Preventing Sexual Violence in Texas, A Primary Prevention Approach (Plan)
Amendment, February 2015

In 2009 the Texas Primary Prevention Planning Committee (PPPC) completed a comprehensive plan to end sexual violence in Texas entitled *Preventing Sexual Violence in Texas, A Primary Prevention Approach* (Plan). This document amends the following sections of the original Plan:

- Identified Populations for RPE Strategies/Activities (page 39).
- Identified Risk Factors for Local RPE Strategies/Activities by Level of the Socio-Ecological Model (pages 40 – 49).
- Implementing Effective Strategies (pages 52-55).
- State and Local Capacity Building Goals and Strategies (page 50-51).

This document also provides information on the process, evidence, and guiding principles that are the basis for these amendments. The PPPC recognizes this is a living document and is intended to provide immediate guidance for the next three years as Texas transitions to a change in focus and priorities. The PPPC will continue to monitor progress in reaching the goals identified in this plan and will make adjustments and further recommendations as warranted.

Note: This document will use the term "Plan" when referring to the original Plan and "Plan Amendment" when referring to this amendment document.

Background: In 2013, the Violence Against Women Act (VAWA) was reauthorized requiring the Centers for Disease Control and Prevention (CDC) to change the way Rape Prevention and Education (RPE) funds are distributed. Beginning in RPE Fiscal Year (FY) 2014 the CDC is now required to fund all states and territories at a specific minimum baseline amount with the remaining funds distributed according to a population based formula. This change resulted in more than a $600,000 cut in RPE funds to Texas. The CDC also made the following changes to the RPE program:

- Permanently moved the RPE budget period to February 1 – January 31.
- Revised the Purpose, Outcomes and Program Strategies to the following:
    - Purpose – The overarching purpose of this program is to prevent sexual violence by implementing primary prevention strategies using a public health approach and effective prevention principles.
    - Outcomes – The outcome of interest is the improved ability of RPE-funded organizations to use the public health approach and effective prevention principles to implement and evaluate sexual violence prevention strategies.
    - Program Strategy –
        - Component 1 – Implementation and program evaluation of sexual violence prevention strategies using a public health approach (this includes expectations that program evaluation activities are conducted at the state level. Awardees will receive technical assistance and guidance on shifting evaluation focus from local capacity building to state level program evaluation).

- Component 2 – Provision of Training and Technical Assistance to RPE Funded Organizations on the Implementation of SV Prevention Strategies.
- Component 3 – Participation in program support activities.

The CDC provided the following recommendations and guidance:

- Provide sufficient funding to support, at a minimum, 1.0 Full Time Equivalent (FTE) with the skills and expertise in sexual violence prevention.
- Move activities from individual and/or relationship levels of the ecological model towards community level work.
- Conduct program evaluation activities at the state level.

PPPC Process: The Texas Primary Prevention Planning Committee (PPPC) concluded that the decreased funding could not sustain implementation of the full *Preventing Sexual Violence in Texas, A Primary Prevention Approach* (Plan) and meet the new RPE guidance and requirements. The PPPC determined that prioritizing goals and objectives and identifying new implementation guidelines were necessary. The PPPC began work on prioritizing goals, objectives, and selected populations in late 2013 and continued the process through the calendar year 2014. This amendment to the Plan is a result of those efforts.

PPPC Recommendation on Funding Issues

The PPPC conducted an extensive process that included reviewing available data and research; and concluded funds in the amount of $85,000 per organization would be needed in order to effectively implement primary prevention activities that met the CDC requirements and PPPC's minimum standards (see pages 7-10). Additionally, the PPPC recognizes that working to stop sexual violence before it occurs requires long-term, stable, and consistent funding. The PPPC recommends, at a minimum, three years of consistent funding to effectively implement the strategies identified in this plan. Sufficient and consistent funding as identified above allows organizations an opportunity to plan for long-term programming, provides the state level partners time to begin collecting and analyzing data on program evaluation, and provides the PPPC vital data to use for guiding future primary prevention efforts in Texas. To ensure continued program improvement the PPPC also recommends organizations develop a yearly work plan.

The PPPC assessed that it is vital to have consistent, professional training and technical assistance available to organizations that engage in primary prevention. The PPPC recommends that no less than 15% of funds designated for primary prevention are awarded to the designated state sexual assault coalition for the provision of training and technical assistance to sexual assault programs implementing these activities. The PPPC believes the designated state sexual assault coalition demonstrates the leadership and expertise within the state and nation on the issue of sexual violence and social change; and is in a unique position to provide appropriate training and technical assistance to sexual assault programs.

The PPPC recognizes that in Texas primary prevention efforts are implemented by sexual assault programs funded through the CDC/Department of State Health Services (DSHS)/Office of the Attorney General (OAG). The PPPC respectively recommends funders take into consideration

the diversity and geography of Texas when making funding decisions to ensure primary prevention efforts cover as much of Texas as possible.

The PPPC recommends funding organizations use the approaches and minimum standards identified in this document as a basis for funding and not to rely solely on federal or state law enforcement crime statistics as a strategy for fund distribution. According to *A Health Survey of Texans: A Focus on Sexual Assault*, "only 18% of victims report their assault to law enforcement[1]" so reliance on this type of data does not give an accurate view of the occurrence of sexual violence in Texas or of the need for primary prevention programming. The PPPC considered many data sources along with relevant research to identify the risk and protective factors for sexual violence, included in this Plan Amendment, including data on the presence and prevalence of these risk factors in Texas and believes these data sources more accurately show the need for primary prevention efforts in Texas. Data sources are cited under each specific risk factor identified in this document.

