



# PREVENTING SEXUAL VIOLENCE IN TEXAS

## 2010–2018

A Primary Prevention Approach

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# ACKNOWLEDGEMENTS

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## **Statement of Philosophy Regarding Working with Women to Prevent Sexual Violence**

The Texas Primary Prevention Planning Committee (PPPC) is committed to a primary prevention approach to end sexual violence and believes that the best way to prevent victimization is to prevent first time perpetration. Furthermore, the committee believes the vast majority of risk factors and strategies to prevent victimization put the onus of responsibility on the potential victim. Such an approach creates the potential for victim blaming and does not support the type of social change necessary to end sexual violence. For these reasons, the PPPC made a deliberate decision to focus on the prevention of first-time perpetration in this plan.

That being said, the committee believes that engaging women and girls is important for the primary prevention of sexual violence. However, the approach in working with women and girls should not be an attempt to help them prevent their own victimization. Just as we must approach men as more than just potential perpetrators, we must also approach women as more than just potential victims. Women and girls are reared in the same society as men and boys and, like men and boys, are subject to rigid gender socialization. As products of this society, both women and men have a role in perpetuating societal norms. This means that both women and men have a place in interrupting unhealthy norms and creating new, healthy and equitable norms.

Therefore, work with women and girls to prevent sexual violence should be approached from this understanding. For example, women and girls can be trained in bystander skills to interrupt instances of degradation and bigotry. Girls can engage in programs designed to increase social competencies, positive values, and positive identity and women can engage in programs designed to build skills around modeling these competencies. Women can engage in skill building programs that can assist them in mobilizing community organizations to end gender inequality and/or to increase positive, healthy, realistic images and representations of women.

It will take people of all genders to create a world without sexual violence. It is vital to change the paradigm of victim-centered prevention and speak of primary prevention of sexual violence in terms of stopping perpetration before it occurs. *Preventing Sexual Violence in Texas, A Primary Prevention Approach* was developed from that perspective.

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## Executive Summary

In January 2007, a diverse group of stakeholders came together to form the Texas Primary Prevention Planning Committee (PPPC). The charge of the PPPC was to develop a plan to end sexual violence in Texas using a primary prevention approach. *Preventing Sexual Violence in Texas, A Primary Prevention Approach, 2010 – 2018* is the product of those efforts.

Sexual violence has a devastating impact on individuals, families, communities, and our society as a whole<sup>1</sup>.

In Texas, approximately 1.9 million adult Texans or 13% of adult Texans have been sexually assaulted at some point in their lifetime. The proportion of sexual assault is significantly higher in females (20%) than males (5%)<sup>2</sup>.

Although these numbers are staggering, the true magnitude of sexual violence in Texas is difficult to assess since sexual assault often goes unreported. Based on findings from *A Health Survey of Texans: A Focus on Sexual Assault*, only 18% of Texans who experienced sexual assault reported their most recent assault to the police<sup>2</sup>.

Texas Sexual Assault Programs have a long history of providing services to survivors and conducting risk reduction and sexual assault awareness education. Now Texas must go beyond risk reduction and awareness and work to change the norms, climate, and culture of our communities and our state that allow sexual violence to occur in the first place.

Over the past several years, as the PPPC was developing this plan, Texas Sexual Assault Programs have conducted community based needs and resources assessments and have engaged community stakeholders in primary prevention planning efforts. This important work, completed at the local level, provided vital data to the PPPC and readied Texas communities for the implementation of new strategies/activities designed to stop sexual violence before it occurs. The committee is grateful to the Texas Sexual Assault Programs for their commitment and efforts at the local level which helped to make the development of this plan possible.

Due to the vast diversity and geography of Texas, most public health efforts, like the primary prevention of sexual violence, are coordinated at the local level. For this reason, Texas communities require flexibility with state-led activities. Local flexibility allows and encourages communities to address sexual violence prevention, as well as many other issues, with the appropriate cultural context that will meet the unique needs of their community. State-mandated activities cannot adequately account for these cultural and regional differences. Additionally, the PPPC recognizes that Texas has a strong capacity building team, consisting of staff from the state sexual assault coalition and the Office of the Attorney General, which stands ready to assist organizations responsible for implementing this plan. Therefore, this committee stopped short of recommending specific strategies/activities to address the goals identified in this plan.

The aim of the committee was to provide guidance in primary prevention efforts, honor the work already completed at the local level by Texas Sexual Assault Programs, allow the flexibility required to develop community based strategies/activities as appropriate, and provide shared goals at the state level which will allow the work done in each community to be ultimately working toward the same ends, thus increasing the likelihood for change to take place.

The PPPC utilized the Public Health Model in the development of this plan. The Public Health Model is a four-step, systematic process that provides a framework for addressing public health concerns at a population level. The presence and magnitude of sexual violence has serious implications on the health and wellness of the entire Texas population; therefore, the public health sector has a key role to play in the primary prevention of sexual violence. By utilizing the public health perspective in conjunction with social change models, the PPPC focused this plan on targeting risk factors to prevent the first time perpetration and victimization of sexual violence.

Along with identifying Texas specific risk and protective factors that contribute to sexual violence, this plan provides guidance on how to best utilize Rape Prevention and Education (RPE) funds awarded to Texas. RPE funds are awarded to state health departments from the Centers for Disease Control and Prevention (CDC). Award amounts are based on population with Texas currently receiving approximately 2.8 million dollars.

*Preventing Sexual Violence in Texas, A Primary Prevention Approach* is the first such plan designed specifically for Texas and the first to address the prevention of sexual violence through a primary prevention approach. The PPPC wishes to extend a special thank you to the Interpersonal Violence Prevention Collaborative (IVPC), which led the first statewide initiative focused on preventing interpersonal violence in Texas. This work provided a framework from which the PPPC began the process of developing a prevention plan specific to sexual violence from a primary prevention approach. This new direction provides Texas the opportunity to stop sexual violence before it occurs so that all Texans can live, work, and play in a state free from sexual violence.

The following information represents significant findings of the committee and includes Texas demographics, the magnitude of sexual violence in Texas, and information regarding the perpetration of sexual violence.

#### Demographics:

- Texas' land area is approximately 262,000 square miles accounting for 7.4% of the total land mass of the United States<sup>5</sup>.
- Texas is home to six of the 21 largest cities in the U.S. (Houston – 4<sup>th</sup>, San Antonio – 7<sup>th</sup>, Dallas – 9<sup>th</sup>, Austin – 16<sup>th</sup>, Forth Worth – 19<sup>th</sup>, and El Paso – 21<sup>st</sup>)
- 197 of Texas' 254 counties are rural<sup>6</sup>.

- In 2008, an estimated 24,326,974 persons lived in Texas<sup>9</sup>. Between 2000 and 2007, the Texas population increased 14.6% compared to an overall growth in the U.S. of 7.2%. Texas was the eighth fastest growing state between 1990 and 2007 and the sixth fastest growing state between 2000 and 2007.
- According to the Texas State Data Center, by the year 2010, Texas' population will exceed 25 million people and will reach a population in excess of 40 million people by 2040<sup>7</sup>.
- Between 1950 and 2000, the U.S.-Mexico border population increased by about 10 million people. Between 1990 and 2007, the population in the border region increased by 44.9%.<sup>10</sup>
- It is expected that Texas will become a majority Hispanic state between 2034 and 2035 under the long-term scenario, and between 2026 and 2027 under the short-term scenario.<sup>9</sup>
- The population 65 years of age or older, about 2.1 million in 2000, could be as high as 8.2 million by 2040 and could increase by more than 295%. No other age group shows as large an increase.<sup>7</sup>
- Minimal information is available on individuals and families identifying as Lesbian, Gay, Bisexual, Transgender or Queer (GLBTQ) living in Texas. However, based on the Census Snapshot from the Williams Institute, there are 49,423 same sex couples currently living in Texas with 20% raising children. Texas's same sex couples are racially and ethnically diverse.
- The population size of Migrant and Seasonal Workers (MSFW) in Texas are difficult to estimate as Texas is a major sending state for migrants throughout the country. In 2000, it was estimated that Texas had 362,724 Migrant and Seasonal Farm Workers<sup>12</sup>.
- According to the 2007 American Community Survey (collected by the U.S. Census Bureau), an estimated 16% of individuals and 13% of families in Texas live below the federal poverty line. Hispanic individuals carried the greatest burden in terms of poverty; 24.8% Hispanic individuals lived in poverty. However, African American individuals were very similar to Hispanic individuals in terms of poverty at the individual and family level.
- A greater percent of females lived in poverty compared to males (18% and 14% respectively). Over 32% of female-headed households (no husband present) lived in poverty.<sup>14</sup>
- Texas has a higher general poverty rate than the rest of the nation as well as a higher poverty rate for children (under age 18) and young children (under age 5).
- There is a significant wage gap by gender at all levels of educational attainment. Overall, women make about 70% of men's earnings.<sup>14</sup>

#### Sexual Violence Victimization:

- Based on the 2007 Uniform Crime Report (UCR), Texas currently has a rate of 35.3 rapes per 100,000 persons.

- Approximately 1.9 million adult Texans or 13% of adult Texans have been sexually assaulted at some point in their lifetime.
- The proportion of sexual assault is significantly higher in females (20%) than males (5%).
- The majority of female victims are assaulted by a man that they know.
- Among college women, approximately 20% to 25% report being victims of sexual assault.
- 14% of Texas high school females and 4% of Texas high school males reported being physically forced to have sexual intercourse when they did not want to<sup>22</sup>.
- In State Fiscal Year 2008 (SFY08), 21,434 survivors of sexual violence sought services from the 77 Texas Sexual Assault Programs.
- There is no state level data on sexual violence experience among persons identifying as Lesbian, Gay, Bisexual, Transgender, or Queer (LGBTQ) in Texas. However, findings from the 2007 National School Climate Survey found that 72% of LGBTQ youth report being sexually harassed during the past school year<sup>24</sup>.
- Minimal data on sexual assault victimization is available by race/ethnicity. Due to the limitations of data sources and racial/ethnic variances in reporting, there is no clear indication whether one racial/ethnic group is victimized at a higher rate.

#### Sexual Violence Perpetration:

- Of the 8,980 perpetrators that were identified by SFY08 sexual violence survivors, 93% were identified as male<sup>23</sup>. 42% were a relative, 40% was an acquaintance, 31% a spouse, 28% a parent/step-parent, 12% an intimate partner, 7% a stranger and .31% other which includes professionals such as law enforcement, therapist, clergy, and medical professionals.
- In Texas, 15% of sexual offense arrests (not including prostitution) were of juvenile males (less than 17 years of age). Of those individuals, the majority was between 13-15 years old<sup>19</sup>.
- Clients receiving services during SFY08 from the Texas Sexual Assault Programs reported the following information about the experiences of their perpetrators. Of the 24,113 perpetrators reported, 35.7% abused alcohol, 27.7% abused drugs, 22% were abused as a child, 20% witnessed abuse as a child and 10% utilized the sex industry<sup>23</sup>.

#### Identified Populations for RPE Strategies/Activities:

The following table identifies the target populations for RPE strategies/activities. The universal population represents the entire state of Texas regardless of risk for perpetration and/or victimization. The selected population includes those individuals with an increased risk of experiencing or perpetrating sexual violence based on the stated risk factors.

Type	Target
Universal	Men, women, and children in Texas
Selected	<p>2-18 year old males who exhibit any of the following risk factors</p> <ul style="list-style-type: none"> <li>• Attitudes/beliefs supportive of sexual violence</li> <li>• Impulsive/aggressive behavior</li> <li>• Adhere to strict gender roles</li> <li>• Live in a family environment characterized by physical, emotional, psychological, verbal and/or sexual abuse as a child</li> </ul>
	<p>16-24 year old males who exhibit any of the following risk factors</p> <ul style="list-style-type: none"> <li>• Witnessed or experienced physical, emotional, psychological, verbal, and/or sexual abuse, as a child</li> <li>• Attitudes and beliefs supportive of sexual violence</li> <li>• Hostility towards women</li> <li>• Associate with sexually aggressive peers</li> </ul>

#### Goals and Risk Factors:

The following tables identify Texas specific goals and risk factors associated with both the selected and universal populations. The goals and risk factors are organized within each level of the socio-ecological model and are in order of priority as established by the PPPC. The ecological model represents multiple levels of influence and provides structure for implementing prevention activities at multiples levels (or spheres of influences) so as to holistically impact individual, relationship, community, and society risk factors.

#### Individual Level

Goal	Risk Factor
To reduce attitudes, beliefs, and behaviors supportive of sexual violence	Attitudes and beliefs supportive of sexual violence
To increase social competencies among youth	Witnessing or experiencing sexual, physical, emotional/psychological/verbal abuse as a child
Decrease bullying and/or sexual harassment behavior in youth 5-18	Impulsive and aggressive behaviors

### Relationship Level

Goal	Risk Factor
Increase adult modeling of social competencies, positive values, and positive identify (as defined by the 40 Developmental Assets).	Living in a family environment characterized by physical, emotional/psychological and/or sexual abuse
To increase positive peer influences among males ages 10-24.  Increase interventions to change attitudes, beliefs, and behaviors supportive of sexual violence.	Associating with sexually aggressive and delinquent peers

### Community Level

Goal	Risk Factor
Reduce the tolerance of sexual violence and other forms of violence in the community	General tolerance of sexual violence and other forms of violence

### Societal Level

Goal	Risk Factor
Reduce the norms that support sexual violence such as male superiority, sexual entitlement, and objectification of women	Norms supportive of sexual violence
Reduce disparity based on gender, race, class, ethnicity, and sexual orientation	Inequalities based on gender, race, class, ethnicity, sexual orientation (includes objectification of women).
Increase positive, healthy, realistic images and representations of women.  Increase mutability of gender roles without fear of marginalization or violence.	Gender role socialization and objectification of women.

The PPPC has identified the following goals to build capacity at the state and local level to support primary prevention efforts.

1.	Increase support and knowledge of primary prevention among leadership in RPE funded organizations.
2.	Increase the quality and consistency of magnitude data collected in the state of Texas.
3.	Increase collaboration and coordination of organizations throughout Texas for the implementation of primary prevention efforts.
4.	Increase resources available for primary prevention efforts in Texas.
5.	Increase the capacity of RPE funded organizations to engage in primary prevention efforts and move into the implementation phase.

#### Situational Factors:

Studies have indicated that sexual violence risk factors such as alcohol or drug use and poverty impact perpetration and victimization of sexual violence<sup>32,33,34</sup>. For the purpose of this plan, the PPPC has determined these factors to be situational in sexual violence perpetration and victimization. According to the publication *Engaging Communities in Sexual Violence Prevention*<sup>50</sup> a situational factor is something that might be associated with a specific sexual assault and probably includes specific behaviors of the victim or perpetrator and the circumstances surrounding the incident. These factors often act as confounding variables when determining the risk of perpetration.

Rather than expending RPE funds to address these issues directly, the PPPC recommends RPE funded organizations integrate situational factors into sexual violence primary prevention efforts by joining coalitions and other community groups that are already in place to address these issues and by participating in the development of community specific strategies/activities regarding these issues that other community organizations may have the capacity to implement.

#### Recommendations for Implementation:

To effectively transition to a primary prevention approach to end sexual violence a comprehensive prevention program must be implemented. The PPPC recommends the following guidelines when choosing strategies/activities to be implemented.

- Strategies and activities must be informed by community stakeholders and supported by local and state data.
- Strategies/activities chosen must align with the CDC’s working definition of sexual violence prevention.
- Strategies/activities must integrate cultural relevance and specificity into prevention programming.

The PPPC further recommends the utilization of the state capacity building team to assist organizations in successfully implementing this plan.

Finally, the needs identified in this plan are many and cannot be met overnight. Ending sexual violence in Texas will be a long and laborious process that will require the support of all Texans as well as communities, organizations, businesses, government entities, and the legislature.

# Background

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## Sexual Violence

Sexual Violence is a significant public health problem in the United States. Estimates from the *National Violence Against Women Survey* (NVAWS), cosponsored by the National Institute of Justice and Center for Disease Control and Prevention (CDC), estimates that 1 in 6 women and 1 in 33 men have been victims of a completed or attempted rape at some point in their lifetime<sup>1</sup>. Victims of sexual violence may experience a variety of long-term physical and psychological consequences such as chronic pelvic, head, back and facial pain; gastrointestinal disorders; eating disorders; substance abuse; depression; and suicidal thoughts and attempts. Sexual violence has a devastating impact on individuals, families, communities, and our society as a whole<sup>1</sup>.

In Texas, approximately 1.9 million adult Texans or 13% of adult Texans have been sexually assaulted at some point in their lifetime. The proportion of sexual assault is significantly higher in females (20%) than males (5%)<sup>2</sup>.

Sexual assault programs in Texas have a long history of providing services to survivors and conducting risk reduction and sexual assault awareness education. Now Texas must go beyond risk reduction and awareness and work to change the norms, climate, and culture of our communities and our state that allow sexual violence to occur in the first place. According to the Texas Sexual Assault Advisory Council's Report to the 81<sup>st</sup> Legislature, submitted in March 2009, to address sexual violence prevention in a truly comprehensive manner, strategies to prevent its initial perpetration and victimization (primary prevention) must reach the same level of efficacy and adoption as programs that respond to its consequences.

## Creation of the Texas Primary Prevention Planning Committee

Beginning in 2006, representatives from the Texas Department of State Health Services (DSHS), The Office of the Attorney General (OAG), and the state sexual assault coalition, Texas Association Against Sexual Assault (TAASA), formed a steering committee to establish a collaborative process to develop a primary prevention plan for Texas and guide the state's transition to a primary prevention approach to end sexual violence.

In January 2007, the steering committee convened the Texas Primary Prevention Planning Committee (PPPC), a group comprised of representatives from government, community-based nonprofits, crisis centers and research institutions. *Preventing Sexual Violence in Texas, A Primary Prevention Approach, 2010 – 2018*, is the result of a two-year planning process undertaken by the PPPC.

The PPPC met quarterly throughout 2007 and 2008, and used the Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement CE07-701,

(Rape Prevention and Education) from the CDC as a guide in developing this plan. (A summary of the PPPC's activities can be found in Appendix I).

## **PPPC'S VISION, MISSION, AND DEFINITION OF SEXUAL VIOLENCE**

At one of its first meetings, the PPPC developed the following mission and vision statements and agreed on the following shared definition of sexual violence. These became a grounding force for the committee and kept the group focused throughout the planning process.

### **Mission**

*The mission of the Primary Prevention Planning Committee is to guide the state's transition toward a primary prevention approach to end sexual violence.*

### **Vision**

*Primary prevention ends sexual violence in Texas.*

### **Shared Definition of Sexual Violence**

*“Sexual violence occurs when one person compels, coerces (with kindness or threats) and/or forces another person to engage in a sexual act against his or her will, whether or not the act is completed. Sexual violence also occurs when the aforementioned happens to someone who is unable to give consent due to age, diminished mental or physical capacity and/or under the influence of any mind-altering substances. In addition, sexual violence occurs when one person is compelled to endure gestures, comments or actions of a sexual nature that are in violation of another person's sense of safety. Therefore, the definition of sexual violence includes sexual abuse, sexual assault, child pornography, sex trafficking, rape, acquaintance rape, incest and sexual harassment.”*

## **ACKNOWLEDGEMENTS**

The effort to stop sexual violence in Texas did not begin with the PPPC and this primary prevention initiative. The PPPC wishes to extend a special thank you to the Violence Against Women Prevention Advisory Committee (VAWPAC) now named the Interpersonal Violence Prevention Collaborative (IVPC) for their work in developing *A Strategic Plan to Prevent Violence Against Women in Texas, 2004*<sup>3</sup>. Led by the Department of State Health Services, TAASA, and the Texas Council on Family Violence (TCFV), VAWPAC was comprised of representatives of government, community-based nonprofit, health care, and research professionals. *A Strategic Plan to Prevent Violence Against Women in Texas* was the first statewide initiative focused

on preventing interpersonal violence in Texas. This work provided a framework from which the PPPC began the process of developing a prevention plan specific to sexual violence from a primary prevention approach. (Additional information regarding the work of the IVPC can be found in Appendix H).

Additionally, as the PPPC was developing a primary prevention plan for Texas, local sexual assault programs, funded with RPE monies, were beginning the transition to a primary prevention approach to end sexual violence by working to increase community readiness for prevention efforts; completing local community needs and resources assessments; and enhancing current efforts to include concepts of primary prevention. This important work completed at the local level provided vital data to the PPPC and readied Texas communities for the implementation of new primary prevention strategies and activities. The PPPC is grateful to the sexual assault programs throughout Texas for their commitment and efforts at the local level which helped to make the development of this plan possible. (For more information regarding the primary prevention planning efforts of sexual assault programs in Texas see Appendix H).

Furthermore, in order to increase stakeholder participation the PPPC developed a virtual council to disseminate information regarding the activities of the committee and to provide an opportunity for participation from a diverse array of stakeholders in the primary prevention planning process. Virtual Council members received information on committee progress as well as drafts of the committee's work for comment via a listserv. The PPPC would like to thank the members of the Virtual Council for their support and feedback throughout the planning process.

