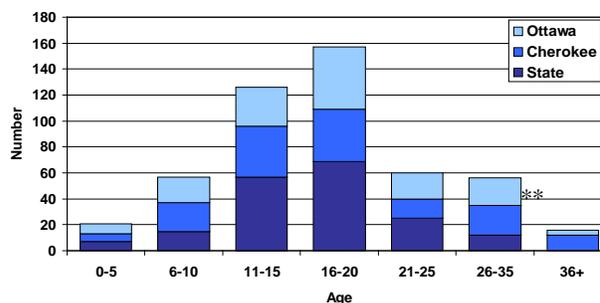
Lifetime and past year sexual assault prevalence rates estimated from OU POLL Surveys for the state, Cherokee and Ottawa counties are shown in Figure 21. The age at the time of the most recent sexual assault for each of

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.