PPPC Guiding Principles for Primary Prevention Efforts in Texas

The PPPC identifies the following statements as central to understanding and preventing sexual violence and to implementing the strategies contained in this plan.

- Inequity and the subsequent reinforcement of that inequity – oppression – contribute to an environment that breeds violence in all forms, including sexual violence.
- In our society, any one form of inequity and oppression cannot be understood without an examination of how all the different forms of inequity and oppression interact, or intersect, with one another.
- Gender inequity is driven by certain aspects of gender-role socialization in our culture, including hypermasculinity.

As such, any Texas-based, RPE-funded efforts to prevent sexual violence should be driven by an analysis of power, privilege, and oppression; seek to change the inequity that perpetuates violence; and address the broader context of socializing people by gender.

Additionally, the PPPC identifies the following core components or beliefs about effective sexual violence primary prevention efforts.

- **Sexual violence is preventable.**
    - Research has identified modifiable risk factors that make it more likely sexual violence will occur and is beginning to identify protective factors that impede the initiation of sexual violence. It follows that sexual violence can be prevented by increasing protective factors and decreasing risk factors of first-time perpetration of sexual violence.

[1] N. Busch, H. Bell, D. DiNitto, J. Neff, N., *A Health Survey of Texans: A Focus on Sexual Assault, Final Report*, Institute on Domestic Violence & Sexual Assault, The University of Texas at Austin, August 2003

- **Primary prevention is both prevention and promotion.**
    - Effective prevention efforts require challenging behaviors that contribute to sexual violence (hypermasculinity, gender inequity, and community tolerance of sexual violence) and promoting healthy relationship (gender equitable, respectful and consensual) behaviors that provide healthy alternatives[2].

- **Primary Prevention is long-term work.**
    - Preventing sexual violence requires changing the social norms, attitudes, and behaviors that create an environment where sexual violence is more likely to happen. These longstanding social norms, attitudes, and behaviors are deeply entrenched in our communities and in our culture. The PPPC recognizes that primary prevention strategies, while effective, do not provide immediate results. Therefore, efforts to change these norms, attitudes, and behaviors require a long-term commitment and may take many years to be successful.
    - The PPPC recognizes that the long-term nature of prevention work may require intermediate review and adjustments to this Plan Amendment.

- **Primary prevention initiatives are best driven by community-developed solutions.**
    - Effective primary prevention initiatives promote community ownership and community solutions to sexual violence.
    - Effective prevention initiatives account for, incorporate, and address cultural and community-specific norms.
    - Community-driven solutions involve a diverse group of community members – particularly those who represent the population, organizations, and environments in which risk factors for sexual violence are prevalent. These community members should be involved in all aspects of prevention programming; including development, implementation, and evaluation.
    - Prevention initiatives build on existing assets specific to the community in which they are being implemented.

- **Youth involvement is central to prevention programming.**
    - Youth are experts in their own lives and are key in developing solutions to the health issues in their lives.
    - Youth are viewed as valuable stakeholders and included in the development, implementation, and evaluation of primary prevention programming.

- **Prevention and intervention are interrelated.**
    - Primary prevention efforts are part of a holistic response to sexual violence. While the primary goal and focus of this Plan Amendment is the primary prevention of sexual violence, primary prevention efforts should work in concert with secondary and tertiary prevention efforts in order to provide a comprehensive approach to sexual violence in the community.

[2] Centers for Disease Control and Prevention. *Sexual Violence Prevention: Beginning the Dialogue*. Atlanta, GA: Centers for Disease control and Prevention.

- Primary prevention strategies are trauma-informed. Prevention workers enter into programming with the understanding that any population selected for prevention activities will likely include people who have already experienced or perpetrated violence – including many forms of systemic violence and oppression such as sexual violence – as well as those who have not. Effective prevention programs commit to avoiding re-traumatization, blaming victims, colluding with abusive behaviors and attitudes, and reinforcement of the systemic inequity that leads to systematic violence. Prevention workers should have the knowledge, skills, and partnerships they need to connect participants to necessary resources and services, respond appropriately to outcries of sexual violence, and address other forms of violence and oppression relevant to the lives of program participants (adapted from Massachusetts Sexual Violence Prevention Plan 2009-2016 http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/dvip/violence/sapss/ [3]).

- **Self- care is vital to primary prevention efforts.**
  - Primary prevention efforts are most effective when those engaged in program implementation practice self-care.
  - Organizations support and encourage the practice of self-care.

- **Effective primary prevention initiatives incorporate multiple sources of evidence.**
  - Effective primary prevention programs consider multiple forms of evidence when making programming decisions.
  - Each of the following types of evidence can be valuable to primary prevention initiatives[4].
    - *Best available research*: This refers to formal program outcome evaluation and research studies.
    - *Experiential evidence*: This type of evidence is based on the professional insight, understanding, skill, and expertise that is accumulated over time and is often referred to as intuitive or tacit knowledge[5].
    - *Contextual evidence:* This type of evidence is based on factors that address whether a strategy is useful, feasible to implement, and accepted by a particular community.