## **FUNDING FOR PRIMARY PREVENTION EFFORTS IN TEXAS**

In 1994, Congress passed the Violence Against Women Act (VAWA) which established the CDC's Rape Prevention and Education (RPE) Program, making funds available to states and territories to implement strategies to prevent sexual violence. States receiving RPE funds are required to develop comprehensive primary prevention program plans that will be used to guide their efforts<sup>4</sup>.

DSHS is the recipient RPE funds in Texas and has a contract with the OAG to administer the funds. The Crime Victim Services Division, Sexual Assault Prevention and Crisis Services Program (SAPCS) and the Grants Administrations Division (GAD) are the responsible parties within the OAG to oversee the RPE project. SAPCS provides programmatic oversight of the RPE project while GAD monitors sub-contractors for contract compliance. The OAG awards contracts to local sexual assault programs and statewide organizations to fund strategies and activities that support the primary prevention of sexual violence.

## **PURPOSE OF THE TEXAS PRIMARY PREVENTION PLAN**

The purpose of this plan is to guide Texas' transition to a primary prevention approach to end sexual violence and includes recommendations for the time-period 2010 - 2018.

(For more information on timeline see Appendix E). The plan identifies risk and protective factors that contribute to sexual violence and provides guidance on the utilization of RPE funds in Texas. This guidance focuses on the implementation of strategies and activities to eliminate risk factors and enhance protective factors to prevent the first time perpetration and victimization of sexual violence. This new direction provides Texas an opportunity to stop sexual violence before it occurs so that all Texans have an opportunity to live, work, and play in a state free from sexual violence. This is the first such plan designed specifically for Texas and the first to address the prevention of sexual violence through a primary prevention approach. The completion of this plan is a milestone for Texas. We invite all Texans to join together in a common goal of ending sexual violence in this state.

# State Profile

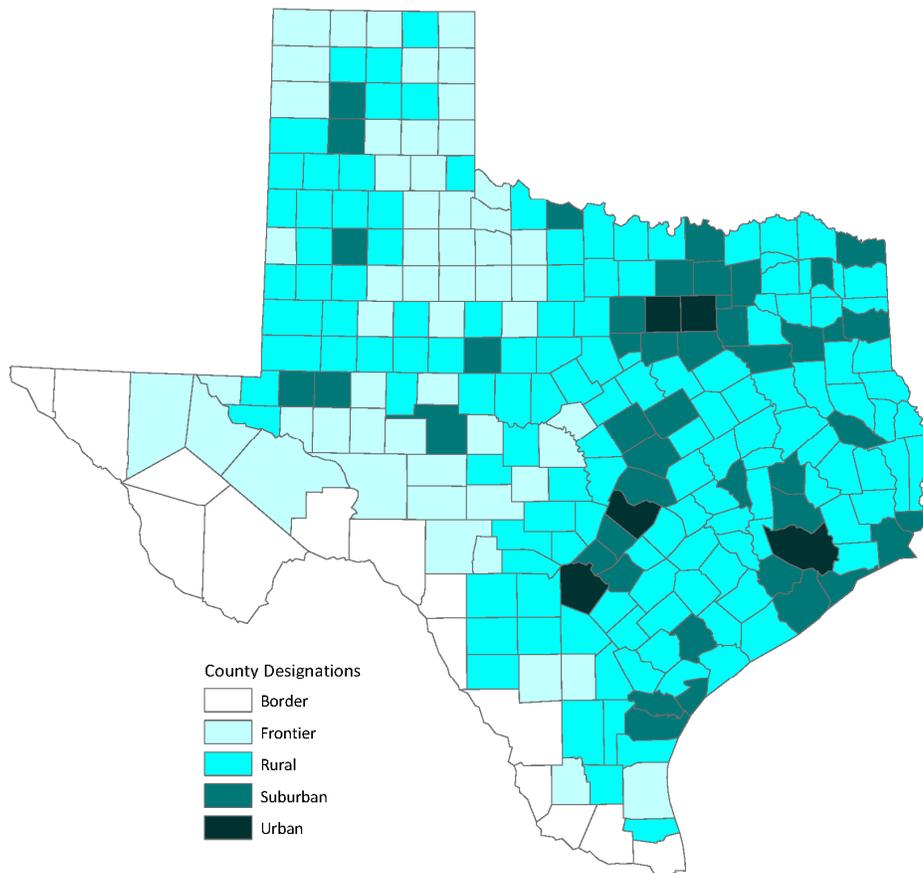
## TEXAS LAND AREA AND POPULATION DENSITY

Texas' land area is approximately 262,000 square miles accounting for 7.4% of the total land mass of the United States and equal to the land area of all six New England states, Ohio, New York, Pennsylvania, and North Carolina combined. Approximately 77.5% of the total land area in Texas is farmland with 64.2% pastureland<sup>5</sup>.

Texas is home to six of the 21 largest cities in the U.S. (Houston – 4<sup>th</sup>, San Antonio – 7<sup>th</sup>, Dallas – 9<sup>th</sup>, Austin – 16<sup>th</sup>, Fort Worth – 19<sup>th</sup>, and El Paso – 21<sup>st</sup>) and although the majority of Texans live in urban areas, 197 of Texas' 254 counties are rural with a combined population greater than the states of Alaska, North Dakota, Vermont, Wyoming and the District of Columbia combined<sup>6</sup>.

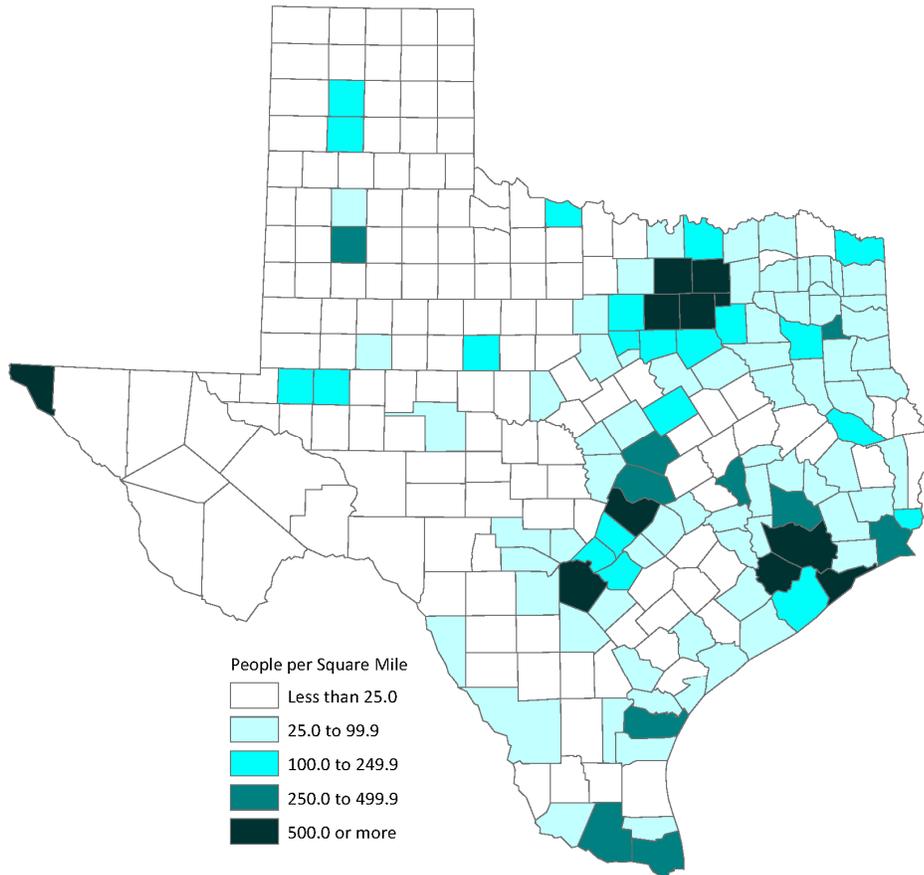
*Preventing Sexual Violence in Texas: A Primary Prevention Approach* was written to encompass the entire state of Texas. Due to availability, information throughout the plan will be presented at the state level. However additional data is available in the appendix by categorized regions (urban, suburban, rural, frontier and border). The state was divided into these regions based on the type of community (as designated by population density and other shared characteristics).

## DESIGNATION OF TEXAS COUNTIES<sup>7</sup>



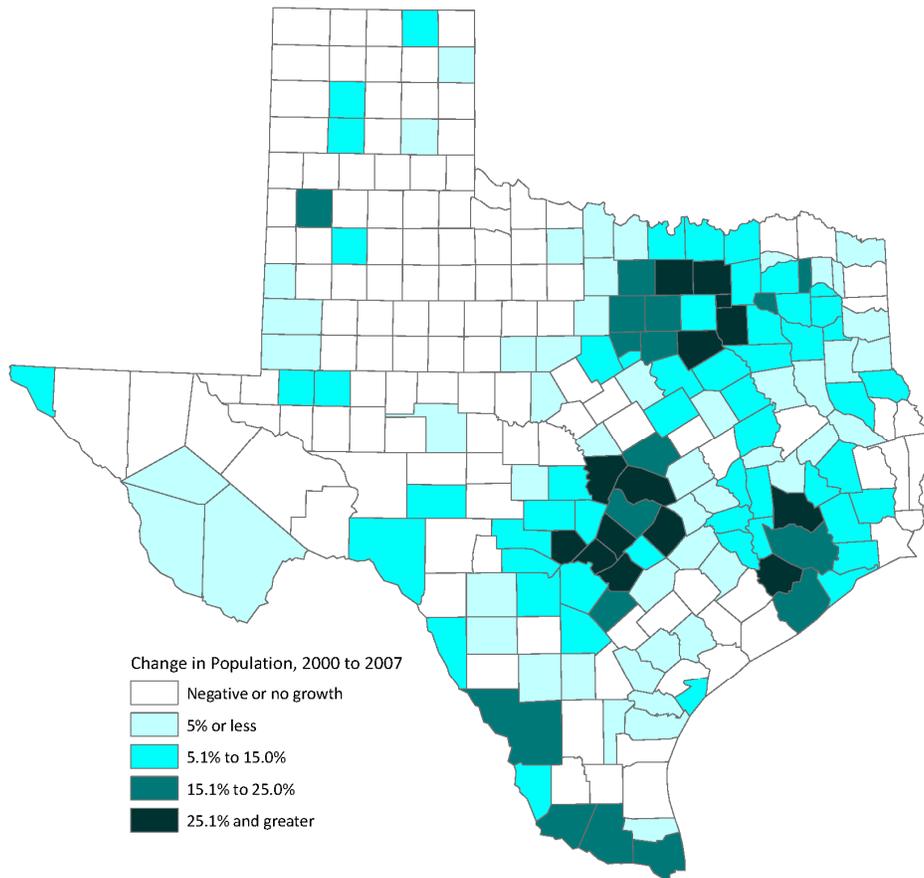
There are considerable variations in population density and population make-up throughout Texas' 254 counties. The 10 counties with greatest population density account for 57% of the Texas population. For the remaining 244 counties, the average population density is 41 people per square mile<sup>9</sup>.

### POPULATION DENSITY OF TEXAS<sup>8,9</sup>



In 2008, an estimated 24,326,974 persons lived in Texas<sup>9</sup>. Between 2000 and 2007, the Texas population increased 14.6% compared to an overall growth in the U.S. of 7.2%. Texas was the eighth fastest growing state between 1990 and 2007 and the sixth fastest growing state between 2000 and 2007.

## POPULATION CHANGE 2000-2007<sup>9</sup>



Areas surrounding three of the state's largest urban areas – Dallas/Forth Worth, Houston, and San Antonio/Austin – experienced some of the most significant growth between 2000 and 2007. According to the Texas State Data Center, by the year 2010, Texas' population will exceed 25 million people and will reach a population in excess of 40 million people by 2040<sup>7</sup>.

Due to the vast diversity and geography of Texas, most public health efforts are coordinated at the local level. Due to this, communities require flexibility with state-led activities. Local flexibility allows and encourages communities to address sexual violence prevention, as well as many other issues, with the appropriate cultural context that will meet the unique needs of their community and would not be present in state-mandated activities.

### *Growth along the Texas-Mexico Border*

Populations along the Texas-Mexico border have also increased significantly over the past 20 years, due in part to the *Maquiladora* program, begun in 1965, which provided

economic incentives to foreign (mostly U.S.-owned) assembly factories located in the border region. The rate of industrial development along the border increased further after the North American Free Trade Agreement (NAFTA), with about 1,700 factories operating in Mexico in 1990. Between 1950 and 2000, the U.S.-Mexico border population increased by about 10 million people. Between 1990 and 2007, the population in the border region increased by 44.9%.<sup>10</sup>

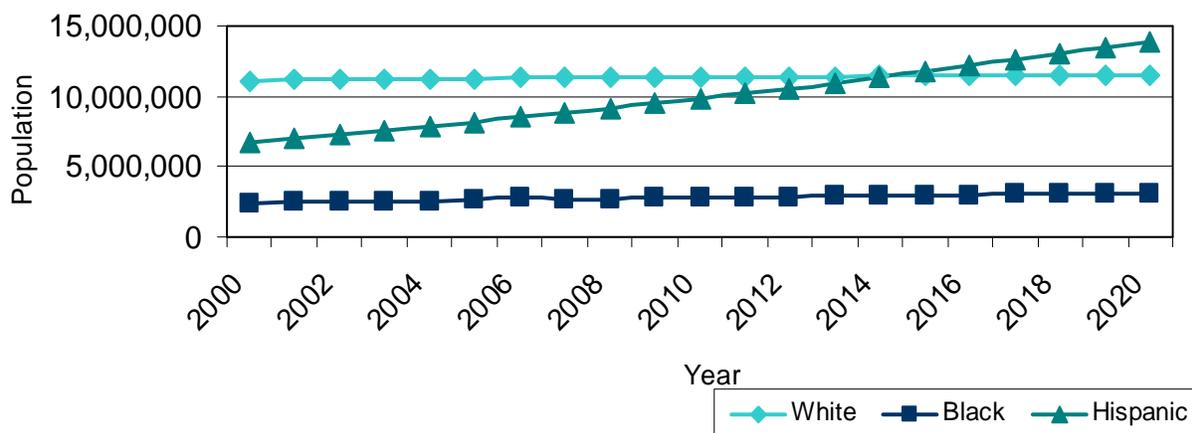
Population growth is expected to continue along the Texas - Mexico border. The ever-changing population of the Texas – Mexico border combined with the unique culture of the border communities provides a pertinent example of the importance of local flexibility with sexual violence prevention initiatives.

## TEXAS DEMOGRAPHICS

### *Racial/Ethnic Composition of Texas*

In 2008, the estimated Texas population included approximately 11.5 million Non-Hispanic, White individuals, 8.7 million Hispanic individuals, and 2.7 million African American individuals. The 2008 population estimates also had the Hispanic (36.0%) populations accounting for 36% of the total population in Texas<sup>9</sup>. According to recent Census Bureau estimates, Texas population became less than 50% Anglo by July 1, 2004. It is expected, that Texas will become a majority Hispanic state between 2034 and 2035 under the long-term scenario, and between 2026 and 2027 under the short-term scenario.<sup>9</sup>

**TEXAS POPULATION BY RACE/ETHNICITY,  
2000 THROUGH 2020<sup>7</sup>**



### *Age Distribution*

In 2008, the median age was 33.1 years with 23% of the population under 15 years. Population projections suggest that the Texas population will show substantial aging in the coming years. The median age which was 32.3 in 2000 becomes between 38.1 and 38.6 by 2040. The population 65 years of age or older about 2.1 million in 2000 could be as high as 8.2 million by 2040 and could increase by more than 295 percent. No other age group shows as large as increase.<sup>7</sup>

### *LGBTQ*

Minimal information is available on individuals and families identifying as Lesbian, Gay, Bisexual, Transgender or Queer (GLBTQ) living in Texas. However, based on the Census Snapshot from the Williams Institute, there are 49,423 same sex couples currently living in Texas with 20% raising children. Texas's same sex couples are racially and ethnically diverse. Thirty five percent (35%) of same sex couples are non-white, compared to 38% of married couples.<sup>11</sup>

### *Migrant Community*

The population size of Migrant and Seasonal Workers (MSFW) in Texas are difficult to estimate as Texas is a major sending state for migrants throughout the country. In 2000, it was estimated that Texas had 362,724 Migrant and Seasonal Farm Workers<sup>12</sup>.

Among the population of migrant workers<sup>12</sup>:

- 23% were born in the US and 75% were born in Mexico
- 83% identified themselves as Hispanic
- The average age was 33
- 79% were male
- 58% were married
- 51% were parents with an average of two children
- On average, seventh grade was the highest grade completed
- 81% reported Spanish as their native language and 44% reported that they could not speak English at all
- Average individual income was between \$10,000 and \$12, 499, and average family income was between \$15,000 and \$17,499<sup>13</sup>.

## **ECONOMICS IN TEXAS**

### *Poverty Rates*

According to the 2007 American Community Survey (collected by the U.S. Census Bureau), an estimated 16% of individuals and 13% of families in Texas live below the federal poverty line. Hispanic individuals carried the greatest burden in terms of poverty; 24.8% Hispanic individuals lived in poverty. However, African American individuals were very similar to Hispanic individuals in terms of poverty at the individual

and family level. A greater percent of females lived in poverty compared to males (18% and 14% respectively). Over 32% of female-headed households (no husband present) lived in poverty.<sup>14</sup>

As shown in the tables below, Texas has a higher general poverty rate than the rest of the nation as well as a higher poverty rate for children (under age 18) and young children (under age 5). There are significantly higher rates of poverty among Texas minority populations, with almost a quarter of both Hispanics and African Americans in poverty. Additionally, there is a significant wage gap by gender at all levels of educational attainment. Overall, women make about 70% of men's earnings.<sup>14</sup>

Table 1

<b>Individuals in Poverty, 2007<sup>14</sup></b>		
	<b>Texas</b>	<b>U.S.</b>
Poverty Rate	16.3%	13.0%
Total in Poverty	3.791 million	38.1 million

Table 2

<b>Poverty by Race/Ethnicity, 2007<sup>14</sup></b>	
	<b>Rate</b>
African-American	23.8%
Hispanic	24.8%
Non-Hispanic White	8.4%
Asian	11.5%

Table 3

<b>Child Poverty, 2007<sup>14</sup></b>		
	<b>Texas</b>	<b>U.S.</b>
Poverty rate, children under 18	23.2%	18.0%
Total number of children under 18 in poverty	1.5 million	13.1 million

Table 4

<b>Poverty among Children less than 5 years, 2007<sup>14</sup></b>		
	<b>Texas</b>	<b>U.S.</b>
Poverty rate, children under age 5	26.7%	20.8%
Total children under 5 in poverty	521,800	4.2 million

Table 5

<b>Median Annual Earnings among Texans &lt;25 years, by Sex and Educational Attainment, 2007<sup>14</sup></b>			
	<b>Men</b>	<b>Women</b>	<b>Both Sexes</b>
Less than High School Graduate	\$21,730	\$12,280	\$18,001
HS Graduate/GED	\$31,035	\$20,204	\$25,649
Some College or Associate's Degree	\$40,179	\$26,934	\$32,184
Bachelor's Degree	\$60,231	\$40,486	\$47,353
Graduate or Professional Degree	\$78,325	\$49,225	\$60,570
<b>All Educational Levels</b>	<b>\$36,760</b>	<b>\$25,765</b>	<b>\$31,465</b>

### *Major Industries*

As with most states, major industries in Texas center primarily in the larger urban areas. The following provides a general overview of the major industries for the five urban areas.

#### Austin

- Austin is a center for high technology, is a leading site for wireless technologies, and offers more free wireless spots per capita than any other city in the nation.
- Creative industries play an important role in building and sustaining the economy in Austin where approximately 2,728 arts-related businesses employ approximately 12,000 people<sup>15</sup>. According to the American Community Survey, the population of Austin in 2005 was 678,457 meaning that 1.8% of the population was employed in this industry<sup>14</sup>.

### Dallas/Fort Worth

- Technology in D/FW spans the region's diverse economy. The latest data shows 14 distinct technology industries in the area, employing more than 228,000 workers or 7.9% of the region's total job count. This employment figure is greater than the technology employment of Houston and Austin combined. The region's technology jobs are fairly evenly divided between manufacturing and services, at 44% and 56% respectively<sup>16</sup>.
- Typically, Fort Worth has been a diverse center of manufacturing but this trend has slowed in the recent years. Emerging economic sectors include semiconductor manufacturing, communications equipment manufacturing, corporate offices, and distribution.
- Every major city in the continental U.S. can be accessed within four hours from the Dallas-Fort Worth (D/FW) Airport<sup>17</sup>.

### El Paso

- As a border city, El Paso is an important entry point in the U.S. from Mexico, and tourism has become a booming industry.
- Chief manufacturing industries include food production, clothing, construction materials, electronic and medical equipment, and plastics.
- Fort Bliss is the site of the US Army's Air Defense Center and as many as 20,000 troops could be arriving at Fort Bliss pending the Defense Department's removal of thousands of troops from overseas assignments.
- The federal government has a strong presence in El Paso to manage its status and unique issues as a border region. The Immigration and Naturalization Service (INS), the Drug Enforcement Agency (DEA), and the U.S. Customs Services all have agency operations in El Paso to regulate traffic and goods through ports of entry from Mexico.<sup>18</sup>

### Houston

- Houston has been the greatest influencer in the Texas economy since oil was first discovered in the region in 1901. Houston is home to major U.S. energy firms in every segment, including exploration, production, oil field service and supply, and development.
- Houston holds nearly 40% of the nation's capacity for producing the basic chemicals that are used by downstream operations, such as refining and chemical manufacturing.
- Johnson Space Center in Houston is the focal point of the U.S. manned space flight program.
- Houston is a major international agribusiness center emphasizing the marketing, processing, packaging, and distribution of agricultural commodities
- The Port of Houston is the world's sixth largest port; two major railroads and 150 trucking lines connect the port to the rest of the U.S.<sup>18</sup>

## San Antonio

- Five of the top ten tourist draws in Texas are in San Antonio, with the Alamo and the River Walk in the number one and two spots, respectively.
- Medical and biomedical industries account for the largest part of the city's economy, with the service sector growing the fastest largely due to the tourism industry.
- There are four military bases in the San Antonio area.
- Positioned on airline, highway, and railroad routes to Mexico, San Antonio is the center of a 47-county agribusiness market area for crops grown elsewhere in Texas.<sup>18</sup>

In addition to the significant industries in the urban areas, Texas also hosts extensive agricultural industries. Agriculture industries play a large part in both current and historical state economics. Today, agricultural commodities produced by Texas include: cattle/ calves, cotton, greenhouse/nursery, wheat and dairy<sup>6</sup>.

# Sexual Violence in Texas

## SEXUAL VIOLENCE VICTIMIZATION

Sexual assault is often unreported in Texas. Based on findings from *A Health Survey of Texans: A Focus on Sexual Assault*, only 18% of Texans who experienced sexual assault reported their most recent assault to the police (Busch *et al.*, 2003). Women (20%) were more likely to report their most recent sexual assault to the authorities than men (12%). Due to low-reporting, the magnitude of sexual violence in Texas is difficult to assess. However, approximately 1.9 million adult Texans or 13% of adult Texans have been sexually assaulted at some point in their lifetime. The proportion of sexual assault is significantly higher in females (20%) than males (5%).<sup>2</sup>

### *Cost Burden:*

The cost burden of sexual assault is difficult to estimate and there is not currently a comprehensive analysis of the cost burden of sexual assault in Texas. A variety of factors that impact the ability to estimate the true cost of sexual assault including:

- Minimal surveillance of sexual assault
- Under reporting
- The multitude of systems impacted – medical, mental health, law enforcement and criminal justice, businesses/employers, and schools/education among others.

*The Texas Rape Tax: Annual and Lifetime Costs of Sexual Assault* by Torie Camp<sup>51</sup> is one of the few resources available to examine the potential cost burden of sexual assault in Texas. This study estimated both the annual average and total lifetime cost to Texas for sexual assaults which occurred in 2000. The study examined medical care, mental health care, loss of productivity and the loss of quality of life. Findings showed that in 2000, the average cost per adult for sexual assault was over \$100,000 and the total lifetime cost burden to Texas for adult sexual assaults was over \$2 billion. The study most likely underestimates the cost burden as it does not include child sexual assault victims, nor does it include the substantial costs of the criminal justice system and social/victim services.

### *Prevalence*

Based on the *2007 Uniform Crime Report (UCR)*, Texas currently has a rate of 35.3 rapes per 100,000 persons. Although within the past 10 years this rate has declined, this is most likely due to the increase in the state population, rather than the reduction in sexual violence (Table 6). It is important to note that the UCR only collects sexual violence data on reported incidents that are defined as forcible rape.<sup>19</sup>

Table 6

<b>Rates of Rapes per 100,000 persons over time, based on Texas Uniform Crime Reports, 2007<sup>9</sup></b>											
<b>Year</b>	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
<b>Rate</b>	41.2	40.1	38.1	37.7	38.4	39.2	36.1	37.4	37.2	35.8	35.3

The Health Survey also found that the majority of female victims are assaulted by a man that they know. In Texas, 53% of women were assaulted by a relative (including spouse, ex-spouse, or live-in partner), 59% by someone else the victim knew (including boyfriend), and 19% by a stranger<sup>2</sup>.

Data on the sexual victimization of children in Texas is also staggering. Nationally, 12% to 25% of girls and 8% to 10% of boys will have experienced sexual violence by the time they are 18 years old<sup>20</sup>. Among college women, approximately 20% to 25% report being victims of sexual assault<sup>21</sup>.

In Texas, 14% of Texas high school females and 4% of Texas high school males reported being physically forced to have sexual intercourse when they did not want to<sup>22</sup>.

Additional context on the prevalence of sexual violence in Texas is based on data collected through the Texas Sexual Assault Programs (SAPs) funded by the Texas Office of the Attorney General. In State Fiscal Year 2008 (SFY08), 21,434 survivors of sexual violence sought services from the 77 Sexual Assault Programs. Of those, 8,736 survivors were victimized between September 1, 2007 and August 31, 2008<sup>23</sup>. The distribution of sexual offenses occurring during SFY08 by self-report is shown below. As clients may report more than one type of assault, the number is not indicative of individual assaults<sup>23</sup>.

Table 7

Percent of Self-Reported Assaults by RCP Clients, by Sexual Offense <sup>23</sup>	
Sexual Offense	Percent Experienced* **
Sexual Assault	49%
Aggravated Sexual Assault	16%
Aggravated Sexual Assault of a Child	14%
Other	8%
Adult Molested as a Child	4%
Attempted Sexual Assault	3%
Unknown	3%
Sexual Harassment	2%
Incest	1%

\*Clients may report more than 1 type of offense

\*\* Percentages do not total 100 due to rounding.

Locations of sexual assault in Texas vary by gender. For both men and women in Texas who experienced sexual assault, the most frequent location where the assault occurred was their own home (33%) or yard (35%) followed by the perpetrator's home (22%) or yard (17%)<sup>2</sup>. Among Texas men who experienced sexual assault, another frequent location was in a rural area, woods, a park, or a campground (14%)<sup>2</sup>.

### LGBTQ

Currently no state level data are available on sexual violence experience among persons identifying as Lesbian, Gay, Bisexual, Transgender, or Queer (LGBTQ) in Texas. However, findings from the 2007 National School Climate Survey found that 72% of LGBTQ youth report being sexually harassed during the past school year<sup>24</sup>.

## Race/Ethnicity

Minimal data on sexual assault victimization is available by race/ethnicity. Available data is solely based on reported incidents and/or services sought. Due the limitations of data sources and racial/ethnic variances in reporting, there is no clear indication whether one racial/ethnic group is victimized at a higher rate.

## SEXUAL VIOLENCE PERPETRATION

### Perpetration by Adults

According to data collected in SFY08, 8,980 perpetrators were identified by survivors of sexual violence seeking services through the 77 Sexual Assault Programs funded by the OAG for an assault occurring in SFY08<sup>23</sup>.

Of the 8,980 perpetrators that were identified by SFY08 sexual violence survivors, 93% were identified as male<sup>23</sup>. Table 8 provides a distribution of the type of relationship between the victim and the perpetrator.

Table 8

<b>Perpetrator- Victim Relationship, by Percentage<sup>23</sup></b>	
<b>Relationship</b>	<b>Percent*</b>
Relative	42%
Acquaintance	40%
Spouse	31%
Parent/Step-parent	28%
Intimate Partner	12%
Stranger	7%
Other**	.31%

\*Clients may report more than 1 type of offense – percentages do not total 100.

\*\*Other includes professionals such as law enforcement, therapist, clergy, and medical professionals.

In addition to the information provided through the Sexual Assault Programs, the Texas Department of Criminal Justice (TDCJ) tracks the number of incarcerated adult persons based on offense. The following data on the individuals who commit sexual violence perpetration is based on the TDCJ On Hand Offense Records. It is important to note that this data only captures those perpetrators who are: 1) convicted of a sexually violent offense, 2) incarcerated in a TDCJ facility and 3) were incarcerated at the time the “On Hand” count was performed. For 2008, the On Hand count was performed on August 31, 2008.<sup>25</sup>

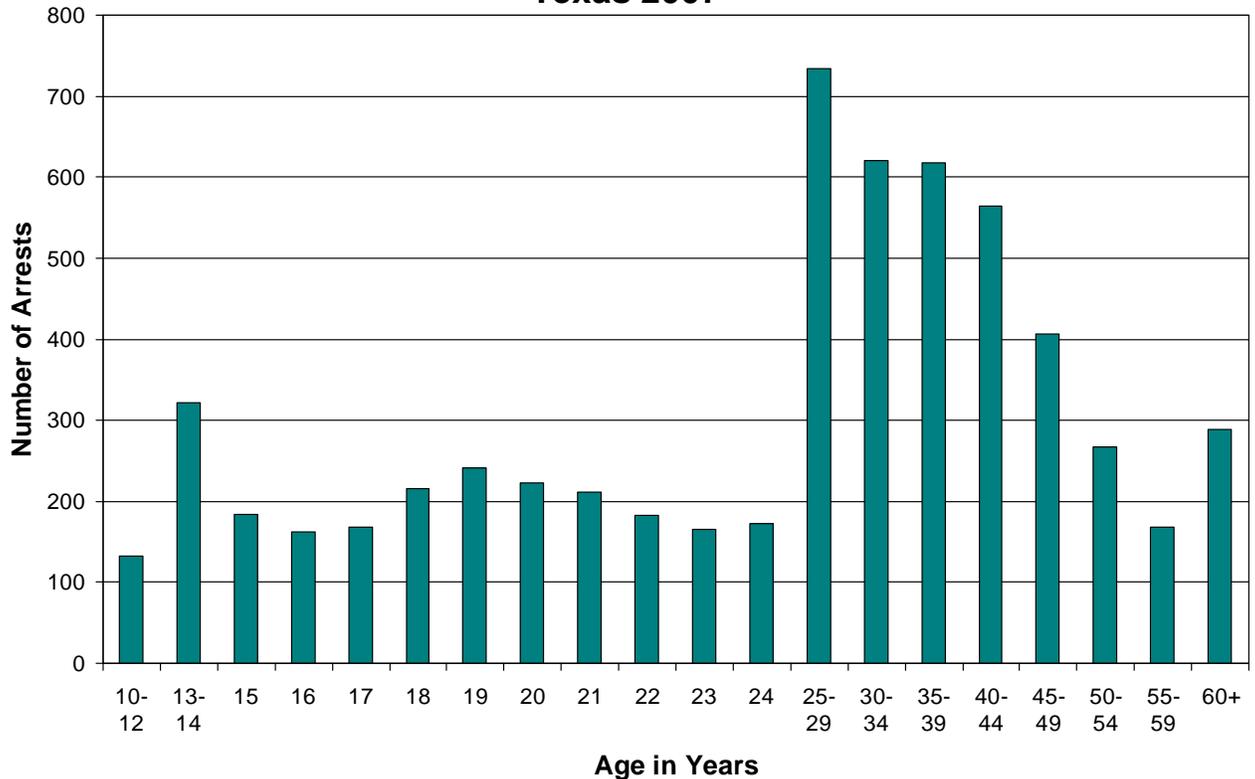
Based on the On Hand count, 17% of TDCJ offenders were incarcerated for a sexually violent offense (Table 9)<sup>25</sup>. Sexually violent offenses that have been incorporated in this percent include: sexual assault, sexual assault against a child, sex offense against a child, and failure to register as a sex offender. Although failure to register as a sex offender is not considered a sexually violent offense, it provides additional context to the number of adult sexual violence perpetrators residing in the TDCJ system. The “On Hand” count for sexually violent offenses does not include commercialized sex offenses.

Table 9

<b>TDCJ On Hand Count 2008, by Sexual Offense<sup>25</sup></b>		
<b>Category</b>	<b>Offense</b>	<b>Count</b>
<b>Violent</b>	Sexual Assault	7,488
	Sexual Assault Against a Child	11,810
<b>Other</b>	Sex Offense Against a Child	5,025
	Failure to Register as a Sex Offender	1,782
	<b>TOTAL</b>	<b>26,105</b>

Additional context can be added to the prevalence of sexual violence perpetration by looking at arrest data. In 2007, there were 6,349 arrests made due to forcible rape or another sexual offense (not including prostitution). Of these, 95% of arrestees were males.<sup>25</sup>

## Sexual Offense Arrests of Males, By Age<sup>19</sup> Texas 2007



Determining the prevalence of perpetrators of sexual violence by race/ethnicity is challenging. Due to the availability of data, race/ethnicity can only be determined for adult offenders who are incarcerated in the TDCJ system or included in the Uniform Crime Report. Based on the 2007 UCR, 74% of forcible rapes were committed by those identifying as White, 37% as Hispanic and 26% as African American<sup>19</sup>. Since available data on perpetration is solely based on incarceration rates or reported incidents it is important to note the limitations of these data sources (including the racial/ethnic variance in incarceration rates). Due to this, there is no clear indication whether one racial/ethnic group perpetrates sexual violence at a higher rate.

### *Perpetration by Youth*

In Texas, there are two primary agencies that are responsible for juvenile justice matters – the Texas Juvenile Probation Commission (TJPC) and the Texas Youth Commission (TYC). TJPC works in partnership with local juvenile boards and juvenile probation departments to support and enhance juvenile probation services throughout the state and provides oversight of county-level detention facilities.

TYC manages state-operated secure facilities and half-way houses to provide treatment

services to youth who have chronic delinquency problems and who have exhausted all other options in their county. Additionally, TYC often serves youth that have committed the most serious offenses and require specialized treatment services that are difficult for counties to handle.

Both agencies oversee youth that have been convicted of a sexually violent offense. The following tables (Tables 10-11) show the number of juvenile referrals and commitments for sexual violence over time. Detailed information about the age of onset of delinquent behavior and race/ethnicity distribution among the TYC population is not available by offense. However, in Texas, 15% of sexual offense arrests (not including prostitution) were of juvenile males (less than 17 years of age). Of those individuals, the majority was between 13-15 years old<sup>19</sup>. The majority of commitments to TYC occur among 15-16 year olds (64%) with 12% occurring at 14 years<sup>26</sup>.

Table 10

<b>TYC New Commitment Profiles, 2004-2008<sup>26</sup></b>										
	<b>FY 2004</b>		<b>FY 2005</b>		<b>FY 2006</b>		<b>FY 2007</b>		<b>FY 2008</b>	
<b>Category</b>	<b>#</b>	<b>%</b>								
<b>Sexual Assault or Aggravated Sexual Assault</b>	156	6%	177	7%	146	5%	135	6%	105	7%
<b>Indecency with a Child</b>	91	4%	91	3%	94	3%	65	3%	57	4%

The majority of referrals to TJPC for sexual assault occurred among 14-16 year olds, however, there were 293 or 17% that occurred among 10-12 year olds, and over one-third of the referrals were for 10-13 year olds<sup>27</sup>.

Table 11

<b>Sexual Assault Referrals to TJPC, 2000-2006<sup>27,28</sup></b>							
	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
<b>Sexual Assault Referrals</b>	1,622	1,736	1,910	1,575	1,840	NA	1,759

### *Experience of Texas Perpetrators*

Minimal information is available on the experiences of Texas perpetrators. However, clients receiving services during SFY08 from the Texas Sexual Assault Programs reported the following information about the experiences of their perpetrators. Of the

24,113 perpetrators reported, 35.7% abused alcohol, 27.7% abused drugs, 22% were abused as a child, 20% witnessed abuse as a child and 10% utilized the sex industry<sup>23</sup>.

These identified factors are consistent with sexual violence perpetrator literature and support the risk factors identified by the PPPC to be targeted for primary prevention strategies. The prevalence of these risk factors among sexual violence perpetrators suggest the need for primary prevention efforts to be targeted to youth prior to the age of onset of sexually aggressive behavior. Based on TYC data and available literature, age of onset may be around 14 years of age.

## **INFLUENTIAL CIRCUMSTANCES**

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Several high profile public policy initiatives and circumstances (detailed below) have brought the issue of sexual violence into the minds of Texans, have increased the state's readiness for prevention efforts, and have the potential to impact primary prevention efforts in Texas.

### **The Jessica Lunsford Act (Texas H.B. 8)**

H.B. 8 enacted tougher penalties on sexual predators that target children. This bill imposed a 25-year minimum sentence for sexually violent offenses against children under the age of 14; eliminated eligibility for parole for certain sex offenders; and made a second conviction of a sexually violent offense against a child less than 14 years of age a capital felony for which punishment includes the option of the death penalty. H.B. 8 which the governor signed into law, effective September 1, 2007, did increase state sanctions on sexual predators that target children.

On June 25, 2008, the U.S. Supreme Court rendering a decision in *Kennedy v. Louisiana* struck down as unconstitutional a Louisiana statute that allowed the death penalty for the rape of a child where the victim did not die. Additionally, the court held that all laws, where the crime against an individual involved no murder were not in keeping with the national consensus restricting the death penalty to the worst offenses.

### **Adult Entertainment Fee (HB 1751)**

In 2007, the 80<sup>th</sup> Texas Legislature passed H.B. 1751, which had two relevant provisions; it created an adult entertainment fee on sexually oriented businesses and convened a Sexual Assault Advisory Council.

A portion of the adult entertainment fee would be dedicated to the sexual assault program fund, to cover the costs of programs related to sexual assault prevention, intervention, and research provided by state, local, and nonprofit agencies. The constitutionality of the bill was challenged by the adult entertainment industry and in March 2008, the District Court of the 345<sup>th</sup> Judicial District in Travis County held that the part of the Texas Business & Commerce Code that included the provisions imposing the fee was unconstitutional. The comptroller and the attorney general appealed to the Third Court of Appeals, which affirmed the earlier court's decision on June 5, 2009. The comptroller and the attorney general have appealed to the Texas Supreme Court.

The Texas Sexual Assault Advisory Council was established to:

1. serve as an information clearinghouse and informal coordinator of existing and future sexual assault programming efforts at state and local levels;
2. report to the governor and the 81<sup>st</sup> legislature the results of actions taken by the 80<sup>th</sup> legislature on any gaps with respect to research, prevention, response and other victims' services, adjudication, and incarceration at state and local levels;

3. develop recommendations for appropriate performance measures that enable the governor and the legislature to biennially assess and respond to the status of sexual assault in this state; and
4. report to the 81<sup>st</sup> legislature on the effectiveness of appropriations made in the act and other sexual assault legislation passed by the 80<sup>th</sup> legislature.

The Sexual Assault Advisory Council was convened in August 2008 and submitted their report to the 81<sup>st</sup> Legislature in March 2009, which included information on the PPPC and primary prevention efforts in Texas.

## **HB121**

House Bill 121 was signed into law effective May 18, 2007 and amends the Education Code to require each school district to adopt and implement a dating violence policy to be included in the district improvement plan. The bill requires the policy to include a definition of dating violence that includes the intentional use of physical, sexual, verbal, or emotional abuse by a person to harm, threaten, intimidate, or control another person in a dating relationship, and to address safety planning, enforcement of protective orders, school-based alternatives to protective orders, training for teachers and administrators, counseling for affected students, and awareness education for students and parents.

HB 121 focuses on dating violence awareness and is not in itself primary prevention. The PPPC does not consider education on the dynamics of dating violence an appropriate use of RPE funds. HB 121 does provide an opportunity for RPE funded organizations to contact school officials and offer assistance with developing and implementing sexual harassment policies and/or strategies and activities that work to change the culture that supports all types of violence including sexual violence.

## **Reform of Texas Youth Commission (TYC) Senate Bill 103 (SB 103)<sup>29</sup>**

The Texas Legislature enacted SB 103 to define and guide major reforms for improving TYC. Major areas of improvement include: youth safety, youth services, staff support, facility improvement, collaboration and transparency, and accountability. The reforms that most impacted sexual violence issues were in the area of youth safety and included the establishment of an abuse hotline, the requirement of extensive criminal background checks on employees, the implementation of a zero tolerance for sexual abuse, and access of the facilities for advocacy and support groups. This legislation was one of many that helped to bring the issue of sexual violence into the forefront of the minds of Texas residents and government officials.

## **Changes at Statewide Organizations**

### *DSHS, HB2292*

In 2003, HB 2292 restructured the Texas Health and Human Services (HHS) System into four main HHS agencies overseen by the newly developed Health and Human Services Commission. This reorganization allowed for the 12 separate agencies that formerly made up the HHS System to integrate public health efforts.