Strategy and Activity Recommendations

With regards to program activities, the Violence Against Women Act identifies seven (7) legislatively approved activities and the 2014 CDC guidance adds four (4) community change strategies as allowable for RPE funding. The PPPC recommends narrowing the approved

[3] Adapted from Massachusetts Sexual Violence Prevention Plan 2009-2016 as cited by Centers for Disease Control and Prevention, Rape Prevention and Education Program Funding Opportunity Announcement # CE14-1401.
[4] Centers for Disease Control and Prevention. *Evidence-Based Decision Making Module.* Veto Violence website accessed on 12/12/2014 at (http://vetoviolence.cdc.gov/apps/evidence/docs/EBDM_82412.pdf).
[5] R. W. Puddy & N. Wilkins, (2011). *Understanding Evidence Part 1: Best Available Research Evidence: A Guide to the Continuum of Evidence of Effectiveness.* Atlanta, GA: Centers for Disease Control and Prevention.

activities to the ones identified in this document on page 7 which have been proven to be compatible with a primary prevention approach to end sexual violence and meets the needs of Texas communities. It is the intent of the PPPC that several legislatively approved activities can be conducted under the broad category of educational seminars and/or within the context of a larger primary prevention initiative.

The PPPC recommends that, at least for the next three years, local programs focus their efforts on individual, relationship, and community level strategies and only participate in societal level social norms change strategies as guided by state level partners.

Furthermore, the PPPC recommends the use of the Spectrum of Prevention as one tool to build comprehensive primary prevention programming. The Spectrum of Prevention can be found at http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=105&Itemid=127.

Plan Amendments

The following section amends the goals, strategies, and selected population of the Texas Plan and prioritizes and identifies Texas-specific risk and protective factors for sexual violence. This section also provides programmatic recommendations and program minimum standards for the use of primary prevention funding.

Overall Goal of Texas Primary Prevention Efforts:
Reduce attitudes, behaviors, and norms supportive of sexual violence. Individuals, communities, and our state will exhibit fewer attitudes, behaviors, and norms supportive of sexual violence specifically: hypermasculinity, (objectification of women and male entitlement); hostility towards women; unhealthy attitudes about sex and sexuality (consent); association with sexually aggressive peers and delinquent peers; general tolerance of sexual violence within the community; societal norms that support sexual violence; and weak laws and policies related to gender equity.

Selected Population:
4th-12 grade youth (or age equivalent if youth not in a school setting) and college/university students. The selected population was chosen based on 2013 Uniform Crime Report data for Texas showing the age group with the highest number of offenders was the 15 to 19 year-old bracket. Using the principle of "appropriately timed" the PPPC lowered the selected population age to 4th grade in order for the programming to impede the development of the problem behavior. The PPPC also raised the selected population age to include all college/university students to be inclusive of 19 year olds and recognizes the prevalence of sexual violence on college campuses[6].

[6] "One in five women is sexually assaulted while in college. In the great majority of cases it's by someone she knows". Fact Sheet: Not Alone, Protecting Students from Sexual Assault, Office of the Press Secretary, White House, accessed on 04/05/2015 at http://www.whitehouse.gov/the-press-office/2014/04/29/fact-sheet-not-alone-protecting-students-sexual-assault.

Texas Specific Risk Factors across the Ecology (Individual, Relationship, Community, and Societal) (See Appendix A for research and data on risk factors):

- **Individual:**
  - Hypermasculinity, including objectification of women and male entitlement.
  - Hostility towards women.
  - Unhealthy attitudes about sex and sexuality (consent).
- **Relationship:**
  - Association with sexually aggressive peers and delinquent peers.
- **Community:**
  - General tolerance of sexual violence within the community.
- **Societal:**
  - Societal norms that support sexual violence.
  - Weak laws and policies related to gender equity.

Protective Factors (See Appendix B for research on protective factors)

- Gender equality
- Connectedness
- Conflict resolution
- Empathy

Strategies to address risk and protective factors: Use the following Approved Activities and Community Change Strategies

Approved Activities:

- Educational seminars.
- Training programs for professionals.
- Preparation of informational materials.
- Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities.

Community Change Strategies:

- Community mobilization.
- Coalition building.
- Policy education.
- Social norms change.

Programming Summary (for detail information on programming see pages 11-16) : After careful consideration of influencing factors and history of prevention efforts in Texas, the PPPC determined the following areas of programming will build on current efforts and move Texas closer to ending sexual violence in Texas: (See Appendix C for research supporting approaches to Phase 1 and Phase 2).

Phase 1 – Build Knowledge and Skills
Phase 2 – Action Phase – Areas of Concentration: Bystander Intervention; Youth Development; Adult Influencers)
Community Level
Societal Level

Minimum Standards for Implementing Programming:

The PPPC has determined that the following minimum standards must be present for a successful implementation of programming identified in this Plan Amendment.

Requirement	**Minimum Standard**
Comprehensive	Organizations implement Phase 1, at least one area of concentration of Phase 2 and strategies at the Community Level. Organizations complete Phase 1 and then move into Phase 2. Organizations have a proposed date for the start of Phase 2. Phase 2 activities are a continuation of Phase 1 and involve the same target audience. Programming includes activities at the individual, relationship and community levels. Societal level strategies are optional and should be conducted under the guidance of the state level partners.
Primary Prevention	Organizations' programming addresses the modifiable risk and protective factors associated with the phase and area of concentration selected.
Sufficient Dosage	Phase 1 with the intention of implementing Phase 2 Bystander Intervention or Youth Development – a minimum of 9 in-person sessions lasting a minimum of one class period or 45 minutes delivered in a semester or 4 month period. While work with adult influencers is strongly encouraged, there is no minimum of required contact hours for adult influencers. Phase 1 with the intention of implementing Phase 2 Adult Influencers – a minimum of 8 in-person hours in at least 2 sessions.
Socio-culturally relevant	Organizations involve the target population or influencers in planning, adaptation, implementation, evaluation, or review of the program.
Collaborative	Organizations have an MOU, cooperative working agreement, or letter of support from partnering organizations including those agencies where programming will be implemented.
Based on evidence	Organizations use a behavior or social change theory to develop and implement programming and show how the theory applies to their comprehensive primary prevention program. Organizations choose a strategy appropriate for their target population. Organizations base their comprehensive primary prevention program on a needs and resources assessment, observation, and descriptive and/or statistical data.