After 2003, but prior to 2007, the RPE grant was administered through the newly developed Texas Department of State Health Services (DSHS) Grant Administration office with programmatic support provided by the Family and Community Health Services (FCHS) Division. In 2007, administration of RPE was moved into the Office of Title V and Family Health within FCHS to provide cohesive programmatic support and administration.

### *OAG*

In late 2006, the responsibilities for the primary prevention program at the OAG's office transitioned to a newly hired primary prevention specialist. Additionally, in March of 2008, the OAG created the Grants Administration Division (GAD) by combining grant functions from the Crime Victim Services, Criminal Justice, and Child Support divisions into one division. GAD oversees approximately 800 contract and subcontracts totaling over \$38 million in both state and federal funds per year. There are two distinct purposes for funding victim-related services and assistance: direct victim's services and prevention efforts which include the administration of RPE funds. With regards to RPE funds specifically, Crime Victim Services retained the programmatic oversight of the project, while GAD awards contracts for these funds and ensures contract compliance. Since the re-structure in 2008, the primary prevention specialist has split time between the two divisions in order to develop a primary prevention program within the OAG's office and to provide guidance and expertise regarding grant administrative issues to the GAD. In July 2009, the primary prevention specialist will transition fully to CVSD while continuing to provide consulting services to GAD.

Although these changes are significant, the impact was minimized by the fact that personnel changes within the primary prevention program occurred at the onset of the development of the primary prevention plan and included a well developed succession plan. Additionally, CVSD and GAD have fostered a strong partnership to ensure the appropriate division of responsibilities while preserving the collaboration required for sharing oversight/accountability of the RPE funds.

### *TAASA*

Throughout Texas' transition to a primary prevention approach to end sexual violence, TAASA has provided training and technical assistance to RPE funded organizations regarding primary prevention. In March 2008, in response to a survey of RPE funded

organizations that identified specific training and technical assistance needs, TAASA hired two additional primary prevention specialists to build capacity of funded organizations to engage in prevention efforts, to engage men in prevention efforts, and to provide expertise and guidance to funded organizations regarding community organizing. TAASA also continues to revamp its youth peer education program, Students Taking Action for Respect (STAR), to include more emphasis on primary prevention based activities. In September, TAASA formed an official prevention department, consisting of two primary prevention specialists, two staff working on youth programming, a director, and a coordinator for the Interpersonal Violence Prevention Collaborative (IVPC). These changes has substantially improved TAASA's ability to offer consistent, appropriate technical assistance on a variety of topics to RPE funded organizations.

# Integrating Sexual Violence Prevention into Public Health

The public health sector has a key role to play in the primary prevention of sexual violence. The presence and magnitude of sexual violence has serious implications on the health and wellness of the entire Texas population. By utilizing the public health perspective in conjunction with social change models, Texas can successfully target identified risk factors to prevent the perpetration and victimization of sexual violence.

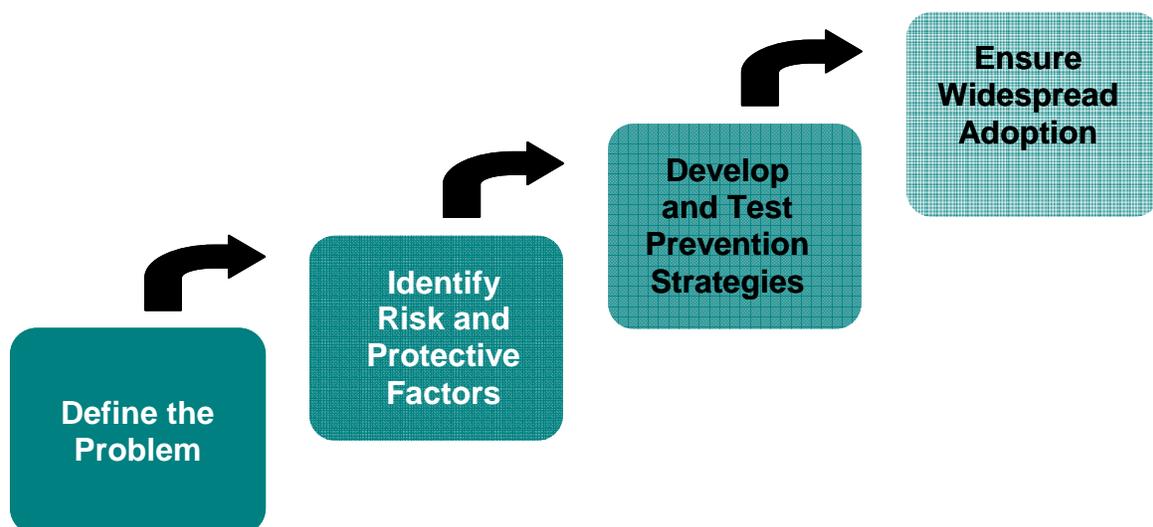
## THEORETICAL FOUNDATIONS

Utilizing the Public Health Model, the Socio-Ecological Model (SEM), and the RPE Model of Social Change as the theory structure, the *Preventing Sexual Violence in Texas: A Primary Prevention Approach* provides a framework for local programs to implement primary prevention strategies. The incorporation of youth development principles in the form of the 40 Developmental Assets <sup>®30</sup> provides an additional foundation for implementing strategies. Additional guidance on implementing programs utilizing these theories is provided in the implementation section of this document.

### *Public Health Model*<sup>β1</sup>

The Public Health Model is a four-step, systematic process that provides a framework for addressing public health concerns at a population level. Utilizing the Public Health Model in the development of the plan supported a systematic process for identifying the risk and protective factors for sexual violence victimization and perpetration. By maintaining this model throughout the implementation of the plan, providers will be able to efficiently determine the most effective tools to engage individuals and communities in the primary prevention of sexual violence.

## THE PUBLIC HEALTH MODEL



*STEP 1 - Define the Problem:* Research should be conducted before beginning any activity to determine the magnitude of the problem. Utilizing available data establishes a solid foundation for prevention activities.

*STEP 2 - Identify Risk and Protective Factors:* Risk and protective factors should be identified to provide focus for prevention efforts. Risk and protective factors are factors that influence a person's risk for experiencing or perpetrating violence.

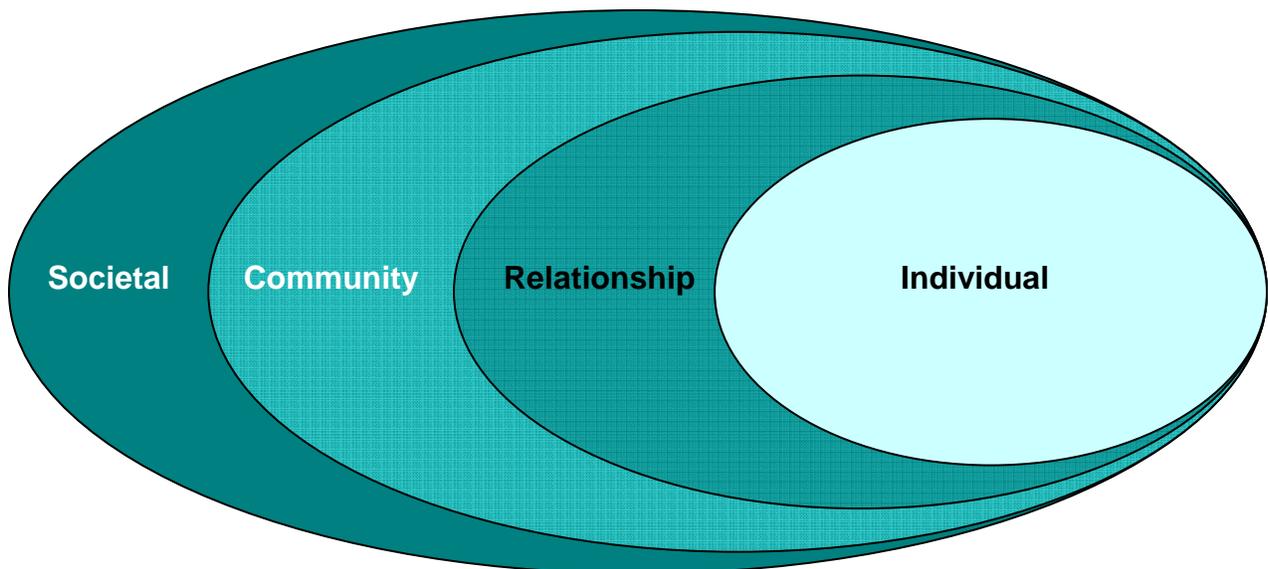
*STEP 3 - Develop and Test Prevention Strategies:* Prevention strategies should be tested prior to widespread adoption. When proven prevention strategies are not available, programs should use findings from research and data to develop ones that are data-driven. Once a program has been developed and implemented, it should be appropriately and rigorously evaluated. Testing and evaluating strategies is key to identifying effective strategies.

*STEP 4 - Assure Widespread Adoption:* Once a prevention program has been proven effective, widespread adoption can occur. Widespread adoption of effective strategies is essential for impacting a comprehensive approach.

## *Socio -Ecological Model*<sup>31</sup>

The Socio-Ecological Model (SEM) focuses on multiple levels of influence and proposes that behaviors are influenced by intrapersonal, societal, cultural and physical environment factors that work interdependently and not in isolation. The SEM provides structure for implementing prevention activities at multiple levels (or spheres of influences) so as to holistically impact society, community, relationship and/or individual factors.

## THE SOCIO-ECOLOGICAL MODEL



The four levels (or spheres of influence) of the SEM are<sup>31</sup>:

*Individual:* Factors at the first level of the socio-ecological model relate to characteristics of an individual that increase the likelihood of being a victim or perpetrator of violence.

*Relationship:* Factors at the second level of the ecological model explore how relationships (e.g. peers, intimate partners, family members, etc.) increase the risk for victimization or perpetration of violence.

*Community:* Factors at the third level of the socio-ecological model explore the community context in which social relationships exist (e.g. neighborhoods, schools, workplaces, etc.). This level seeks to identify the characteristics of these settings that are associated with being a victim or perpetrator of violence.

*Societal:* Factors at the fourth level of the socio-ecological model examine the societal factors that influence rates of violence.

# Preventing Sexual Violence

## SELECTION AND PRIORITIZATION OF RISK FACTORS AND GOALS

Risk factors for the perpetration of sexual violence were identified and prioritized after a thorough review of literature. Chosen risk factors were based on the state and local context guided by available data. Factors identified as situational are addressed separately.

### SITUATIONAL FACTORS

Studies have indicated that sexual violence risk factors such as alcohol or drug use and poverty impact perpetration and victimization of sexual violence<sup>32,33,34</sup>. For purposes of this plan, the PPC has determined these factors to be situational in sexual violence perpetration and victimization. These factors often act as confounding variables when determining the risk of perpetration. Additional details on the role of situational factors and guidance on incorporating these factors into primary prevention efforts are provided below.

#### *Alcohol and drug use*<sup>32,33,34</sup>

The presence of alcohol and drugs plays an important role in rape victimization. Nationally, about two-thirds of the women and men who were raped as adults – 66.6 and 58.5 percent, respectively – said their rapist was using drugs and/or alcohol at the time of the rape. In addition, 19.8% of the female victims and 38.3% of the male victims said they (the victims) were using drugs and/or alcohol at the time of the rape<sup>1</sup>.

In Texas, 46% of victims report that the perpetrator was under the influence of drugs and/or alcohol at the time of the assault. The same study showed that substance use at the time of the assault is more common among perpetrators. A significant majority (87%) of victims report that they were not under the influence of alcohol and drugs at the time of their assault.<sup>2</sup>

Although the World Health Organization lists alcohol and drug use as an individual factor that increases men's risk of committing rape, the presence of alcohol and drugs at the time of perpetration or victimization may suggest that it plays a situational role in sexual violence and is not a direct risk factor for the perpetration or victimization of sexual violence.

#### *Poverty*<sup>31</sup>

The World Health Organization (WHO) lists poverty as a risk factor for both victimization and perpetration. Poverty may force women and girls into occupations that have a high risk of sexual violence. Additionally, it "creates enormous pressures to find or maintain jobs, to pursue trading activities and, if studying, to obtain good grades, all of which

render individuals vulnerable to sexual coercion from those who can promise these things.<sup>31</sup> Poverty may also be linked to perpetration through the impact of poverty on masculine identity.

### *Integrating Situational Factors into Primary Prevention Efforts*

Addressing situational factors such as alcohol and drug use and poverty are important elements in a comprehensive approach to addressing the perpetration and victimization of sexual violence. RPE funded organizations will be most successful at addressing these factors by working with local and state organizations whose primary focus are these issues.

Below are suggestions on how RPE funded organizations can integrate situational factors into sexual violence primary prevention efforts:

- Join coalitions and other community groups that are already in place to address these issues as part of general organizational efforts rather than expending RPE funds to address these issues directly;
- Encourage dialogue regarding these risk factors and their intersection with sexual violence;
- Participate in the development of community specific strategies/activities regarding these issues that other community organizations may have the capacity to implement.

## **PROTECTIVE FACTORS**

Though many studies have identified risk factors for sexual assault, very few studies have identified protective factors against sexual assault. Those that have been identified are mostly situational factors. Therefore, specific protective factors have not been targeted. However, through the inclusion of the 40 Developmental Assets<sup>®30</sup> and of youth development principles in strategies/activities, potential protective factors will be impacted.

## IDENTIFIED POPULATIONS FOR RPE STRATEGIES/ACTIVITIES

The following information identifies the targeted populations for RPE strategies/activities.

### **Universal Population**

Men, women and children in Texas

### **Selected Populations**

2-18 year old males who exhibit any of the following risk factors:

- Attitudes and beliefs supportive of sexual violence
- Impulsive/aggressive behavior
- Adherence to strict gender roles
- Live in a family environment characterized by physical, emotional, psychological, verbal and/or sexual abuse, as a child

16-24 year old males who exhibit any of the following risk factors.

- Witnessed or experienced physical, emotional, psychological, verbal and/or sexual abuse, as a child
- Attitudes and beliefs supportive of sexual violence
- Hostility towards women
- Associate with sexually aggressive peers

## **Identified Risk Factors for Local RPE Strategies/Activities By Level of the Socio-Ecological Model**

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The following section identifies Texas specific risk factors and goals associated with both the selected and universal populations. The risk factors and goals were identified using focus groups, key informant interviews, literature review, and a review of available research. The risk factors and goals are organized within each level of the ecological sphere and are in order of priority as established by the PPPC. When appropriate a description of the risk factor and special considerations are included in each section.

## INDIVIDUAL LEVEL

<b>Risk Factor #1</b>	Attitudes and beliefs supportive of sexual violence
<b>Description</b>	Individual attitudes and beliefs contribute to an increased risk of the perpetration of sexual violence. Attitudes and beliefs supportive of sexual violence include: entitlement, coercive sexual fantasies, unhealthy attitudes about sexuality or no understanding of what constitutes healthy sexuality, a preference for impersonal sex, a lack of respect for other people, and hostility toward women.
<b>Need Statement</b>	<ul style="list-style-type: none"><li>• “Many Texas teens believe using verbal pressure is simply part of the game of obtaining sex<sup>35</sup>.”</li><li>• Texas men and boys report that they do not ask their date or partner what she wants to do or if she is comfortable with the (sexual) activity, rather, they wait for verbal or physical resistance to indicate discomfort<sup>35</sup>.</li><li>• Both Texas teen girls and boys express some difficulty talking about sexuality with peers, adults or partners<sup>35</sup>.</li><li>• Many teen boys and men believe clothing choices are a good indicator of the sexual intentions of women and girls<sup>35</sup>.</li><li>• Male entitlement, unhealthy attitudes about sexuality (or lack of knowledge), and other related issues contributing to sexual violence are present in Texas communities<sup>36</sup>.</li></ul>
<b>Goal</b>	To reduce attitudes, beliefs, and behaviors supportive of sexual violence. Individuals will exhibit fewer attitudes, beliefs, and behaviors supportive of sexual violence including but not limited to: entitlement and hostility toward women.
<b>Targeted Population</b>	Universal

<b>Risk Factor #2</b>	Witnessing or experiencing sexual, physical, emotional/psychological/verbal abuse as a child
<b>Description</b>	Witnessing or experiencing violence can increase physical aggression and other external and internal behaviors that impact a child's peer relationships. (As with any other risk factor, this is not causal and requires the presence of other risk factors. Many people who witness and/or experience violence do not go on to use violence themselves.)
<b>Need Statement</b>	<ul style="list-style-type: none"> <li>• In SFY2008 there were a total of 83,205 confirmed allegations of child abuse/neglect in Texas. Of those: <ul style="list-style-type: none"> <li>• 14,858 were for physical abuse of a child</li> <li>• 6,468 were for sexual abuse of a child</li> <li>• 984 were for emotional abuse or abandonment<sup>23</sup></li> </ul> </li> <li>• Children who have been exposed to intimate partner violence are at an increased risk for problematic levels of externalizing behavior/physical aggression and internalizing behaviors<sup>47</sup>.</li> </ul>
<b>Goal</b>	To increase social competencies among youth. Youth within target age group would exhibit an increase in socially competent behaviors such as planning and decision making, interpersonal competence, cultural competence, resistance skills, and peaceful conflict resolution.
<b>Targeted Population</b>	Selected

<b>Risk Factor #3</b>	Impulsive and aggressive behaviors
<b>Description</b>	<p>Impulsivity and aggression among youth suggest the presence of psychosocial factors that are consistent with other risk factors for sexual violence. Patterns of impulsive and aggressive behaviors (such as bullying) may suggest: 1) the use of power and aggression as a means of dominance and 2) the presence of emotional and/or behavior difficulties predictive of future conduct disorders or anti-social behaviors<sup>38</sup>.</p> <p>Aggressive patterns of interaction with peers are established in early/middle childhood and may persist into adolescence as youth transition into romantic relationships<sup>37</sup>. Identification of and intervention with impulsive and aggressive behaviors early may prevent the development of future aggressive behaviors such as physical and sexual violence.</p>
<b>Need Statement</b>	<ul style="list-style-type: none"> <li>• 29.9% of nationally surveyed students report being bullied at least frequently or sometimes<sup>39</sup>.</li> <li>• Studies show that there is a relationship between participation in internet harassment and unwanted sexual solicitation and offline perpetration of relational, physical and sexual aggression<sup>40</sup>.</li> <li>• Former bullies have a 4-fold increase in criminal behavior at age 24<sup>41</sup>.</li> <li>• Bullies report more experiences of physical and social aggression with boy/girlfriends<sup>38</sup>.</li> </ul>
<b>Goal</b>	Decrease bullying and/or sexual harassment behavior in youth 5-18.
<b>Targeted Population</b>	Universal

## RELATIONSHIP LEVEL

<b>Risk Factor #1</b>	Living in a family environment characterized by physical, emotional/psychological and/or sexual abuse.
<b>Description</b>	Witnessing or experiencing violence can increase physical aggression and other external and internal behaviors that impact a child's peer relationships. (As with any other risk factor, this is not causal and requires the presence of other risk factors. Many people who witness and/or experience violence do not go on to use violence themselves.)
<b>Need Statement</b>	<ul style="list-style-type: none"><li>• In SFY08 there were a total of 83,205 confirmed allegations of child abuse/neglect in Texas. Of those:<ul style="list-style-type: none"><li>• 14,858 were for physical abuse of a child</li><li>• 6,468 were for sexual abuse of a child</li><li>• 984 were for emotional abuse or abandonment<sup>23</sup></li></ul></li><li>• Development of coercive behavior can often be linked to early home experiences and parent-child interactions<sup>32</sup></li><li>• Children who have been exposed to intimate partner violence are at an increased risk for problematic levels of externalizing behavior/physical aggression and internalizing behaviors<sup>37</sup></li></ul>
<b>Goal</b>	Increase adult modeling of social competencies, positive values, and positive identity (as defined by the 40 Developmental Assets®) Social competences include planning and decision making, interpersonal competence, cultural competence, resistance skills, and peaceful conflict resolution. These competences will serve as protective factors for children who have been exposed to interpersonal violence.
<b>Targeted Populations</b>	Universal

<b>Risk Factor #2</b>	Associating with sexually aggressive and delinquent peers.
<b>Description</b>	Youth are highly influenced by their peers and subject to a large amount of peer pressure. If those influences are supportive of sexually violent, aggressive, or delinquent behaviors then these behaviors are modeled for others. This is especially problematic if the behaviors are not addressed and efforts are not made to replace them with healthier behaviors.
<b>Need Statement</b>	<ul style="list-style-type: none"> <li>• Children who live in violent family structures often interact with delinquent peers and engage in antisocial behaviors. These delinquency experiences may promote the development of negative thoughts and aggression (including sexual coercion) toward women.<sup>32</sup></li> </ul>
<b>Goal</b>	Increase positive peer influences among males ages 10-24. Increase interventions to change attitudes, beliefs, and behaviors supportive of sexual violence.
<b>Targeted Population</b>	Universal
<b>Special Considerations</b>	Strategies could include bystander skill building among either youth or adults to interrupt the attitudes beliefs and behaviors that are supportive of sexual violence (e.g., sexual harassment, demeaning comments about women/girls, etc)

# COMMUNITY LEVEL

<b>Risk Factor #1</b>	General tolerance of sexual violence and other forms of violence.
<b>Description</b>	Community tolerance of sexual violence sets a tone that sexual violence is not a problem to be taken seriously in that community – or even that it’s not a problem at all. This sets up an environment wherein sexual violence is more likely to occur.
<b>Need Statement</b>	<ul style="list-style-type: none"><li>• Young women who experience sexual violence (sexual harassment and assault) report that these acts often went unpunished and unacknowledged. This caused them to begin viewing these incidents as normal parts of their life<sup>35</sup>.</li><li>• In focus groups conducted by the PPPC, participants frequently cited community apathy, denial and lack of knowledge about sexual violence as a risk factor<sup>36</sup>.</li><li>• Nationally, 31% of LGBTQ students who experienced harassment or assault at school reported that no action was taken by staff<sup>24</sup>.</li></ul>
<b>Goal</b>	Reduce the tolerance of sexual violence and other forms of violence in the community such as objectification of women and gender inequality. Organizations and neighborhood associations and other community entities will mobilize to end sexual violence,
<b>Targeted Population</b>	Universal
<b>Special Considerations</b>	Strategies should be aimed specifically at changing the community’s acceptance/tolerance of sexual violence, not just to make individuals aware of its existence.

## **SOCIETAL LEVEL**

<b>Risk Factor #1</b>	Norms supportive of sexual violence
<b>Description</b>	Several norms in our society contribute to the likelihood of sexual violence occurring because of a culture created by societal apathy toward sexual violence; societal norms supportive of male superiority and sexual entitlement; and objectification of women.
<b>Need Statement</b>	Norms supportive of sexual violence were identified by local and state focus groups and key informant interviews.
<b>Goal</b>	Reduce the norms that support sexual violence such as male superiority, sexual entitlement and objectification of women.
<b>Targeted Population</b>	Universal
<b>Special Considerations</b>	The interplay between norms influencing behavior and individual behavior reinforcing norms is complex. As with all other risk factors, adequately addressing these norms will require strategies across the ecological model.

<b>Risk Factor #2</b>	Inequalities based on gender, race, class, ethnicity, sexual orientation (includes objectification of women).
<b>Description</b>	Interrelationships between societal inequalities (such as sexism, racism, heterosexism, homophobia, ageism, classism, and religious intolerance) support societal acceptance of sexual violence <sup>42</sup> .
<b>Need Statement</b>	<ul style="list-style-type: none"> <li>• Comparison of median annual earnings by sex and educational attainment shows that women earn less than men at all levels of education achievement.</li> <li>• Overall women in Texas make 70% of men’s earnings (5% lower than the national average)<sup>14</sup>.</li> <li>• In Texas, sexual orientation and gender identity are not included in employment non-discrimination laws or in housing non-discrimination laws.</li> <li>• Almost a quarter of the African American and Hispanic populations are living in poverty, compared to less than 10% of the non-Hispanic white population and just over 10% of the Asian population<sup>14</sup>.</li> <li>• Drop out rates vary significantly by race/ethnicity with approximately 34% of drop outs being either Hispanic or African American<sup>43</sup>.</li> </ul>
<b>Goal</b>	Reduce disparity based on gender, race, class, ethnicity, and sexual orientation. Organizational practices and policies and the community at large will support equality.
<b>Targeted Population</b>	Universal
<b>Special Considerations</b>	Inequalities are societal conditions but play out on every level of the ecological model. Therefore, strategies to reduce disparity will also need to happen at multiple levels. In order to reduce disparity, attitudes about difference must change, in addition to changing the specific ways inequality plays out systemically.

<b>Risk Factor #3</b>	Gender role socialization and objectification of women.
<b>Description</b>	Eliminating gender role socialization allows people freedom to chose or embrace, without fear of marginalization or violence, roles other than those ascribed by strict gender role stereotypes.
<b>Need Statement</b>	<ul style="list-style-type: none"> <li>• Focus groups identified the following gender role socialization occurring in their communities<sup>36</sup>: <ul style="list-style-type: none"> <li>• the presence of male entitlement to sex</li> <li>• limited gender roles</li> <li>• the socialization of men to be the sexual aggressors and women to be the gatekeepers of sexuality.</li> </ul> </li> </ul>
<b>Goal</b>	<ul style="list-style-type: none"> <li>• Increase positive, healthy, realistic images and representations of women.</li> <li>• Increase mutability of gender roles without fear of marginalization or violence.</li> </ul>
<b>Targeted Population</b>	Universal

## State and Local Capacity Building Goals and Strategies

The PPC have identified the following goals to build capacity at the state and local level to support primary prevention efforts.

### CAPACITY BUILDING GOALS

<b>Goal #1</b>	Increase support and knowledge of primary prevention among leadership in RPE funded organizations.
<b>Need Statement</b>	Leadership at RPE funded organizations report a wide range of understanding about the concepts of primary prevention and how to facilitate the transition to a primary prevention approach to end sexual violence. Managers are reporting difficulty in staffing and/or supporting primary prevention positions. With a few exceptions, typically, primary prevention staff attends training on primary prevention not leadership.
<b>Activity</b>	Executive Director/Leadership Summit It is critical to the success of primary prevention efforts that executive directors and those in leadership positions of RPE funded organizations have an understanding of and commitment to primary prevention. An Executive Director/Leadership summit would provide the opportunity for those in leadership positions to gain the knowledge to fully support prevention efforts in their organization.
<b>Goal #2</b>	Increase the quality and consistency of magnitude data collected in the state of Texas.
<b>Need Statement</b>	The PPC reviewed all available magnitude data sources when developing this plan. It became evident that consistency among data sources varied greatly and the quality of data available is lacking.
<b>Activity</b>	In year one, the PPC will recommend strategies to obtain quality and consistent magnitude data and will identify funding source for data collection if appropriate.

<b>Goal #3</b>	Increase collaboration and coordination of organizations throughout Texas for the implementation of primary prevention efforts.
<b>Need Statement</b>	Broad based collaboration and support of primary prevention is necessary for a successful implementation of this plan. Lack of coordination and/or cooperation of systems could hinder prevention efforts. When looking to change norms, attitudes, beliefs, and behaviors in systems, the systems themselves must become part of the solution. Coordination of efforts may increase the likelihood of success both by making efforts more strategic and less duplicative and increasing community readiness for prevention efforts.
<b>Activity</b>	PPPC members will identify organizations/systems impacted by the implementation of the plan and work to engage those organizations as partners in primary prevention efforts.
<b>Goal #4</b>	Increase resources available for primary prevention efforts in Texas.
<b>Need Statement</b>	Currently, funding available for primary prevention efforts are limited with the majority of the funds coming from the RPE program. To end sexual violence in Texas, additional resources must be identified and utilized for prevention efforts.
<b>Activity</b>	Additional resource assessment conducted by PPPC members.
<b>Goal #5</b>	Increase capacity of RPE funded organizations to engage in primary prevention efforts and move into implementation phase.
<b>Need Statement</b>	To account for the diversity and size of Texas and to meet the unique needs of Texas communities, RPE funded organizations must choose primary prevention strategies/activities and develop outcome measures at the local level. Additional technical assistance and training must be available to assist RPE funded organizations in this phase.
<b>Activity</b>	Provide technical assistance and training to RPE funded organizations throughout implementation.

# Implementing Effective Strategies

## IMPLEMENTATION PLAN

The above section identifies prioritized Texas specific risk factors, target populations, and goals. Based on the recognition that Texas is primarily a locally-run state and in response to the immense diversity that exists within the Texas population and geography, this plan is designed to provide a solid foundation for effective primary prevention efforts while maintaining significant flexibility among strategies and activities.

The following provides additional rationale and context for the exclusion of state prescribed strategies and activities:

- In 2008 all RPE funded organizations were required to complete a local needs and resources assessment and primary prevention planning process. This local information was used to inform the state plan. Due to the immense diversity among the populations served by RPE funded organizations, flexibility to choose local strategies that are consistent with the state priorities is necessary. Providing a solid foundation based on public health models, yet maintaining flexibility at the local level honors the work already done locally and provides the opportunity to effectively target primary prevention efforts.
- Evidence-based strategies that have been proven to prevent sexual violence are limited. This provides both a challenge and an opportunity for RPE funded organizations. Flexibility to choose strategies/activities locally will allow RPE funded organizations to:
  - Identify and adapt evidence-based strategies to target the identified risk factors associated with sexual violence.
  - Select strategies and activities in collaboration with local primary prevention planning teams and coalitions, and with the assistance of a state capacity-building team.
  - Implement data-driven strategies that fall within the scope of the state plan and meet community needs.

Texas has a strong state capacity-building team consisting of representatives from the OAG, and TAASA that can assist RPE funded organizations in choosing effective strategies/activities that link together to form a comprehensive prevention program, adapting strategies/activities as needed, and implementing prevention programming. Additionally, the DSHS has appointed a researcher to the capacity building team to assist the team in developing outcome measures to assess the effectiveness of these efforts. The following three sections provide guidance on how to choose and implement strategies/activities to address the goals identified in this plan.

## STRATEGY AND ACTIVITY GUIDELINES

To effectively transition to a primary prevention approach to end sexual violence a comprehensive prevention program (as defined below) must be implemented.

“A comprehensive prevention program is the combination of complementary and synergistic prevention strategies across the levels of the social ecology that address the needs of a universal or selected population. Strategies are complementary and synergistic when they focus on the same group and when a strategy implemented at one level of the social ecology reinforces a strategy at another level of the social ecology. The strategies at different levels of the social ecology address the same risk or protective factor<sup>44</sup>.”

Essential guidelines:

- Strategies and activities must be informed by community stakeholders and supported by local and state data.
- Strategies/activities chosen must align with the CDC’s working definition of sexual violence prevention which is:
  - Population-based and/or environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring.
- Strategies/activities must integrate cultural relevance and specificity into prevention programming.

When choosing strategies the following are acceptable options:

- Substance Abuse and Mental Health Services Administration (SAMHSA) model programs with appropriate adaptations for targeting identified risk factors and the inclusion of sexual violence primary prevention content;
- Programs that are evidence based or based on quasi experimental design or randomized control trials;
- Unproven strategies that have been informed by a behavior or social change theory, that reflect prevention principles (identified below), and include sexual violence primary prevention content.

## MODELS AND THEORIES FOR EFFECTIVE STRATEGIES

### *CDC RPE Theory and Activities Model<sup>45</sup>*

In addition to the utilization of the Public Health Model and the Socio-Ecological model as the framework for the RPE State plan, the RPE Theory and Activities Model were used to guide the programmatic direction of the State Plan and is a tool to be used in the development of local strategies. The RPE Theory and Activities Model, developed

by the CDC, is based on the Diffusion of Innovation Theory, Theory of Planned Behavior, Theory of Reasoned Action and the Health Belief Model. These theories provide guidance on how to promote the community and individual-level changes that are required to change the climate, culture and norms of our communities to prevent sexual violence from initially occurring.

#### *40 Developmental Assets®<sup>29</sup>*

The 40 Developmental Assets® were considered throughout the development of the plan. The 40 Developmental Assets® are built upon positive youth development principles and are designed to reduce youth risk behaviors and influence positive choices through the development of protective factors and resiliency. By utilizing a strengths-based model, the assets lay out the necessary elements that youth need to increase chances of becoming healthy, well-rounded and productive adults.

The inclusion of developmental theory and positive youth development principles in the RPE plan acknowledges both a person and a context matter. Increasing an individual's developmental capacity (assets) and impacting the individual's various contexts (family, school, peers, community, etc.) are necessary to promote developmental well-being and thriving, and ultimately reduce the risk factors that promote the perpetration and victimization of sexual violence.

## **GUIDANCE FOR EFFECTIVE PREVENTION PROGRAMMING AND OUTCOMES<sup>46</sup>**

The following principles should be utilized when developing and adapting prevention strategies.

A prevention program should be:

- 1) **COMPREHENSIVE** – program includes multi-component approaches that address critical domains (e.g. family, peers, and community) that influence the development and perpetration of the behaviors to be prevented.
- 2) **INCLUDE VARIED TEACHING METHODS** – program incorporates varied teaching methods (active, skill-based teaching activities) that focus on increasing the awareness and understanding of the problem behaviors and on acquiring or enhancing skills.
- 3) **SUFFICIENT DOSAGE** – program provides enough intervention to produce the desired effects and provide follow-up as necessary to maintain effects.
- 4) **THEORY DRIVEN** – program has theoretical justifications that are based on accurate information, and are supported by empirical research.
- 5) **POSITIVE REALTIONSHPIS** – program provides exposure to adults and peers in a way which promotes strong relationships and supports positive outcomes.

- 6) **APPROPRIATELY TIMED** – program is initiated early enough to hinder or stop the development of the problem behavior and are sensitive to the developmental needs of participants.
- 7) **SOCIO-CULTURALLY RELEVANT** – program is tailored to the community and cultural norms of the participants and make efforts to include the target group in program planning and implementation.
- 8) **OUTCOME EVALUATION** – program has clear goals and objectives and makes an effort to systemically document their results relative to the goals.
- 9) **WELL-TRAINED STAFF** – program staff supports the program and are provided with training regarding the implementation of the intervention.

## Moving Forward

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As we look toward the next eight years to the challenges we face and the promise of our efforts, we are reminded that ending sexual violence in Texas will be a long and laborious process and will require the support of all Texans as well as communities, organizations, businesses, government entities, and legislatures.

The needs identified in this plan are many and cannot be met overnight. Texas needs a consistent and reliable source for surveillance data regarding the magnitude of sexual violence. The absence of such data presented a challenge to the PPPC when trying to gain an understanding of the state of sexual violence in Texas. Texas must find a way to assess the magnitude of sexual violence in our state to ensure future prevention efforts have the data necessary to build on current efforts.

Although this document is limited to the PPPC's vision on how to utilize RPE funds in Texas, the work of the PPPC will not stop with the release of this plan. The committee is committed to continuing the process to determine additional efforts needed and resources available to further primary prevention work and to identify strategies to build the capacity of RPE funded organizations and other community organizations to engage in these efforts.

It is imperative to continue to engage stakeholders and community members in these efforts at both the local and state level to ensure that Texas is well positioned to meet the challenges of ending sexual violence in our state.

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**Activities** – the processes, tools, events, technology, and actions required to implement a strategy.

**Adaptation** – the process through which strategies are modified deliberately or accidentally in one of four ways:

1. deletions or additions (enhancements) of strategy core components;
2. modifications in the nature of the components that are included;
3. changes in the manner or intensity of administration of strategy core components called for in the manual, curriculum, or core components analysis; or
4. cultural and other modifications required by local circumstances (SAMHSA, 2002)<sup>47</sup>

**Approved Activities** – in Texas, the Approved Activities, which have been approved by the U.S. Congress, to be used in the prevention of sexual assault and/or sexual violence include:

- Educational seminars
- Training programs for professionals
- Preparation of information material
- Education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
- Education to increase awareness about drugs used to facilitate rapes or sexual assaults
- Other efforts to increase awareness of the facts about, or to help prevent, sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities (as defined in section 3 of the Americans with Disabilities Act of 1990 [42 U.S.C. 12102])

**Community mobilization** – engendering change in communities by facilitating community ownership and action to prevent sexual violence.

**Community Readiness Efforts** – the community's awareness of, interest in, and ability and willingness to support sexual assault/violence primary prevention efforts

**Ecological Model** –includes four levels of influence: individual, relationship, community, and societal. Working within this model, individual risk factors as well as the norms, beliefs, and social and economic systems that create the conditions for sexual violence to occur can be identified. Effective strategies and activities can then be developed that work to change or eliminate the risk factors that support the occurrence of sexual assault and/or sexual violence. Directing activities at all levels of influence provide a comprehensive approach to primary prevention.

**Evidenced-based strategies** – have been the subject of research evaluations that prove a strategy's ability to prevent first-time perpetration or first time victimization.

**Evidenced – informed strategies** – strategies that have been the subject of research evaluation that demonstrate a strategy’s ability to reduce risk factors/increase protective factors associated with sexual violence.

**Forcible Rape** – Used in collecting data in the Uniform Crime Reporting Program (UCR) and defined as the carnal knowledge of a female forcibly and against her will. Assaults and attempted rapes by force or threat of force are also included. However, statutory rape (without force) and other sex offenses are not included.

**Outcome Statements** – the specific, measurable statements that demonstrate a goal has been reached. Outcome statements describe: who or what will change, by how much, by when, how the change will be measured.

**Primary Prevention Planning Committee (PPPC)** – is a statewide group of stakeholders who have the responsibility to develop a primary prevention plan for Texas and to guide the state’s transition toward a primary prevention approach to end sexual violence.

**Primary Prevention of Sexual Assault and/or Sexual Violence** – population-based and/or environmental and system-level strategies, policies and actions that prevent sexual violence from initially occurring.

- Primary prevention efforts work to modify and/or entirely eliminate the event, conditions, situations, or exposure to influences (risk factors) that result in the initiation of sexual violence and associated injuries, disabilities, and deaths.
- Sexual violence prevention efforts address perpetration, victimization, and bystander attitudes and behaviors, and seek to identify and enhance protective factors that impede the initiation of sexual violence in at-risk populations and in the community at large.<sup>48</sup>

**Public Health Approach** – a four step process that includes:

- Defining the problem based on collecting and analyzing data about a health issue
- Identifying risk and protective factors
- Developing and testing prevention strategies
- Assuring widespread adoption

**Prevention Strategy** – an approach that works to prevent sexual violence from initially occurring.

**Program** – the combination of several strategies designed to deliver reinforcing messages to one or more intended populations in a variety of settings.

**Program Evaluation** – an appraisal of a strategy or program to demonstrate its worth or effectiveness and to make recommendations for improvements.

**Protective factors** – are an attribute, situation, condition, or environmental context that works to decrease the likelihood of the occurrence of a health problem or behavior such as sexual violence.

**Risk Factor** – an attribute, situation, condition or environmental context that increases the likelihood of the occurrence of a health problem or behavior such as sexual violence.

**Risk Reduction** – education efforts that focus on reducing the risk of an individual in becoming a victim of sexual assault and/or sexual violence.

**Selected Populations** – a group or population within a universal population that is defined by increased risk for experiencing or perpetrating sexual violence based on one or more modifiable risk factors.

**Sexual Violence** – as defined by the PPPC, sexual violence occurs when one person compels, coerces (with kindness or threats) and/or forces another person to engage in a sexual act against his or her will, whether or not the act is completed. Sexual violence occurs when the aforementioned happens to someone who is unable to give consent due to age, diminished mental or physical capacity and/or under the influence of any mind-altering substances. In addition, sexual violence occurs when one person is compelled to endure gestures, comments or actions of a sexual nature that are in violation of another person's sense of safety. Therefore, the definition of sexual violence includes sexual abuse, sexual assault, child pornography, sex trafficking, rape, acquaintance rape, incest and sexual harassment.

**Situational Factor** - A situational factor is any factor which contributes to the set of conditions under which a person acts.

**State or Community Context** – the larger environment in which a strategy is immersed and implemented. Involves the following areas:

1. setting – includes institutional and organizational characteristics, location, and political environment.
2. population specific includes ethnic/racial identify, religious identify, sexual orientation and gender identify, education, income, and social norms within the population.<sup>49</sup>

**State Fiscal Year (SFY)** – Texas State Fiscal Year runs from September 1 – August 31<sup>st</sup>.

**Synergy** – occurs when two strategies together have more of a preventative effect than either strategy alone.

**Technical Assistance** – are efforts that build the capacity of RPE funded organizations well as other local and statewide organizations in order to engage in primary prevention efforts.

**Universal Populations** – a population within Texas that is defined without regard to individual risk for sexual violence perpetration or victimization.

**Unproven strategies** – strategies that have not been subjected to research evaluation to prove they have the ability to prevent sexual violence or demonstrate their ability to reduce risk factors/increase protective factors associated with sexual violence.