Well trained implementers	Organizations require individuals conducting primary prevention programming to be trained on the theory and practice of primary prevention, facilitation, community mobilization, stages of youth development, and cultural competency within 6 months of starting the work. Organizations require individuals conducting primary prevention activities complete training that meets the OAG's Sexual Assault Training Program Certification Requirements contained in the OAG's Sexual Assault Training Program Certification Guide. Organizations require individuals conducting primary prevention activities to participate in at least 12 hours of primary prevention training a year, 8 of which must be in person training. Organizations provide support and supervision to individuals conducting primary prevention activities. Organizations require individuals supervising primary prevention staff participate in primary prevention training yearly (training is a minimum of 1.5 hours of instruction).
Appropriately timed in development	Prevention efforts are developmentally relevant to the population and recipients of the program or strategy.
Sound theory of change	Organizations choose programming appropriate within the Plan Amendment guidelines.
Build on or support positive relationships	Programs provide group guidelines that support healthy interactions and participants have an opportunity for interactions with facilitators and other participants.
Varied teaching methods	Instruction includes skills-based learning and engages participants in multiple ways (e.g. writing exercises, role plays).
Outcome evaluation	Measures required outcomes and uses identified measurement tools.
Agency Support to Implement Primary Prevention Efforts	Organizations include language in mission statement regarding ending sexual violence. Organizations train all organizational leaders (e.g. executive directors, program managers, etc.) on the basics of a primary prevention approach to ending sexual violence to include, at a minimum, the topics of primary prevention identified in the OAG's Sexual Assault Training Program Certification Requirements contained in the OAG's Sexual Assault Training Program Certification Guide.

Have Adequate Staff to Implement Primary Prevention Efforts	Staffing: 1. The organizations' Primary Prevention Coordinator (PPC) is dedicated to primary prevention full time. If this is an undue hardship, the PPC is dedicated to primary prevention at least 20 hours a week and organizations have at least one full time equivalent staff member that conducts primary prevention activities 2. All other primary prevention staff is dedicated to primary prevention no fewer than 8 hours a week. Organizational leaders (e.g. executive directors, program managers) involvement may fall below 8 hours a week. Organizations structure staff assignments such that adequate time is allowed for primary prevention program planning and evaluation.
Use Approved Activities and Community Change Strategies	Conduct at least one (1) Approved Activity (excluding Informational Materials) and at least one (1) Community Change strategy.

Programming Detail
Individual and Relationship Level

Phase 1: Build Knowledge and Skills (Can be done with youth and/or influencers)
Individual and Relationship

Approach	Programming	Outcomes
The PPPC recognizes that certain components of gender socialization (hypermasculinity, hostility towards women, and unhealthy attitudes about sex and sexuality) contribute to unhealthy interactions and set the environment for adversarial relationships that can lead to violence.	Individual level: Implement programming that 1) explores dynamics of gender socialization; 2) examines the overall problematic impact of gender socialization and its impact on individual participants; and 3) develops healthy relationship (relationships {romantic or otherwise} that are gender equitable, respectful and consensual) skills. Relationship level: Implement programming that works with youth and/or youth influencers to model/promote healthy relationship skills.	Increase participants; knowledge of gender socialization. Decrease participants' acceptance of attitudes, statements, or behaviors that demean or degrade people based on gender. Increase participants' intent to engage in healthy relationship behaviors.

Outcome Measurement: To be determined – in development**.**

Phase 2 – Action Phase – Areas of Concentration (Bystander Intervention, Youth Development and Adult Influencers).

Phase 2 - Bystander Intervention

Approach	Programming	Outcomes
Bystander intervention programs provide a unique opportunity for participants to identify and challenge behaviors that support sexual violence (hypermasculinity, hostility towards women, and unhealthy attitudes about sex and sexuality).	Individual level: Includes both knowledge and skill-building programming to prepare and encourage participants to challenge behaviors that support sexual violence. Relationship level: Provide opportunities to practice skills to challenge behaviors that support sexual violence and build community/responsibility and connectedness.	Increase participant's intent to challenge behaviors supportive of sexual violence.

Outcomes Measurement: To be determined – in development**.**

Phase 2 - Youth Development

Approach	Programming	Outcomes to be measured.
Youth Development programs support youth to become leaders/agents of change in their community and have a significant impact on challenging the norms and behaviors supportive of sexual violence and modeling/promoting gender equity and other non-violent norms and behaviors.	Individual level: Programming to increase sense of connectedness and empower youth with the knowledge and skills (communication) necessary to challenge norms supportive of sexual violence (i.e. risk factors) Relationship level: Programming to support youth's collective action to challenge norms supportive of sexual violence (i.e. risk factors).	Increase sense of efficacy to effect change in participants' lives, relationships, community. Increase instances of collective youth leadership in efforts to prevent sexual violence*. *Instances of youth leadership must support other outcomes.

Outcomes Measurement: To be determined – in development**.**

Phase 2 - Adult Influencers

Approach	Programming	Outcomes to be Measured
Adult influencer programs provide an opportunity to engage adults in comprehensive primary prevention programming either as agents of change or through modeling or supporting non-violent behavior.	Individual level: Programming to provide adults with skills necessary to promote healthy relationship behaviors. Relationship level: Programming designed to prepare adults to 1) be agents of change through train the trainer programs; 2) challenge behavior supportive of sexual violence; or 3) engage adults as allies of youth-driven prevention efforts.	Increase adult promotion of healthy relationship behaviors. Increase adult participants' intent to challenge behavior supportive of sexual violence (i.e. risk factors)

Outcomes Measurement: To be determined – in development**.**

Community Level

Approach	Programming	Outcomes to be Measured
Programming to change the environment of the targeted population. This type of programming is connected to both Phase 1 and 2 and should complement efforts at the individual and relationship level.	Use of the community change strategies (community mobilization, coalition building, social norms change, or policy education).	Increase community investment in primary prevention programming. Increase number of primary prevention initiatives (e.g. informing policy, petitions or letter writing campaigns to businesses seeking to change business practices, community events, and social norms campaign[7]). Primary prevention initiatives means a group of people taking collective action related to risk or protective factors.

Outcomes Measurement: To be determined – in development**.**

[7] See CDC's Implementation of Anti-Lobbying Provisions (June 25, 2012) which includes Additional Requirements 12 (AR-12).

Societal Level

Approach	Programming	Outcomes to be Measured
Programming to engage individuals in conversations about gender role socialization and its impact on sexual violence and to promote the interrupting of sexist comments and behaviors.	Programming includes promotion of TAASA's Break the Box Campaign or other national social norms campaigns. The state level partners will guide these efforts.	Increase participation in social norms campaigns offered by the state level partners.

Outcomes Measurement: To be determined – in development**.**

State Level Strategies: – Conducted by state level partners.

The following represents the state level strategies priorities for the next three years. Yearly activities will be identified for each of the following goals:

- Increase sexual assault programs' use of the public health approach and effective prevention principles in implementing primary prevention programming.
- Maintain support of sexual assault programs implementing primary prevention activities.
- Increase PPPC's capacity to guide primary prevention efforts in Texas.
- Increase state-level capacity to evaluate the effectiveness of the Texas primary prevention program.

Definitions

Booster – some type of follow-up or "booster session" in addition to initial exposure that focuses on prior skills or on new developmentally appropriate skills. Research shows that effects of many preventive interventions tend to gradually decay over time and that booster sessions are needed to maintain positive outcomes[8].

Community - formal or informal organizations or geographical settings in which social relationships occur. Organizations are defined as a social unit of people that is structured and managed to meet a particular need or to pursue collective goals (e.g., all high schools in a school district, an entire university campus, multiple congregations of a faith-based group, multiple workplaces). Communities may include any defined population with shared characteristics, risk/protective factors, and potential for exposure to the prevention strategy with corresponding outcome data sources available (e.g., neighborhoods, municipalities, police jurisdictions, college campuses, hospital catchment areas, etc.).

Community Change Strategies:

- **Policy Education -** Educating the public on the evidence associated with potential organizational and public policy solutions to prevent sexual violence.

- **Coalition Building -** The Process by which community members and organizations come together to achieve a common goal, in this case preventing sexual violence[9]. Ideally, the process of coalition building includes a broad spectrum of the community working together to jointly develop a vision, mission and goals and to take action. Coalition building encourages collaboration, defined as exchanging information, modifying activities and sharing risks, resources, responsibilities and rewards Process examples:
    - Engage a broad spectrum of the community it serves. Coalition membership can include persons who reside and/or work in the community; persons who understand the complexities of sexual violence; persons who understand and value primary prevention; persons who are willing and able to work for social change; and person who can represent the voice as well as the assets and needs of the underserved and unserved in the community.
    - Build on community strengths – community assets are the starting point of any change. Instead of focusing solely on the needs – more money, more publicity, better legislation – also look at existing assets – volunteer organizations; colleges and universities; empowered youth; faith-based organizations, etc.
    - Jointly develop a shared and compelling vision and purpose - Develop a clear mission, vision, and goals that accurately reflect the social change that is to occur. This will keep coalition members grounded and focused on the purpose.
    - Encourage true collaboration as the form of exchange - true collaboration refers to exchanging information, modifying activities, sharing resources, and *enhancing the capacity of another* for mutual benefit and to achieve a common purpose by

[8] M. Nation, C. Crusto, A. Wandersman, K. Kumpfer, D. Seybolt, E. Morrissey-Kane, K. Davino. *What works in Prevention: Principles of Effective Prevention Programs*, American Psychologist, June/July 2003.

[9] Centers for Disease Control and Prevention, supra note 2.

sharing risks, resources, responsibilities, and rewards. Collaboration goes beyond communication and coordination among agencies and individuals.
    - Practice democracy - the coalition-building process will rely on active citizenship and empowered community members who have voice to make social change happen.
    - Employ an ecological approach that emphasizes the individual in his/her own setting - The coalition should partner with community members to identify what sexual violence prevention strategies work and which ones don't work; engage community members to identify assets for doing the work, and identify needs that should be addressed with resources and capacity-building.
    - Take action - go beyond planning. Coalitions that fail to take action lose the energy and engagement of their membership. Implement your action plan and maintain momentum. Coalitions don't run programs. If the coalition develops a program spin it off - institutionalize it in an organization. Also part of taking action is celebrating the coalition's successes.
    - Align the goal and the process - should reflect the same principles, values, and outcomes that you're working toward. If you want to be a community that promotes peach and conflict resolution then the coalition process needs to model this. "Be the change you wish to create in the world" (M. Gandhi).

- **Community Mobilization -** engendering change in communities by facilitating community ownership and action to prevent sexual violence[10]. Activities include:
    - Mobilize necessary resources.
    - Disseminate information.
    - Generate support.
    - Foster cooperation across public and private sectors in the community.
    - Jointly take action to end sexual violence.