## RPE Logic Model

Appendix D

### Preventing Sexual Violence in Texas: A Primary Prevention Approach 2010-2018

Inputs	Needed Capacity	Strategies/Activities	Outputs	Outcomes
<p>RPE funded organizations TAASA OAG DSHS Virtual Council</p>	<p>Training and Technical assistance to RPE funded organizations to facilitate the selection and implementation of strategies/activities and the development of outcome evaluations.</p>	<p>Locally developed strategies/activities informed by community primary prevention planning teams and supported by local and state data. Strategies must be comprehensive, synergistic, and integrate cultural relevance and specificity into prevention programming.</p> <p>Acceptable options for strategies include:</p> <ul style="list-style-type: none"> <li>• SAMHSA model programs with appropriate adaptations for targeting identified risk factors and the inclusion of sexual violence primary prevention content.</li> <li>• Program that are evidence based or based on quasi experimental design or randomized control trials</li> <li>• Unproved strategies that have been informed by a behavior or social change theory, that reflect prevention principles (identified in the state plan), and include sexual violence primary prevention content.</li> </ul>	<p>OAG approved activities to selected and universal populations utilizing the CDC RPE Theory and Activities Models, 40 Developmental Assets, and What Works in Prevention, Principles of Effective Prevention Programs. Coalition building, community mobilization, and policy and norms change to impact selected and universal populations.</p>	<p>To decrease the risk factors associated with first time perpetration of sexual violence and to increase protective factors that impede the onset of sexual violence.</p>

This plan covers an eight year timeline from 2010 – 2018. Risk factors and goals were chosen for this plan which could be addressed within the stated timeline. Additionally, as stated in the plan, strategies/activities will be chosen locally by RPE funded organizations with the assistance of their local planning teams and the state capacity building team. Timelines appropriate for each chosen strategy/activity will be identified at that time. While choosing strategies/activities at the local level may require additional time to implement the benefit of developing strategies/activities that meet the unique needs of Texas' diverse communities while meeting the guidelines of the state plan will be worth the time invested.

## **RPE FY2010 Workplan (November 1, 2009 – October 31, 2010)**

Appendix F

**OBJECTIVE I: RPE funded organizations and communities are prepared to implement primary prevention strategies/activities in Texas utilizing any of the following Approved Activities:**

- education seminars;
- training programs for professions;
- preparation of informational materials;
- training programs for students and campus personnel designed to reduce the incidence of sexual assault;
- education to increase the awareness about drugs used to facilitate sexual assault; and/or
- other efforts to increase awareness of the facts about, or to help prevent sexual assault including efforts to increase awareness among individuals with disabilities.

**WORK PLAN FOR OBJECTIVE I**

<b>Activities</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Measures of Success</b>
RPE funded organizations enhance Approved Activities by using the Nine Principles of Effective Programming and the CDC's Framework for Enhancing Activities.	Ongoing.	RPE funded organizations.	The requirement to enhance Approved Activities is included in RPE funded organizations contracts. OAG quarterly performance reports show compliance.

RPE funded organizations will assess and strengthen community readiness for the implementation of primary prevention strategies/activities.	Ongoing.	RPE funded organizations.	The requirement to assess and strengthen community readiness for the implementation of primary prevention strategies/activities is included in RPE funded organizations contracts. OAG quarterly performance reports show compliance.
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**OBJECTIVE II: RPE funded organizations begin implementing the Texas Primary Prevention Plan.**

Once the Texas Primary Prevention Plan has been reviewed and approved by the CDC, Texas will begin implementation. The following work plan reflects the activities necessary to move Texas through the implementation phase. The Texas Primary Prevention Plan does not prescribe specific strategies/activities; rather the implementation section of the plan identifies guidelines and requirements RPE funded organizations must meet during implementation. Additionally, the plan prescribes

increased training and technical assistance which will be available to RPE funded organizations during the implementation phase.

**WORK PLAN FOR OBJECTIVE II**

<b>Activities</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Measures of Success</b>
Training and technical assistance provided to RPE funded organizations throughout the implementation process.	Ongoing.	OAG and TAASA.	RPE funded organizations are able to complete the implementation process. Evaluations of training and technical assistance will be reviewed and training/technical assistance will be adjusted if needed.

RPE funded organizations choose risk factors and goals to address in their primary prevention program.	Initiated upon approval of the Primary Prevention Plan by the CDC and direction by the OAG.	RPE funded organizations and OAG. Technical assistance provided by TAASA and OAG.	Risk factors and goals chosen by RPE funded organizations are supported by data collected through a community needs and resources assessment. Information is included in a logic model submitted to the OAG for approval.
RPE funded organizations choose strategies/activities to address chosen risk factors and goals.	Initiated upon approval of the Primary Prevention Plan by the CDC and direction by the OAG.	RPE funded organizations and OAG. Technical assistance provided by TAASA and OAG.	Strategies/activities address risk factors associated with the primary prevention of sexual violence. Information is included in a logic model submitted to the OAG for approval.

RPE funded organizations will assess cultural context and adapt chosen strategies/activities as needed.	Initiated upon approval of the Primary Prevention Plan by the CDC and direction by the OAG.	RPE funded organizations and OAG. Technical assistance provided by TAASA and OAG.	Information is included in a logic model submitted to the OAG for approval.
Develop outcomes measures.	Initiated upon approval of the Primary Prevention Plan by the CDC and direction by the OAG.	RPE funded organizations, OAG, TAASA, and DSHS.	Outcomes measures include the following components: who or what will change; by how much; by when; and how the change will be measured. OAG will review and approve outcomes measures used by RPE funded organizations.
RPE funded organizations will create a logic model and submit to OAG for approval.	Initiated upon approval of the Primary Prevention Plan by the CDC and direction by the OAG.	RPE funded organizations and OAG.	Logic model will reflect a comprehensive prevention program that reflects complementary and synergistic prevention strategies across the levels of the social ecology. OAG will review and approve logic models.
Implement new strategies/activities.	Initiated upon approval of the Primary Prevention Plan by the CDC and direction by the OAG.	RPE funded organizations and OAG.	OAG quarterly reports reflect implementation of approved primary prevention strategies/activities.

**OBJECTIVE III: Texas Primary Prevention Planning Committee will continue to evaluate the Texas Primary Prevention Plan and revise it as necessary.**

Currently, the Texas Primary Prevention Plan is limited to risk factors and goal statements to be addressed utilizing the RPE funds awarded to Texas. The committee intends to continue the planning process to evaluate the Texas Primary Prevention Plan and determine whether additional strategies, activities or outcomes are needed to broaden the Plan beyond what the RPE program currently funds in Texas.

**WORK PLAN FOR OBJECTIVE III**

<b>Activities</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Measures of Success</b>
PPPC will meet quarterly to continue planning process.	Ongoing.	PPPC, OAG, DSHS, and TAASA.	Texas Primary Prevention Plan is evaluated and revised as needed.

**WORKPLAN SUMMARY**

As Texas moves from planning to implementation, there is excitement growing over the transition to a primary prevention approach to end sexual violence. Although there is much work to do, RPE funded organizations are well positioned to begin implementation upon the review and approval of the Texas Primary Prevention Plan. Technical assistance will be available throughout the implementation process to ensure RPE funded organizations have the support they need to choose strategies/activities that meet the needs of their communities and to assess outcomes and revise strategies/activities as needed. Although the initial Primary Prevention Plan focuses on risk and protective factors that can be addressed with RPE funds, the Texas PPPC is committed to continue the planning process to build upon the Plan for all of Texas.

# Demographic Data by Regional Breakout

Demographic data are presented based on the five identified regions in Texas. These data are based on vintage estimates and population projections. Due to this, these data are to be used as estimates only and may differ from other population data sources.

Texas Population, by Age in Years						
Ages	Urban	Suburban	Border	Rural	Frontier	Total
0 to 4	893,764	582,540	247,341	204,536	12,063	1,940,244
5 to 9	792,935	559,894	197,018	197,661	11,066	1,758,574
10 to 14	766,232	550,617	195,448	206,361	13,295	1,731,952
15 to 19	728,570	565,034	186,955	220,150	15,562	1,716,270
20 to 24	736,321	610,745	175,501	220,519	13,800	1,756,886
25 to 44	3,239,967	2,199,885	578,468	778,286	43,113	6,839,719
45 to 64	2,341,655	1,763,417	420,858	731,423	50,018	5,307,371
65 to 74	469,765	410,068	114,395	232,550	16,086	1,242,863
75+	384,776	349,776	111,404	229,117	16,382	1,091,456
<b>Total</b>	<b>10,353,984</b>	<b>7,591,977</b>	<b>2,227,387</b>	<b>3,020,603</b>	<b>191,385</b>	<b>23,385,336</b>

Source: Average of Vintage 2008 Estimates for July 1 2005, 2006, 2007  
 Prepared by U.S. Bureau of the Census, Estimates Branch

Texas Population, Percent by Age						
Ages	Urban	Suburban	Border	Rural	Frontier	Total
0 to 4	8.63	7.67	11.10	6.77	6.30	8.30
5 to 9	7.66	7.37	8.85	6.54	5.78	7.52
10 to 14	7.40	7.25	8.77	6.83	6.95	7.41
15 to 19	7.04	7.44	8.39	7.29	8.13	7.34
20 to 24	7.11	8.04	7.88	7.30	7.21	7.51
25 to 44	31.29	28.98	25.97	25.77	22.53	29.25
45 to 64	22.62	23.23	18.89	24.21	26.13	22.70
65 to 74	4.54	5.40	5.14	7.70	8.41	5.31
75+	3.72	4.61	5.00	7.59	8.56	4.67
<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

Source: Average of Vintage 2008 Estimates for July 1 2005, 2006, 2007  
 Prepared by U.S. Bureau of the Census, Estimates Branch

<b>Percent of Race/Ethnicity, by Sex</b>						
<b>Sex</b>	<b>Urban</b>	<b>Suburban</b>	<b>Border</b>	<b>Rural</b>	<b>Frontier</b>	<b>Total</b>
<b>Males</b>						
<b>Anglo</b>	40.29	62.31	11.59	63.39	56.63	47.92
<b>Black</b>	14.68	10.67	1.38	9.35	4.02	11.37
<b>Hispanic</b>	39.64	22.36	85.83	25.75	38.18	36.48
<b>Other</b>	5.39	4.66	1.20	1.51	1.18	4.23
<b>Women</b>						
<b>Anglo</b>	41.65	63.57	10.75	66.73	59.58	49.10
<b>Black</b>	16.69	10.99	1.01	8.39	2.27	12.12
<b>Hispanic</b>	36.24	20.65	87.04	23.30	36.88	34.51
<b>Other</b>	5.41	4.79	1.20	1.57	1.27	4.27
<b>Total</b>						
<b>Anglo</b>	40.97	62.95	11.15	65.05	58.07	48.52
<b>Black</b>	15.68	10.83	1.19	8.87	3.16	11.75
<b>Hispanic</b>	37.94	21.50	86.46	24.53	37.55	35.49
<b>Other</b>	5.40	4.72	1.2	1.54	1.22	4.25

Percent of Total Population, by Nativity							
Nativity status and recency of entry		Urban	Suburban	Border	Rural	Frontier	Total
<b>Native</b>		79.56	90.04	72.52	93.44	90.84	84.18
	<b>Born in the United States</b>	78.40	88.87	71.31	92.86	90.24	83.09
	<b>Born in US Island area of abroad</b>	1.15	1.18	1.22	0.57	0.59	1.09
<b>Foreign Born</b>		20.44	9.96	27.48	6.56	9.16	15.82
	<b>Naturalized US Citizen</b>	5.88	3.56	8.85	1.69	2.89	4.84
	<b>Not a Citizen</b>	14.57	6.40	18.63	4.88	6.22	10.98
	<b>Entered 2000 or later</b>	5.82	2.75	5.91	1.60	1.67	4.25
	<b>Entered before 2000</b>	14.62	7.21	21.57	4.96	7.49	11.57
	<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

Source: Allocated American Community Survey 3-year File 2005-2007

Percent of Texas Households, by Annual Income						
	Urban	Suburban	Border	Rural	Frontier	Total
<b>&lt; \$15,000</b>	12.76	12.69	25.62	18.05	19.97	14.56
<b>\$15,000 to &lt; \$25,000</b>	11.59	10.61	16.71	14.45	16.02	12.11
<b>\$ 25,000 to &lt; \$50,000</b>	26.94	25.07	27.54	28.69	28.34	26.62
<b>\$50,000 or Higher</b>	48.71	51.63	30.08	38.85	35.36	46.70
<b>Total Households</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

Source: Allocated American Community Survey 3-year File 2005-2007

**Percent of Persons 15 years old or older,  
by Marital Status and Gender**

<b>Marital Status</b>	<b>Urban</b>	<b>Suburban</b>	<b>Border</b>	<b>Rural</b>	<b>Frontier</b>	<b>Total</b>
<b>MALES</b>						
<b>Never Married</b>	35.34	31.45	32.09	29.02	25.31	32.84
<b>Married</b>	51.11	54.92	57.20	55.08	58.97	53.48
<b>Separated</b>	2.50	1.93	2.37	2.29	2.34	2.27
<b>Widowed</b>	1.93	2.19	2.36	3.11	3.65	2.23
<b>Divorced</b>	9.12	9.52	6.00	10.51	9.24	9.18
<b>Total Male</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>
<b>FEMALES</b>						
<b>Never Married</b>	28.75	24.80	26.55	20.30	17.35	26.03
<b>Married</b>	46.81	51.73	50.23	53.49	57.59	49.72
<b>Separated</b>	3.72	2.60	5.20	2.88	2.85	3.37
<b>Widowed</b>	7.80	8.80	9.11	12.57	13.43	8.93
<b>Divorced</b>	12.92	12.07	8.91	10.79	8.38	11.95
<b>Total Female</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>
<b>TOTAL</b>						
<b>Never Married</b>	32.03	28.08	29.16	24.67	21.42	29.40
<b>Married</b>	48.95	53.30	53.52	54.28	58.30	51.58
<b>Separated</b>	3.11	2.27	3.86	2.58	2.59	2.82
<b>Widowed</b>	4.88	5.54	5.92	7.84	8.43	5.62
<b>Divorced</b>	11.03	10.81	7.54	10.65	8.82	10.58
<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

Source: Allocated American Community Survey 3-year File 2005-2007

In the fall of 2002, the Texas Department of Health (now the Department of State Health Services, DSHS) received a grant from the CDC to focus on the prevention of violence against women. DSHS, along with the Texas Council on Family Violence (TCFV) and the Texas Association Against Sexual Assault (TAASA), formed a steering committee that was tasked with organizing the Violence Against Women Prevention Advisory Committee (VAWPAC). VAWPAC was comprised of 36 representatives of government, community-based, nonprofit, health care, and research professionals. An additional 83 members participated via a virtual council, allowing them to offer input through electronic means as the committee's work progressed. As a culmination of their process, this group produced the *Strategic Plan to Prevent Violence Against Women in Texas*.

In publishing the report, the VAWPAC chose to change its name in recognition of the shift to prevent violence via the strategic plan. The new name, Interpersonal Violence Prevention Collaborative (IVPC), represented their broader perspective and was inclusive of issues involving male victims of interpersonal violence.

The formation of the Texas PPPC to create a primary prevention plan for Texas and guide the state's transition to a primary prevention approach to end sexual violence came at an opportune time as stakeholders were starting to examine ways to advance the prevention of sexual violence from a primary prevention or social change perspective. At the first meeting of the PPPC, the committee reviewed the earlier strategic plan to ensure that previous efforts were considered and honored when developing the primary prevention plan.

Additionally, RPE funded organizations began the transition to primary prevention in 2007 when they were contractually required to: (1) designate a primary prevention coordinator to work 25% of the time towards the implementation of primary prevention strategies and activities; (2) designate staff to attend primary prevention training; (3) organize a local workgroup to set goals for local comprehensive primary prevention strategies; and (4) provide resources to assist with the implementation of primary prevention activities with the goal of involving two levels of the "ecological model" (relating the physical environment to people at the individual, interpersonal, community and societal levels).

Throughout 2008 and 2009, RPE funded organizations were required to 1) continue a comprehensive primary prevention planning process to develop strategies and activities to prevent sexual assault and/or sexual violence using a public health approach; 2) Work to enhance the Approved Activities to include a focus on primary prevention; and 3) Implement primary prevention activities spanning at least two spheres of the ecological model using any of the Approved Activities. Approved activities included: Educational seminars; training programs for professionals; preparation of information material; education and training programs for students and campus personnel designed

to reduce the incidence of sexual assault at colleges and universities; education to increase awareness about drugs used to facilitate rapes or sexual assaults; and other efforts to increase awareness of the facts about, or to help prevent, sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities (as defined in section 3 of the Americans with Disabilities Act of 1990 [42 U.S.C. 12102])

An accounting of the shift in budget allocations for RPE grantees paints a picture of the transition Texas has embarked upon towards primary prevention. In 2006, 9% of the RPE funds went to the support of hotlines, 89% went for education efforts, and 2% went for other efforts. Education efforts were focused on risk reduction education with the goal of reducing an individual's risk in becoming a victim of sexual violence. In 2008, the OAG restricted the use of RPE funds for the support of hotlines opting to support hotlines with state funds thus preserving RPE funds for primary prevention strategies/activities.

In 2007, 54% of the RPE funds were used for education efforts and 38% were used for the prevention planning process including strategic planning, coalition building, and community mobilization. Local RPE funded organizations engaged their community as partners in prevention efforts and began a comprehensive primary prevention planning process which included the completion of a needs and resources assessment. Additionally, 7% of the funds were used for policy and norms change. RPE funded organizations also worked to enhance their education efforts using the nine principles of effective programming.

In 2008, 52% of the RPE funds were used for education efforts, while 43% of the funds were focused on the prevention planning process. Additionally, 5% of the funds were used for policy and norms change.

By late 2008, 55 of the 68 RPE funded organizations had completed a community needs and resources assessment. Of those completing the assessment, the following milestones were achieved:

- 75% developed a primary prevention team which included both internal and external stakeholders
- 78% of the teams developed a shared vision of sexual violence
- 76% of the teams developed a mission statement
- 75% developed a vision statement
- 81% identified community specific risk and protective factors
- 76% identified those most at risk for victimization in their community
- 75% identified those most at risk for perpetration

A recent survey of RPE funded organizations received a 68% response rate and the information below shows the percentage of organizations presenting on the following topics:

- 89% bullying & sexual violence
- 83% consent

- 74% drug-facilitated rape
- 87% gender roles
- 100% healthy relationships
- 72% masculinity and sexual violence
- 52% media advocacy
- 50% oppression
- 78% role of bystanders
- 91% sexual harassment
- 100% sexual assault and/or sexual violence

The following shows additional results of the survey with specific information regarding the choice of curriculum and outcomes measures.

- 67% developed curriculum in-house
- 87% purchased curriculum
- 157% modified purchased curriculum prior to delivery
  
- 76% used pre-post test
- 54% used a written survey

**Texas Primary Prevention Planning Committee History****August 2006 – Steering Committee Meeting**

The Steering Committee held its first meeting in August 2006. The Steering Committee consisted of representatives from the Department of State Health Services (DSHS), the Office of the Attorney General (OAG) and the Texas Association Against Sexual Assault (TAASA). The group reviewed the Rape Prevention and Education (RPE) work plan and the CDC requirements for receiving RPE funds. The group determined the following priority objectives:

- Build a multi-disciplinary Primary Prevention Planning Committee (PPPC) that will meet quarterly, conduct a comprehensive primary prevention planning process and guide the state's transition towards a primary prevention approach to end sexual violence.
- Discussions and/or decisions of the group were as follows:
  - The group discussed the structure of the (PPPC) and the selection of committee members. The group decided to consider members of the IVPC and Prevent Institute when forming the committee.
  - The first meeting of the PPPC was scheduled for November 2006. (It was actually held in January 2007).
  - The group decided to develop and distribute a survey to sexual assault programs and other potential partners to gather information about promising or successful methods of primary prevention.
  - The OAG and DSHS committed to host a seminar about primary prevention concepts and practices. (The seminar was originally planned for October 2007 and was incorporated into three separate events, see Feb 07 notes).

**December 2006 – Steering Committee Meeting**

Steering committee members met and discussed a date and structure for the first formal meeting of the PPPC. Additionally, a representative from Safe Place (a local sexual assault program) and The University of Texas at Austin, School of Social Work attended the meeting. The group:

- Reviewed recommendations from the CDC on the structure and composition of the PPPC.
- Agreed that the PPPC should contain approximately 20 participants including the steering committee.
- Developed a list of potential committee members.
- Queried potential members for interest in serving on the committee.
- Sent a letter of invitation to interested potential PPPC members for the initial meeting which was scheduled for January 2007.

### **January 2007 – First PPPC Meeting**

The first meeting of the PPPC was focused on educating committee members on the concepts of primary prevention and the roles and responsibilities of the PPPC.

Additionally, the committee:

- Reviewed the *Strategic Plan to Prevent Violence Against Women in Texas* developed in 2004 to see if parts of the strategic plan could be adapted for use in the primary prevention state plan.
- Decided that a new plan should be developed using the Strategic Plan as a reference when appropriate.
- Received training on program evaluation by Dr. Aaron Sayegh from the Department of State Health Services.
- Discussed the need to develop mission and vision statements as a tool to keep the PPPC focused throughout the planning process

### **April 2007 – PPPC Meeting**

In April, the group reviewed the roles and responsibilities of the PPPC, and set the following ground rules for the committee's work:

- Consistent attendance is needed. Members will mentor an alternate that can attend when the member is not able or in the event the member leaves the committee. Members will be responsible for keeping their alternate informed on committee activities.
- Committee members are seated on the committee as individuals and may continue to serve on the committee after leaving their present employment or organization.
- Committee members commit to develop a realistic state plan.
- Committee members agree to focus on primary prevention using the public health approach, the CDC's RPE Theory Model, and the socio-ecological model during the planning process.
- To maximize time and productivity, committee members agree to limit the use of acronyms and when possible, continue work by email in between meetings.
- Committee members agree to set realistic goals.
- Committee members agree to respect diversity of opinions, keep it simple, be inclusive yet remain small enough to get the work done, and take time to foster connections with other committee members.