- **Social Norms Change -** changing the prevalence of sexual violence through strategies that lead to an increased perception among community members that the social norms are non-violent and that there are more social pressures and rewards for non-violent norms[11]. Examples include:
    - Highlight, promote, and reward examples of bystander intervention – positive promotion – within school, media.
    - Promote commitment and key buy in from key people (ex: church council would all agree to give same message during a certain time – example: school heroes).
    - Develop a mechanism for continuous quality improvement – integrating participation feedback.
    - Test messaging with audience.

[10] Centers for Disease Control and Prevention, supra note 2.
[11] Ibid.

Gender Equity – the freedom to develop and make choices unhindered by gender stereotypes, roles and prejudices; that the different behaviors, aspirations, and needs of people of all genders are considered, valued and favoured equally[12].

Healthy Relationship(s) – used in this document to mean relationships (romantic and otherwise) that are gender equitable, respectful and consensual.

Influencers - The people or institutions that directly impact the target population through relationships (family, peers, teachers, mentors, etc.) or impact the environment of the target population (school administrators, youth-serving organization leadership, church youth group leadership, etc.).

Prevention Principles – taken from the CDC's Rape Prevention and Education Program Evaluation Guide, Developing an Evaluation Plan:

- Primary prevention: The emphasis of all prevention strategies should be on approaches that address modifiable risk and protective factors for sexual violence perpetration and victimization (e.g. approaches that prevent initial perpetration or victimization).
- Based on evidence: All prevention strategies should be based on the best available evidence where appropriate. At a minimum, prevention strategies should have an articulated theory base and address modifiable risk and protective factors. See the Framework for Evidence for more information on best available evidence at http://www.cdc.gov/ViolencePrevention/pdf/Understanding_Evidence-a.pdf.
- Comprehensive: Prevention strategies should address multiple levels of the social ecology (e.g. individual, relationship, community, society) in a complementary manner (e.g. address related risk and/or protective factors). Comprehensive prevention plans should include components that address risk and protective factors at multiple levels—including the behavior and risk characteristics of individuals, peer and partner relationships, social norms, and structural, institutional, and societal factors and policies that contribute to risk for, or help prevent, sexual violence.
- Collaborative: Prevention strategies should be developed in collaboration with relevant partner organizations/agencies and community members. For example, to give a social norms campaign great legs it could be developed in collaboration with the local transportation authority, business owners, youth serving organizations and others who have a stake in sexual violence prevention and are in a position to increase exposure to messaging.
- Appropriately timed in development: Prevention efforts should focus on risk and protective factors that are most developmentally relevant to the population and recipients of the program or strategy.
- Sufficient "dosage": Longer, multi-session programs tend to be more effective than brief, single-session interventions. However, the specific length of exposure (e.g., contact hours) needed to change behavior depends on the nature and goals of the specific intervention.

[12] Adapted from a definition of gender equality, United Nations Educational, Scientific and Cultural Organization, access on 01/29/2015 at http://portal.unesco.org/ci/en/ev.php-URL_ID=3443&URL_DO=DO_TOPIC&URL_SECTION=201.html.

- Well-trained implementers: Implementers should be stable, committed, competent, and able to connect effectively with students. "Buy-in" to the program model helps staff deliver and reinforce program messages with greater credibility.
- Socio-culturally relevant: Prevention programs and strategies should be culturally relevant and appropriate, in both content and approach, to the individuals and/or groups served. An important way to accomplish this is by involving community members in the development, implementation, and evaluation of the program.
- Sound theory of change: Prevention strategies should be supported by a logical theory of change. It is important to understand how the intervention components or content are expected to impact evidence-based risk and protective factors and, ultimately, sexual violence.
- Build on or support positive relationships: Prevention approaches that build on or foster positive relationships between students and their peers, families or communities may have better outcomes. For example, programs may use trusted mentors, teachers, or coaches to deliver the intervention content or they could engage students in peer-facilitated activities or support groups designed to encourage and support positive behavior.
- Varied teaching methods: Interactive instruction and opportunities for active, skills-based learning help to engage participants in multiple ways (e.g., writing exercises, role plays) and may be associated with more positive outcomes than interventions which involve only passive audiences (e.g., lecture, films). Multiple interventions that reinforce the same messages or skills in different contexts and using different teaching methods may also improve outcomes.
- Outcome evaluation: Strategies that have been rigorously evaluated and shown to have effects on sexual violence or related outcomes are best bets when selecting a prevention approach to implement. Continuous monitoring and evaluation of implementation quality and key outcomes during program implementation can also provide important ongoing feedback and may improve outcomes.

Policy – a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.

Primary Prevention Coordinator – responsible for the coordination and implementation of an organization's primary prevention efforts.

Protective Factors – events, conditions, situations, or exposure to influences that impede the initiation of sexual violence in at-risk populations and in the community.

Risk Factors for Sexual Violence – "events, conditions, situations, or exposure to influences that result in the initiation of sexual violence"[13].

Selected Population – a group or population that is defined by increased risk for experiencing or perpetrating sexual violence based on one or more modifiable risk factors. The PPPC determined the selected population in Texas to be 4th-12 grade youth (or age equivalent if youth

[13] Centers for Disease Control and Prevention, supra note 2.

not in a school setting) and college/university students. Primary prevention efforts should be focused on reducing risk factors or increasing protective factors of this group.

Target Population – is the population chosen by an organization in which prevention programming is designed to create a change. The target population must be within the range of the selected population.

Varied Teaching Methods – different strategies and mediums for conveying information. This includes skills-based activities, movement-based activities, hands-on experiences, media analysis, etc.

Well trained staff - program staff supports the program and are provided with training regarding the implementation of the intervention[14].

[14] Nation et al., supra note 7.