Additionally, the group:

- Developed the following mission and vision statements:
  - Vision: "Primary prevention ends sexual violence in Texas."
  - Mission: "The mission of the PPPC is to guide the state's transition toward a primary prevention approach to end sexual violence."
- Discussed the need for and began the development of a shared definition of sexual violence.
- Discussed the current PPPC roster to determine gaps in membership. The group determined that the CDC's membership requirements for a state planning committee had been met. It was agreed that the committee was nearing the desired size and that new members would be added only if they filled one of the

four identified gaps in membership which includes an individual/organization working with 1) the homeless population, 2) the African American community, 3) immigrants, and/or 4) faith based communities. The committee developed a plan to contact individuals who might fill these gaps to see if they were interested in serving on the committee.

- Reviewed two survey tools designed by the CDC to assist states with the required needs and resources assessment. One survey was designed to assess primary prevention activities of RPE funded organizations. The second survey was designed to assess primary prevention activities of non-RPE funded organizations. The group decided to form a survey committee to review, revise, and distribute the survey by July 2007.
- Reviewed the CDC document “Getting to Outcomes” and decided to use the tool to conduct the state needs and resource assessment.
- Reviewed the CDC timeline for developing the primary prevention plan.

### **July 2007 – PPPC Meeting**

During this meeting, the committee:

- Reviewed the revised benchmarks distributed by the CDC.
- Discussed the newly formed Yahoo! group established to provide a communication tool and a document storage file for the committee.
- Continued discussion of a “shared definition of sexual violence.”
- Discussed Texas demographics and sexual assault service areas.
- Received updates of prevention work and challenges from committee members that are employed by RPE funded organizations.
- Began work on the needs and resource assessment by dividing into three workgroups which were:
  - State Profile – to gather demographic information about Texas
  - Magnitude – to gather information about the magnitude of sexual violence in Texas
  - Capacity Assessment – to determine the state’s capacity to engage in primary prevention work and to identify relevant barriers, resources, and current prevention efforts. The task of completing the survey to assess primary prevention efforts currently underway in Texas was transferred to the capacity assessment workgroup and the survey committee was dissolved.

### **August – Steering Committee Meeting**

- Steering committee members (representatives from DSHS, OAG, and TAASA) met to discuss the status of the surveys. It was determined that the survey for RPE funded organizations was complete and ready for distribution.
- The group discussed the need for revision of the survey for non-RPE funded organizations to broaden the language to assess involvement in violence prevention (not exclusive to sexual violence prevention). Additionally, the group decided that the committee needed to reevaluate the distribution plan for the non-RPE funded organizations as the organizations previously identified by the committee would not be a big enough sample size to provide useful information.

It was decided to discuss the distribution of the survey for non-RPE funded organizations at the upcoming PPPC meeting in October.

### **October 2007 – Survey Distribution**

The first survey to assess primary prevention activities among RPE funded organizations was distributed on-line using the web-based program, Survey Monkey. The OAG sent RPE funded organization a link to the survey. Participation was voluntary. All responses were collected and stored at DSHS who compiled and analyzed the data and planned to report aggregated data back to the PPPC in January. It was decided the results of the survey would be sent to participants and other stakeholders.

### **October 2007 – PPPC Meeting**

During this meeting the committee:

- Received updates from non-RPE funded committee members regarding primary prevention activities of their organizations.
- Received updates regarding the CDC publication “Getting to Outcomes” and were informed that the section on “How to Estimate Magnitude of IPV and/or SV at State or Local Levels Based on National Existing Data Sources” should not be used as a tool for the completion of the needs and resource assessment. Release dates for GTO revisions or development of further GTO steps has not been determined.
- Completed work on the following shared definition of sexual violence :
  - Sexual violence occurs when one person compels, coerces (with kindness or threats) and/or forces another person to engage in a sexual act against his or her will, whether or not the act is completed. Sexual violence occurs when the aforementioned happens to someone who is unable to give consent due to age, diminished mental or physical capacity and/or under the influence of any mind-altering substances. In addition, sexual violence occurs when one person is compelled to endure gestures, comments or actions of a sexual nature that are in violation of another person’s sense of safety. Therefore, the definition of sexual violence includes sexual abuse, sexual assault, child pornography, sex trafficking, rape, acquaintance rape, incest and sexual harassment.
- Reviewed reports from the workgroups about their progress and findings.
- Discussed the non-RPE funded organizational survey, approved the revisions, and decided to send survey to local sexual assault programs and ask that they distribute to local community organizations that may be working on violence prevention (not necessarily sexual violence prevention), health promotion, skill building, youth development, social change work, and/or policy advocacy. DSHS will provide results to the committee as well as to the local sexual assault programs for use in their local needs and resources assessment.
- Formed two new workgroups: 1) Process Evaluation Workgroup – to capture the process of the committee’s work and develop a process evaluation tool and 2) Plan Development Committee – to write the components of the statewide plan.

- Revisited the composition of the committee and reconfirmed the commitment to keep the committee as is and to add new members only to fill the gaps in membership previously identified by the group.
- Discussed ways to disseminate information regarding the activities of the committee to interested stakeholders and to allow stakeholders an avenue to provide feedback to the committee. The committee decided to develop a Virtual Council via a Yahoo! Group where interested stakeholders could receive updates about the committee's progress, review documents and provide feedback to the PPPC via a listserv.
- Set the agenda for the January 2008 meeting (which included increasing the meeting time to two days to review survey data and information compiled by the Magnitude and State Profile workgroups) and set meeting dates through July 2008.
- Completed process evaluation to determine what worked and what needed to be improved upon
  - Committee members reported experiencing difficulty with the yahoo group/listserv. TAASA to provide assistance to committee members to ensure all members have access to the website.

### **January 2008 – PPPC Meeting**

During this meeting the committee:

- Received the following updates:
  - Results from the RPE funded organizations identified the need for additional technical assistance and training in specific areas of primary prevention. The OAG issued an RFA which was awarded to TAASA to provide in-depth training and technical assistance to RPE funded organizations throughout the planning process
  - Representatives from TAASA and the PPPC attended the “Men Can Stop Rape” training in Washington DC in January 2008.
  - The Institute of Domestic Violence and Sexual Assault, at The University of Texas at Austin will be evaluating the Teen Dating Violence tool kits in two schools in Dallas ISD.
  - To date, 20 representatives from RPE funded organizations have joined the virtual council. The committee decided to develop an introduction to the council along with a history of the PPPC to date to post on the virtual council. Subsequent meeting minutes will be posted on the virtual council.
- Met with Karl Eschbach, Ph.D from the Institute for Demographic and Socioeconomic Research at the Texas State Data Center. Dr. Eschbach assisted the committee with analyzing data gathered during the statewide needs and resources assessment. It was determined that the Urban Institute may have the best statistics about the GLBT population and the American Community Survey may include more information about household structure.
- Reviewed survey results for RPE funded organizations. Significant findings include:
  - RPE organization's leadership has a strong understanding of primary prevention (this contradicts messages heard in the field during training).

- To date only 58% of respondents have participated in a planning process that engages community partners and/or stakeholders.
- Discussed challenges faced by RPE funded organizations including:
  - The anxiety of local RPE funded organizations regarding primary prevention, funding stability, and the need for more direction
  - Wide range of understanding of primary prevention among RPE funded organizations
  - The lack of “best practices” to which to refer
  - Turnover in primary prevention staff within RPE funded organizations and the challenge of dedicating time to primary prevention efforts.
- Finalized plans to distribute survey for community organizations via survey link to RPE funded organizations with request to forward.
- Discussed the need of the committee to gain a better understanding of the planning process. The committee decided to ask Susan Roche from Vermont and Lydia Guy from Washington to speak at the next meeting about their state’s planning process, challenges, successes, lessons learned, etc.
- Committee to review other state’s plans to obtain a visual of how a plan may be organized.
- Discussed the challenges of retaining stakeholders that are not employed by RPE funded organizations
- Discussed the goal of the Texas Primary Prevention Plan and decided to develop a comprehensive plan for Texas which can serve as a guide to RPE funded organizations.
- The committee members asked to hear from a grassroots community organization working on primary prevention to get a tangible example of how primary prevention works at the local level. Emiliano Diaz de Leon from The Men’s Resource Center of South Texas will present on the development of his program at the next meeting.
- The group completed the CDC’s state capacity questionnaire to assess the states’ capacity of sexual violence prevention systems. Committee members from the University of Texas will compile the results and report back to the committee. The committee decided to complete the questionnaire again in a year to identify progress.

### **April 2008 – PPC Meeting**

The committee:

- Received the following updates:
  - CDC recently released a guidance document which lists CDC’s expectations for the state plan. The guidance document has been posted on the committee’s Yahoo! Group so members can review.
- Met with Susan Roche who presented on Vermont’s primary prevention planning process and the development of their primary prevention plan.
- Met with Lydia Guy who presented on Washington’s primary prevention planning process and the development of their primary prevention plan.
- Developed an action plan to conduct focus groups throughout Texas to be utilized to define underlying conditions of sexual violence, assets available for

primary prevention efforts, and recommendations on state plan components. TAASA will facilitate the focus groups. RPE funded organizations will be encouraged to invite community organizations and other stakeholders to the meeting.

- Discussed strategies to increase participation in the virtual council and decided to publicize the council through correspondence with RPE funded organizations and other stakeholders
- Discussed the size and diversity of Texas with regards to demographic information and issues that may affect primary prevention work. Decided to categorize all Texas counties as either urban, rural, suburban, frontier, or border to begin reviewing data with this context.
- Process evaluations showed the need for a facilitator. The group discussed options and a committee member volunteered.

### **July 2008 – PPPC Meeting**

The committee:

- Discussed stakeholder participation with the following outcomes:
  - Stakeholders can observe PPPC meetings and offer feedback via the virtual council
  - Discussed the composition of the committee and decided to keep the committee as is and seek input from groups and/or individuals with specific expertise as needed. The committee felt the existing group had been working together since early 2007 and that adding new members at this point in the process was not feasible.
- Participated in a focus groups exercise to identify underlying causes of sexual violence in Texas.
- Received the following updates regarding the RPE program
  - FY09 RPE continuation application for Texas was submitted in June 2008. The application included a revised work plan which included timeline for the committee's work as well as for RPE funded organizations.
  - The CDC's revised benchmarks were distributed. Texas has submitted and received an extension to submit the state's primary prevention plan in June 2009.
  - Cut in RPE funds for states in FY09. Texas was cut approximately \$75,000.
- Reviewed the results of the regional focus groups throughout Texas
- Reviewed current data collected during the needs and resources assessment and reviewed sub-committee reports against the following components
  - Magnitude
  - Risk and protective factors
  - Assets/resources
  - Strengths of the data source
  - Limitations of the data source compared to other data sources
- Matched current information to the requirements identified in the guidance document and developed a plan to gather additional information specifically the following:

- Information on major industries
- Demographic data by regions (urban, suburban, rural, frontier, and border)
- Assessment of current educational materials used by RPE funded organizations
- Explore the availability of additional magnitude data
- National data on risk and protective factors
- Magnitude data for GLBT population
- Present assets and resources in Texas
- Data system capacity assessment
- Outcomes/evaluations
- Reviewed the results of the survey of community based organizations. While the results did not produce an abundance of useable data for the committee, it did help RPE programs identify potential community partners for their local primary prevention planning teams.
- Reviewed the results of the survey of funded RPE organizations. This survey gave the committee vital information about program activities conducted by funded organizations and their capacity to engage in primary prevention efforts. The survey also identified additional training and technical assistance needs.
- Reviewed additional magnitude data and discussed the limitations of magnitude data in Texas.
- Prioritized risk factors taking into account the state's resources, capacity, and cultural context
- Discussed the need for additional stakeholder input and developed plan to obtain additional input which included stakeholder survey and additional focus groups

### **December 2008 – PPPC Meeting**

The committee:

- Received the following updates
  - demographer working on demographics for regional data – finding data for frontier counties is challenging
- Discussed magnitude data and identified trends in who was most at risk for victimization and perpetration
- Identified the following significant factors in Texas that may impact primary prevention efforts
  - Legislative year
  - Restructuring at OAG and DSHS
  - Hurricane Ike, Rita, Katrina and a reprioritization of funds to disasters
  - Possibility of sexual assault programs opting out of RPE funding
  - Reintroduction of large numbers of troops as wars wind down
  - Teen pregnancy, prematurity, infant mortality as health focuses at DSHS
  - Emphasis on human trafficking in session
  - United Way shifting focus to homelessness, youth, elderly
  - Anti-immigration summit
- Discussed perpetrator information and reviewed relevant research
- Identified main themes of the plan

- For plan specific to RPE, focus on sexual assault and leave the door open to address other types of sexual violence
- The plan will be a living document and the committee commits to address broader issues of sexual violence once the initial plan is completed
- The state plan will prioritize certain strategies and target groups through broad statements that can be adapted locally
- PPC wants to guard against focusing solely on youth as targets of programming and wants to include ways communities can engage adults as supporters and re-enforcers for positive messaging and programming
- Acknowledge high percentage of male perpetrators while also acknowledging that males and females can both be victims and perpetrators
- Include bystander behaviors as strategies (how to be and train allies)
- Language needs to be clear regarding female empowerment work specifically the committee's belief that gender equality is essential to primary prevention of sexual violence.
- Balance the need for social change with the realities of current capacity of RPE funded organizations
- Plan must include ongoing capacity building plan
- All direction from the plan should reflect a focus on preventing sexual violence
- Discussed risk factors and came to a common understanding of how the committee was defining each risk factor
- Participated in a general discussion of risk factors, the plan, implementation, funds, training and technical needs

Steering committee met several times working on plan components to present to the PPC for approval.

### **January 2009 – PPC Meeting**

The committee:

- Determined universal and selected populations
- Reviewed risk factors for perpetration
- Created goal statements to match risk factors for perpetration
- Discussed protective factors for perpetration
- Completed same process for victimization. The committee discussed at length the intention to guard against victim blaming and keep the focus on stopping first time perpetration.

### **March 2009 – PPC Meeting**

The committee:

- Discussed frustration with the process, the need to stay on task vs. the need to dialogue regarding issues and to let the process unfold
- Received the following updates
  - Plan is due to CDC with continuing application sometime in June

- A finalized draft should be completed by May 2009 to allow OAG and DSHS to route draft for internal review
- Discussed the commitment of the committee to continue planning for a broader plan for Texas after initial (RPE) plan is submitted to CDC
- Discussed and approved changes to the universal and selected populations
- Discussed and approved changes to risk factors pertaining to the use of RPE funds
- Brainstormed possible data sources for hate crimes and prevalence data
- Discussed goals and approved changes to goal statements for all levels of the ecological model
- Decided that steering committee would write the plan and submit to committee for review
- Discussed TYC as a significant factor that may impact the plan in Texas
- Discussed the following:
  - How to expand from plan for RPE funds to broader more comprehensive Texas plan
  - How to fund other needs that don't necessarily meet RPE requirement, including researching and evaluating promising programs that are not currently evidence-based
  - The need to create a list of gaps in services, information, programs, resources, etc and find ways to address those gaps
  - The possibility of a study that ties sexual violence to other healthcare issues
- Completed process evaluation

**May 2009**

- PPC completed the state assessment tool via email

The following provides an overview of the Texas RPE State Planning Process.

## **Recruitment of Members**

Recruitment of committee members was conducted by a steering committee which consisted of representatives from the Office of the Attorney General, the Department of State Health Services, and the Texas Association Against Sexual Assault. Representatives from SafePlace, and the Institute on Domestic Violence and Sexual Assault assisted the steering committee at the initial planning meeting. A list of possible committee members based on recommendations from the CDC was compiled and potential committee members received an official invitation letter from the Office of the Attorney General. After the first meeting, additional members were asked to serve on the committee based on identified gaps in committee representation.

## **Meeting Structure**

The PPC met at least quarterly beginning in January 2007 for the purposes of gathering data and directing the statewide planning process. The committee spent its first few meetings getting acquainted with the concepts of primary prevention and the public health model and also developing committee vision and mission statements.

## **Participation**

Members of the PPC had varying levels of participation in the planning process. The committee found it challenging to retain members of the committee that were not representatives from RPE funded organizations; however a core group of members were able to participate consistently throughout the entire planning process.

## **Communication**

Other than regular meetings, the committee communicated primarily via a Yahoo! Group which was also the mechanism through which work products were distributed.

## **Steering Committee**

The steering committee began meeting regularly in the fall of 2008 to take on tasks that needed to be completed between meetings of the PPC and to begin a draft of the plan. The steering committee's work was reviewed by the larger committee who offered feedback and gave final approval.

## **Decision Making**

Committee decisions were made democratically, usually through a show of hands with a simple majority winning the vote. In cases where issues needed to be prioritized, a dot voting process was utilized with each member of the committee allotted an equal number of dots used to vote for the choices at hand.

## **Stakeholder Input**

*Virtual Council.* In February 2008, a virtual council was established to disseminate information regarding the activities of the committee and to provide an opportunity for participation from a diverse array of stakeholders in the state-wide planning process. A virtual council is an electronic community that allows stakeholders to participate in a process even when they cannot be “at the table”.

The virtual council was run through a Yahoo! Group and PPPC work products and meeting minutes were posted for input. Members of the virtual council were recruited through regional trainings and multiple electronic communications from both TAASA and the OAG (including electronic newsletters, grant communications, etc).

Membership was open to anyone. At the time of this writing, 44 stakeholders have joined the virtual council.

Additionally, stakeholders could observe PPPC meetings. Observers could share their thoughts, input, and/or concerns via the virtual council.

## **Process Evaluations**

Each meeting, the PPPC completed process evaluation forms and feedback was given to the facilitators. This gave the committee the opportunity to re-evaluate any issue before moving forward in the planning process. The most consistently cited challenge in the planning process was related to meeting facilitation. Coordinators of the committee were also participants which presented a challenge for meeting structure.

The committee also found it too difficult to bring in an outside facilitator in the middle of the planning process. In hindsight, it might have been better to start the process with an outside facilitator who could have stayed with the committee throughout the process.

The following provides additional detail on the State and Local Assessments conducted in preparation for the development of the Texas RPE Plan, “Preventing Sexual Violence in Texas: A Primary Prevention Approach.”

**Important Note:**

During the planning process, information gathered from the field by the capacity building team conflicted with some of the assessment results. These conflicts specifically surrounded the level of organizational knowledge and support of primary prevention activities. As a result the PPC included capacity building goals in the plan including an Executive Director/Leadership Summit to provide the opportunity for those in leadership positions to gain the knowledge necessary to fully support prevention efforts in their organization.

As a direct result of this survey, the capacity building team was increased and additional training and technical assistance was provided to RPE funded organizations to meet the needs identified in this survey.

# Primary Prevention Activities Among RPE Funded Agencies

## Survey Summary

### Background

The Primary Prevention Activities survey was sent out to 71 agencies funded by the RPE grant. Of the 71 surveys requested, 66 responded to the survey, with 58 surveys completed.

### Description of Agencies Responded

Among the 66 respondents, **72.3 %** agencies identified themselves as rape crisis centers, **61.5%** as domestic violence centers, **1.5%** as faith based and **30.8%** as other. Those identifying themselves as other included dual rape crisis/domestic violence center, child care or advocacy center, or other social service agency.

Geographic Locations Served	
Urban	42.9%
Suburban	38.1%
Rural	82.5%
Border	6.3%

### Prevention and Programming Efforts

When asked what types of prevention and/or health programming was provided by their agency, the majority (98.5%) provide sexual violence primary prevention, followed by intimate partner violence prevention (87.7%) and bullying prevention (78.5%). Only one agency reported providing gang prevention programming.

Prevention Programming	
Sexual Violence Primary Prevention	98.5%
Intimate Partner Violence Prevention	87.7%
Bullying Prevention	78.5%
Youth Development	40.0%
Other Violence Related Prevention	46.2%

Among the respondents **90%** provide education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities, **90%** provides training programs for professionals, **88.3%** prepare informational materials, **76.7%** provide educational seminars, **88.7%** provide education to increase the awareness about drugs used to facilitate rape or sexual assault, and **88.3%** participate in other efforts to increase awareness about sexual assault.