Appendix A

Research and Data Supporting the Selection of Risk Factors:
The following section provides additional information about the risk factors (listed above) prioritized by the PPPC. This section also includes Texas-specific data for each risk factor when available. It is important to note that both the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) recognize the following as risk factors for sexual violence.

- **Individual Level**
  - **Hypermasculinity -** characterized by an exaggeration of traditionally masculine traits or behavior[15] including dominant stories of what it means to be a man – "displays of physical and emotional toughness, the drive to win at all costs, and expressions of aggressive behaviors and attitudes"[16]. Hypermasculinity also includes objectification of women and male entitlement.
    - **Objectification of women -** to present women as an object, especially of sight, touch, or other physical sense[17].
    - **Male entitlement -** The societal norm that men are owed certain things due to their male identity. Male entitlement can manifest in multiple ways and is instilled through socialization. "Perceptions of the legitimacy of men's violence to intimate partners are constituted through agreement with the notions that men should be dominant in households and intimate relationships and have the right to enforce their dominance through physical chastisement, men have uncontrollable sexual urges, women are deceptive and malicious, and marriage is a guarantee of sexual consent"[18].

    In Texas:
    - Many teens believe using verbal pressure is simply part of the game of obtaining sex[19].
    - Male entitlement, unhealthy attitudes about sexuality (or lack of knowledge), and other related issues contributing to sexual violence are present in Texas communities[20].

[15] Collins English Dictionary, accessed on 01/23/2015 at http://www.collinsdictionary.com/dictionary/english/hypermasculine.
[16] Men Can Stop Rape, *Dominant Stories and Counter Stories of Masculinity* accessed on 11/12/2014 at http://www.mencanstoprape.org/Theories-that-Shape-Our-Work/dominant-stories-and-counter-stories-of-masculinity.html
[17] Adapted from Dictionary.com, accessed on 01/23/2015 at http://dictionary.reference.com/browse/objectification.
[18] M. Flood & B. Pase, *Trauma, Violence, & Abuse: Factors Influencing Attitudes to Violence Against Women*, Sage, 2009
[19] Texas Association Against Sexual Assault, Attitude Study 2002, KRC Research & Consulting.
[20] Texas Association Against Sexual Assault Focus Group Findings 2008.

- 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[21].

- **Hostility towards women** – "Anger, hostility, suspiciousness toward women, and adversarial sexual beliefs (i.e., belief that sexual relationships are exploitative) has been associated with sexual violence"[22]. There is a "consistent relationship between men's adherence to sexist, patriarchal, and/or sexually hostile attitudes and their use of violence against women"[23].

  In Texas:
  - This risk factor was identified through a review of local community needs and resources assessments conducted by sexual assault programs, stakeholder feedback, and state level focus groups.

- **Unhealthy attitudes about sex and sexuality (Consent)** - Certain beliefs or attitudes about sex and sexuality are risk factors for sexual violence. These include:
  - "Traditional, rape-supportive, hypermasculine, and adversarial sexual beliefs and attitudes demonstrated associations with sexual violence"[24].
  - "Antecedents of violence, which are woven into the ordinary descriptions of romantic heterosexual relationships given by early adolescent boys and girls. For many boys and girls, sexual harassment is pervasive, male aggression is normalized, there is constant pressure among boys to behave in sexually aggressive ways, girls are routinely objectified, a sexual double standard polices girl's sexual and intimate involvements, and girls are compelled to accommodate male needs and desires in negotiating their sexual relations"[25].

  In Texas:
  - Both teen girls and boys express some difficulty talking about sexuality with peers, adults or partners[26].
  - Many teen boys and men believe clothing choices are a good indicator of the sexual intentions of women and girls[27].

[21] Texas Association Against Sexual Assault, supra note 10.
[22] A. Tharp, S. DeGue, L. Valle, K. Brookmeyer, G. Massetti, J. Matjasko, *Trauma, Violence, & Abuse: A Systematic Qualitative Review of Risk and Protective Factors for Sexual Violence Perpetration*, Sage 2012
[23] Supra note 17.
[24] A. Tharp, S. DeGue, L. Valle, K. Brookmeyer, G. Massetti, J. Matjasko, Trauma, *Violence, & Abuse: A Systematic Qualitative Review of Risk and Protective Factors for Sexual Violence Perpetration*, Sage 2012.
[25] Sage, supra note 17.
[26] Texas Association Against Sexual Assault, supra note 10.
[27] Ibid

- **Relationship Level**

    - **Association with sexually aggressive peers and delinquent peers – "**Recent work has found that individuals who engage in bullying are more likely to also engage in sexual violence; and that sexual violence and bullying have some shared risk factors. Peer approval for forced sex, peer pressure for sexual activity, and peer sexual aggression are linked to perpetration of sexual violence"[28]. [Participation in male peer groups with strong masculine ideologies] may influence sexual violence perpetration by reinforcing and providing social support for the use of violence, objectification of women, hostile attitudes toward women, hypermasculine ideals, or excessive alcohol use[29]. Studies suggest that individuals who experience violence in their family of origin, have peers who support violence, and have relationships characterized by violence may have attitudes that support the use of violence and subsequently are a higher risk for perpetrating sexual violence"[30].

      National research:
        - 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[31].