## Staffing for Primary Prevention

When asked how many staff members work on primary prevention efforts, the average response was **4.60** staff members. When asked to estimate the percentage of time primary prevention staff spends on each activity over the course of the month, respondents report spending **less than 10%** on the majority of activities

Time Spent on Activities by Primary Prevention Staff				
	0%	<10%	11%-25%	25-50%
<b>Public Campaigns/ Social Norm Change Activities</b>	5.6%	<b>40.7%</b>	27.8%	13.0%
<b>Community Mobilization</b>	7.3%	<b>34.5%</b>	27.3%	25.5%
<b>Changing Public Policies or Organizational Policies</b>	32.1%	<b>49.1%</b>	13.2%	5.7%
<b>Planning Prevention Activities</b>	0	15.5%	<b>34.5%</b>	27.6%
<b>Evaluation of Prevention Activities</b>	1.8%	<b>47.3%</b>	23.6%	16.4%
<b>Other RPE Funded Activities</b>	15.9%	<b>43.2%</b>	22.7%	9.1%

## Funding for Primary Prevention Activities

When asked if their agency received funding for primary prevention of sexual violence from any source other than the Office of the Attorney General (OAG), **73.7%** reported that that they did not receive funding from any other source, **19.3%** reported that they did receive additional funding from sources other than the OAG including: CDC, United Way, TCFV, Target, ALCOA Foundation, and private foundations.

## Organizational Support for Primary Prevention of Sexual Violence

When asked about the organizational balance between primary prevention efforts and services to survivors of sexual violence within their agencies, **52.6%** of respondents report their agency focuses equally on intervention and primary prevention. **47.4%** of respondents report that their agency focuses mostly on intervention.

<b>Organizational Support</b>			
	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>
<b>Commits Personnel to Primary Prevention Activities</b>	<b>56.1%</b>	42.1%	0
<b>Knowledgeable about Primary Prevention</b>	36.8%	<b>50.9%</b>	3.5%
<b>Mission Statement includes ending, preventing or eliminating sexual violence</b>	<b>49.1%</b>	21.1%	8.8%
<b>Leadership has a strong understanding of primary prevention</b>	35.1%	<b>45.6%</b>	3.5%
<b>Staff time allocated for primary prevention is protected</b>	33.3%	<b>43.9%</b>	10.5%
<b>Organization recruits and trains volunteers to participate in primary prevention</b>	19.6%	<b>33.9%</b>	8.9%
<b>All Staff members see primary prevention as essential to organization's work</b>	33.3%	<b>43.9%</b>	1.6%
<b>Primary prevention is regularly discussed at staff meetings</b>	32.1%	<b>46.4%</b>	5.4%

## Agency Needs and Barriers

### *Needs*

Each agency was asked about the information and skill-building needs and barriers of their agency. The top needs included strategies to enhance approved activities to include a focus on primary prevention and increasing the sustainability of prevention strategies.

<b>Information Needs</b>	
	<b>Needed</b>
<b>Strategies to enhance approved activities to include a focus on primary prevention</b>	<b>94.6%</b>
<b>Developing and implementing culturally relevant primary prevention strategies</b>	91.1%
<b>Strategies for the primary prevention of sexual violence</b>	87.5%
<b>Data collection methods and strategies</b>	77.8%
<b>Theories related to primary prevention of sexual violence</b>	62.5%
<b>Difference between primary prevention and campaigns to raise awareness</b>	57.1%
<b>Socio-ecological model and sexual violence prevention</b>	43.6%
<b>Other:</b> outcome measures, baseline research methods and ideas to introduce primary prevention to the community	

<b>Skill-building Needs</b>	
	<b>Needed</b>
<b>Increasing sustainability of prevention strategies</b>	<b>83.0%</b>
<b>Creating a prevention program logic model</b>	82.1%
<b>Evaluation of prevention strategies</b>	80.4%
<b>Developing theory-based prevention strategies</b>	78.6%
<b>Planning and conducting a community needs and resources assessment</b>	73.2%
<b>Planning primary prevention programming</b>	69.6%
<b>Other:</b> coalition building around prevention and general assistance with devising a primary prevention program	

### *Training and TA*

**98.2%** of respondents reported receiving training or technical assistance related to primary prevention of sexual violence from the OAG or Texas Association Against Sexual Assault (TAASA).

**32.1%** reported receiving training or technical assistance from sources other than the OAG and TAASA, reported sources include: online resources, child abuse prevention conferences, in-house research and training and TCFV.

### *Barriers*

When asked what impacted the ability of agency staff to attend training by the OAG or TAASA within the past year, **54.8%** reported that their agency does not have funding to send staff to a training that requires an overnight stay. **38.7%** reported that TAASA trainings were offered too far away, and approximately a quarter reported that training times were not convenient and that the content did not match agency needs. Among the **41.9%** that answered other, the majority of responses related to staff coverage issues, scheduling and funding.

## Primary Prevention Strategies

### Planning

Participants were asked to share the content areas that had been addressed through primary prevention activities within the previous 12 months and what/if any planning process occurred to facilitate these activities. They were also asked if they utilized a model during their planning process.

**58.9%** reported using a planning process that engages community partners and/or stakeholders,

**23.2%** were unsure. Of those who reported engaging community partners, the majority reported meeting with stakeholders frequently on a multitude of issues.

Primary Prevention Content Areas	
Dating Violence	96.4%
Healthy Relationships	94.5%
Sexual Violence	85.5%
Sexual Harassment	76.4%
Drug Facilitated Rape	76.4%
Bullying	65.5%
Consent	61.8%
Gender Roles	58.2%
Role of Bystanders	58.2%
Masculinity & Sexual Violence	52.7%
Oppression	23.6%
Media Advocacy	21.8%
Policy & Organizational Practice	20.0%

### Models

The majority of respondents (**78.2%**) reported using the socio-ecological model in their planning process with **56.9%** using the socio-ecological model in community or social environments such as schools, workplaces, or neighborhoods and **23.5%** used it to address relationships with peers, intimate partners or family members that support sexual violence. **65.1%** reported utilizing the Public Health Model for planning.

**Targeted Populations**

Participants were asked about the groups that were targeted for primary prevention activities. **84.1%** responded that activities were targeted to everyone regardless of risk for perpetration or victimization. **18.2%** reported targeting a specific group at risk for perpetration or victimization and **0%** reported targeted those already perpetrated or victimized.

*Goals*

When asked about the goals of the organization, **100%** reported a desire to change attitudes, **100%** reported a

desire to change behaviors and **88.6%** reported a desire to change social norms related to sexual violence and gender roles.

<b>Targeted Groups for Primary Prevention Activities</b>	
<b>Infants/Toddlers (0-3)</b>	18.2%
<b>Children (4-11)</b>	70.5%
<b>Adolescents (12-19)</b>	<b>100.0%</b>
<b>Adults (20-49)</b>	84.1%
<b>Older Adults (50+)</b>	52.3%
<b>Elementary School Students</b>	
<b>Elementary School Students</b>	70.5%
<b>Middle School Students</b>	<b>90.9%</b>
<b>High School Students</b>	<b>90.9%</b>
<b>College and University Students</b>	70.5%
<b>Men &amp; Boys</b>	79.5%
<b>Women &amp; Girls</b>	77.3%
<b>Elderly</b>	36.4%
<b>Persons with Disabilities</b>	27.3%
<b>Latino/Hispanic</b>	59.1%
<b>African American</b>	38.6%
<b>Native American</b>	13.6%
<b>Asian Pacific</b>	20.5%
<b>White/Caucasian</b>	45.5%
<b>Gay, Lesbian, Bisexual and/or Transgender</b>	31.8%
<b>Homeless</b>	25.0%
<b>Low Income</b>	43.2%

## Partners for Primary Prevention

55.4% report participating in community partnerships or coalitions that work on primary prevention. When asked what type of organizations they partner with on primary prevention, 90.9% reported partnering with schools (K-12).

<b>Partners for Primary Prevention</b>	
<b>Schools (K-12)</b>	<b>90.9%</b>
<b>Faith Community</b>	<b>75.5%</b>
<b>College and Universities</b>	<b>72.7%</b>
<b>Criminal Justice System</b>	<b>70.9%</b>
<b>Youth Serving Organizations</b>	<b>67.3%</b>
<b>Health Care: hospitals, dr. offices, clinics, etc.</b>	<b>65.5%</b>
<b>Domestic Violence victim service agencies</b>	<b>60.0%</b>
<b>Sexual violence victim service agencies</b>	<b>50.9%</b>
<b>Other state, county, or city governmental agencies</b>	<b>50.9%</b>

## Primary Prevention Among Community Based Organizations Survey Summary

**Number of community organization respondents = 500**

### Respondent Characteristics

#### *Agency Descriptions:*

Anti-Violence Organization (3)	Coordinated Community Response (8)
District Attorney's Office (21)	Domestic Violence Program (13)
Education Organization (96)	Faith-Based Organization (29)
Law Enforcement Agency (48)	Mental Health Agency (17)
Men's Anti-Violence Organization (1)	Parenting Program (7)
Prevention Program (14)	Public Health Agency (15)
Rape Crisis Center (12)	Social Justice Organization (5)
Social Service Agency (41)	Tribal Organization (1)
Other (160): Primarily included: Alcohol and Drug Services, Hospitals and Healthcare, Advocacy, Housing or Food Assistance and Athletics	

### Populations Served

#### *Populations served:*

Elementary School Students	64%
Middle School Students	64%
High School Students	67%
College/University Students	49%
Men & Boys	60%
Women & Girls	63%
Elderly	46%
Persons with Disabilities	59%
Latino/Hispanic	73%
African American	71%
Native American	61%
Asian/Pacific Islander	63%
White/Caucasian	73%
Gay/Lesbian/Bisexual/Transgender	56%
Homeless	50%
Low Income	72%
Other: All categories, residents of service area	

#### *Geographic location served:*

Urban	57%
Suburban	53%
Rural	69%
Tribal/Reservation	4%
Border	12%

<b>Prevention and Health Promotion Activities</b>		
<i>Prevention and health promotion content areas:</i>		
Alcohol and Drug		44%
Bullying		33%
Gang Prevention		22%
Domestic Violence		31%
Sexual Health Promotion		25%
Sexual Violence		33%
Consent		12%
Dating Violence		34%
Drug Facilitated Rape		18%
Gender Roles		16%
Healthy Relationships		43%
Masculinity & Sexual Violence		13%
Oppression		12%
Sexual Harassment		28%
Other health related prevention		38%
Other violence related prevention		29%
This organization does not provide prevention or health promotion programming		23%
<i>Type of prevention and health promotion activities:</i>		
Educational Programming		72%
Informational Materials		83%
Media Campaign		24%
Public Policy Work		17%
Organizational Policy Change		17%
Youth Development		44%
Mentoring		34%
<i>Targeted age group for prevention activities:</i>		
Infant/Toddlers (0-3)		31%
Children (4-11)		62%
Adolescents (12-19)		82%
Adults (20-49)		65%
Older Adults (50+)		49%
<i>Targeted populations for prevention activities:</i>		
Elementary School Students		60%
Middle School Students		64%
High School Students		67%
College/University Students		42%
Men & Boys		52%
Women & Girls		60%
Elderly		34%

Persons with Disabilities	42%	
Latino/Hispanic	64%	
African American	60%	
Native American	48%	
Asian/Pacific Islander	50%	
White/Caucasian	63%	
Gay/Lesbian/Bisexual/Transgender	40%	
Homeless	39%	
Low Income	63%	
<b>Targeted level of prevention and health promotion activities:</b>		
Individual's social and cognitive skills	65%	
Relationships with peers, intimate partners or family members	65%	
Community or social environments	77%	
Macro-level societal factors	20%	
<b>Goals of prevention and health promotion activities</b>		
Change social norms	42%	
Build skills	75%	
Change behaviors	82%	
Change attitudes	80%	
Influence public or organizational policy	29%	
<i>Percent who use the Public Health Model when developing prevention activities</i>	34%	
<b>Community Partnerships</b>		
<i>Percent who use a planning process to engage community partners</i>	51%	
<i>Percent of have partnerships with local sexual assault program</i>	65%	
<i>Percent who participate in community partnerships or coalitions</i>	80%	

## System Capacity Questionnaire Results

The Texas PPC completed the System Capacity Questionnaire twice throughout the planning process, first in January 2008 and again in April 2009. Overall scores on 19 indicators increased, 18 indicators had no change, and 6 of the indicators decreased. Below is a summary of the results of the System Capacity Questionnaire.

### **System Profile: (Consider the existing environment, relationships, and challenges that your state’s sexual violence prevention system operates in, and the key influences and/or constraints on the system).**

Results show that a statewide sexual violence prevention system is beginning to take shape. RPE funded organizations have made progress in mobilizing their community to join in prevention efforts and efforts have been made at the state level to provide opportunities for individual RPE funded organizations to network through the virtual council, regional training, and technical assistance. Scores remained low, however, in two areas: “administrative structures and reporting relationships in the state” and “funding streams for sexual violence prevention.” Although the results show both of these indicators received low scores, there is movement in the right direction. In 2009, the Sexual Assault Advisory Council Report and Recommendations to the 81st Legislature identified the need for additional funding for sexual violence issues including prevention. Additionally, the report provided information about the involvement of state agencies in sexual violence issues, what services are provided to victims of sexual assault and challenges faced by state agencies when addressing sexual violence. The report provided valuable information to the Texas Legislature about the state of sexual violence in Texas and has the potential to pave the way towards increasing the capacity of the state to address sexual violence issues including prevention.

### **Leadership: (Consider the leadership environment in your state).**

Most of the scores in this section were high initially and those that were moderate in 2008 increased in 2009. This section shows the benefit and impact of the positive working relationship between the Department of State Health Services, the Office of the Attorney General, and the Texas Association Against Sexual Assault. These three organizations, which comprise the PPC steering committee, have provided guidance and technical assistance to the PPC, and established the expectations of approaching prevention using a public health model and a primary prevention approach. Those two guiding principles laid the foundation for the work of the PPC and for capacity building efforts. The three organizations worked collaboratively to ensure consistency in messaging, programming, and leadership throughout the process.

### **Strategic Planning: (Consider the development of statewide strategic objectives and action plans around sexual violence prevention).**

Most scores for strategic planning were moderate both years, with three exceptions. A score of 2 on “diversity of constituencies involved in planning” reflects the limited involvement of non-RPE funded organizations in the planning process. The committee worked to increase stakeholder participation through the virtual council, focus groups, and key informant interviews, however, RPE funded organizations had much more

involvement in the planning process than non-funded organizations. Scores of 1 on the following indicators: “implementation of statewide sexual violence prevention strategic objectives and action plans” and “measurement and evaluation of progress” reflect the fact that those steps have not yet started in Texas.

**Information: Consider the current state of measurement, analysis, and management of information for knowledge-driven performance in your state sexual violence prevention system).**

All scores moved into the moderate range by April 2009, however, the committee was able to identify gaps in available data specifically for magnitude data and data relating to the GLBT community. Opportunities to improve the collection, dissemination, and analysis of data are identified in this plan.

**Community and Constituency Focus: (Consider how your state SV prevention system involves, understands, and maintains accountability to SV prevention constituencies and communities).**

Scores on this section were low to moderate and increased somewhat over time. The results are indicative of the challenges the PPC faced in trying to engage partners in the process. Specifically, low scores were given on “outreach to communities who have not participated in the past,” mechanisms for ensuring accountability to constituencies and communities” and “community involvement and ownership in primary SV prevention planning, implementation, and evaluation across the state.” An important note: the committee assessed these indicators from a statewide perspective. RPE funded organizations worked at the community level to build relationships with non-traditional stakeholders and to include diverse constituencies in their planning processes. This important work helped the committee to have access to input from stakeholders it was not able to reach directly.

**Human Resources: (Consider the organization, development, and support of the workforce around SV prevention).**

This section highlighted areas where capacity building is required and areas where progress has been made. A high score for “training, development, and motivation of the workforce” is reflective of the capacity building efforts of the OAG and TAASA through the provision of training and technical assistance provided to RPE funded organizations throughout the transition process. Areas of concern include the “process and practices for recruitment, hiring, and promotion across the state” and “retention of SV prevention staff across the state.” The transition to primary prevention is a major change for sexual assault programs which historically have focused on victim services and risk reduction education. Many RPE funded organizations have experienced turnover of primary prevention staff and/or difficulty in filling prevention staff vacancies. Finally, the “extent to which work environments support SV prevention planning, implementation, and evaluation” varies throughout the state. Discussions with prevention staff across the state show that many of them work in organizations that have varying levels of understanding regarding the concepts of primary prevention. The committee has included goals related to increasing the level of support for RPE funded staff within this plan

**Systems Operations: (Consider the core operational programs, processes, and strategies that achieve results in SV prevention across your state).**

The lowest score in systems operations was on “alignment of SV prevention programs and statewide strategic objectives.” This is due to several factors, including the size of Texas, the number of RPE funded organizations (currently 69), and the fact that at the time of the questionnaire the state primary prevention plan was not yet completed. Low scores were also given on the following three other areas: 1) “collaborations across programs” where low scores were due to the size of the state and the distance separating most RPE funded organizations, lack of infrastructure to support collaboration, as well as a lack of time to engage in collaborative efforts. Regional trainings, the virtual council, the OAG conference, and TAASA’s annual conference helped to create opportunities for RPE funded organizations to network with one another; 2) “the public health approach” reflected the significant learning curve required to utilize the public health model for sexual violence prevention; 3) “sustainability,” reflects both the limited funding sources available for primary prevention and the substantial turnover among prevention staff at RPE funded organizations which significantly impacts the sustainability of community-oriented programming dependent on collaborations and the development of relationships with stakeholders.

**Results/Outcomes: (Consider the achievements of your state SV prevention system, as demonstrated through identified near- and long-term performance indicators).**

Most of this section was not applicable to Texas at this time as new strategies/activities have not yet been implemented. Capacity building efforts are well underway and this plan identified training and technical assistance that will be available throughout the implementation process.

The following findings are based on the SWOT spell out analysis performed on the State Planning Process.

## INTERNAL

### **Strengths**

*Statewide efforts.* As was reflected in the state capacity assessment, leadership around primary prevention at the state level is one of the greatest strengths in Texas. There are several statewide organizations working on issues directly connected to sexual violence (e.g., TAASA, OAG, and Texas Advocacy Project) as well as a significant number of university researchers who are studying issues related to sexual violence. On the Women's Health Report Card compiled by the National Women's Law Center, Texas received the highest rating possible on sexual assault policies, suggesting strong leadership at the state level around this issue.

*Local programs.* Additionally, the RPE funded local organizations have shown great leadership in their own communities around issues of sexual violence in the past years. They have become integral to their communities and made great strides in service provision, awareness-raising, and community education. This knowledge of and connection to their communities puts them in a good position to determine the needs of their communities and design or modify prevention strategies accordingly.

### **Weaknesses**

*Data.* As mentioned in the magnitude section, there are significant deficiencies in data collection when it comes to sexual violence that inhibits the ability to establish a true baseline and will ultimately inhibit the ability to show that changes in the number of sexually violent incidents in Texas are being made. It also makes it more difficult to paint a clear picture of the issue of sexual violence in Texas and determine populations most at risk for victimization and perpetration. Additionally, finding data on risk factors for sexual violence was difficult, especially for community and societal level factors. Proxy measures were chosen for each risk factor where hard data existed for a connected factor (e.g., income disparities by gender to support the idea of inequalities based on gender). Additionally, there is no mechanism set up for dealing with the data RPE funded organizations would gather that would allow for examining overall successes in prevention work.

*Partnerships.* At the state level, there is still much work to be done in terms of developing and maintaining partnerships with organizations that do not directly work on issues related to sexual violence. A portion of the PPC members who were from such organizations were not able to participate throughout the entire planning process. Buy-in from these agencies is important to make significant changes in Texas on issues that

are connected to sexual violence but are primarily addressed by other agencies or organizations.

*Capacity.* One significant issue related to capacity to implement primary prevention is the preparedness of local RPE funded programs to implement primary prevention based strategies and activities in their own communities, as well as the readiness of their communities to accept such programming. Among RPE funded agencies, there is a wide range of preparedness and capacity to engage in a primary prevention approach to ending sexual violence. Implementing this plan and completing this transition will require guidance and capacity building for the agencies that are at the lower end of the capacity spectrum. In order to accomplish this, additional training and technical assistance resources must be available at the state level.

*Other.* Texas is the second largest state in the United States and much Texas is rural or frontier. This presents challenges in terms of providing training to RPE funded organizations that are at the far ends of the state. Additionally, this makes community building among organizations in the less populous regions more difficult as stakeholders must travel further to come together.

## EXTERNAL

### **Opportunities**

There are several possibilities for additional prevention funding, including the monies that could be obtained from the adult entertainment industry. This depends on a number of factors, including pending legislation and a Supreme Court decision.

### **Threats**

*Funding.* As funding priorities shift on the federal and state levels, sexual assault programs are often losing funding specific to direct service provision (e.g. VOCA). As this happens, it becomes more and more difficult for them to justify spending money on prevention work while they are turning away victims in need. As mentioned above, Texas is feeling the impact of the economic recession. Some theorists believe that violence (including sexual and domestic violence) increases in times of economic hardship which will only drive up the need for direct services. Indeed, with poverty mediated by a crisis in male identity being a risk factor for sexual violence, trouble in the economy is likely to increase the probability of sexual violence occurring.