- **Community Level**

    - **General tolerance of sexual violence within the community – "**acceptance of violence in general consistently has been associated with sexual violence"[32]. 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[33]. This general tolerance may also include "institutionalized power relations that underpin violence against women"[34] For example: It wasn't until 1991 that Texas removed "who is not the spouse of the actor" from the Penal Code, Section 22.011 definition of sexual assault; however "prosecution against a spouse under the section, 22.011 required a showing of bodily injury or the threat

[28] Sage, supra note 21.
[29] The PPPC has identified alcohol and drug use as a situational risk factor for sexual violence. For more information see Preventing Sexual Violence in Texas, A Primary Prevention Approach, Page 37.
[30] Ibid
[31] N.M. Malmuth, RJ. Sockloskie, MP. Koss, J.S. Tanaaka, *Characteristics of Aggressors Against Women: Testing a Model Using a National Sample of College Students.* Journal of Consulting and Clinical Psychology, 1991; 59:670-681.
[32] Sage, supra note 21.
[33] Texas Primary Prevention Planning Committee, *Preventing Sexual Violence in Texas, A Primary Prevention Approach*, 2010, page 46
[34] Sage, supra note 17

of serious bodily injury." Language removing the bodily injury requirement did not occur until 1994[35].

In Texas:

- 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[36].
- In focus groups conducted by the PPPC, participants frequently cited community apathy, denial and lack of knowledge about sexual violence as a risk factor[37].
- Norms supportive of sexual violence were identified by local and state focus groups and key informant interviews[38].

- **Societal Level**
  - **Societal norms that support sexual violence and weak laws and policies related to gender equity – "**factors operating at a societal level that influence sexual violence include laws and national policies relating to gender equality in general and to sexual violence more specifically, as well as norms relating to the use of violence""[39].

    National Research:

    - Nationally, 81.9% of students who identified as LGBT (Lesbian/Gay/Bisexual/Transgender) were verbally harassed (e.g., called names or threatened) in the past year because of their sexual orientation, and 63.9% because of the gender expression, 38.3% were physically harassed (e.g., pushed or shoved) in the past year because of the sexual orientation, and 27.1% because of their gender expression[40].

    In Texas:

    - Overall, women in Texas make 77.80% of men's earnings (lower than the national average of 78.6%)[41].
    - Sexual orientation and gender identity are not included in employment non-discrimination laws or in housing non-discrimination laws.

---

[35] Penal Code, Chapter 22. *Assaultive Offenses, Sexual Assault*, 22.011, 1983 - 1994
[36] Texas Association Against Sexual Assault, supra note 10.
[37] Texas Association Against Sexual Assault, supra note 10.
[38] Texas Primary Prevention Planning Committee, Needs and Resources Assessment, Focus Group Findings, 2008
[39] World Health Organization, *World Report on Violence and Health*, 2002, Chapter 6, Sexual Violence, page 162
[40] GLSEN. *The 2011 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in our Nation's Schools*, 2011, page XIV, Executive Summary accessed on 01/30/2015 at http://www.glsen.org/sites/default/files/2011%20National%20School%20Climate%20Survey%20Full%20Report.pdf.
[41] State by state rankings and data on indicators of women's social and economic status, 2012, Earnings ratio between women and men employed full-time, year round, Institute for Women's Public Research analysis of 2012 Integrated Public Use Microdata Series, American Community Survey Microdata.

Appendix B

Research and Data Supporting the Selection of Protective Factors

There is limited research on protective factors for sexual violence. Some studies suggest the following may be protective factors or best practice in prevention efforts:

- **Gender equality** – "attitudes are a key variable shaping violence against women, although this violence also has cultural, collective, and institutional underpinnings. Given the close association between attitudes toward violence against women and attitudes toward gender, especially males' adherence to sexist, patriarchal, and hostile attitudes toward women, the latter must be targeted in educational campaigns. Efforts to prevent violence against women must address not only those attitudes that are overtly condoning of violence against women but also the wider cluster of attitudes related to gender and sexuality that normalize and justify this violence. Efforts to address violence-supportive attitudes must also work to provide an alternative, a set of norms and values centered on nonviolence and gender equality"[42].
- **Connectedness** – "emotional health and connectedness [i.e. feeling that others care about them] were shown as protective factors for high school boys' perpetration"[43].
- **Conflict resolution** – "having parents who use reasoning to resolve family conflicts may be associated with a lower risk for sexual violence perpetration by males"[44].
- **Empathy** – "in general, empathy had several direct and indirect effects on sexual violence, suggesting greater empathy may be a potential protective factor"[45]. "Sexually violent men have been shown to be more likely to consider victims responsible for the rape and are less knowledgeable about the impact of rape on victims"[46].

[42] Sage, supra note 17.
[43] I.W. Borowsky, M. Hogan, M. Ireland, *Adolescent Sexual Aggression: Risk and Protective Factors*, Pediatrics, Vol. 100 No. 6, December 1997.
[44] Sage, supra note 21.
[45] Sage, supra note 21.
[46] World Health Organization, supra note 39, pg. 159.

Appendix C

Below is a description of the approach for Phase 1 and 2 and research that supports each approach.

Phase 1: Build Knowledge and Skills

Sexual violence is a complex and multifaceted issue, comprising many different boundary violations (e.g. bullying and sexual harassment). Sexual violence is largely a gendered crime, with the majority of victims being female and the majority of perpetrators being male. A violation that combines sex and violence as an act of power cannot be seen outside of the context of cultural notions of sex, power, and gender. The relationship between violence against women and gender inequity and gender norms is accepted by prominent organizations such as the World Health Organization[47] and the United Nations[48]. Moreover, the CDC identify "policies and community strategies that address…gender inequity"[49] as a possible buffer against violence.

As the ecological model shows, individual, relationship, community, and societal factors are all interconnected and similar dynamics play out on each level but through different means[50] [51]. Gender inequity/inequality is one of the dynamics that seeps through every level of the model when we are examining the complex etiology of sexual violence perpetration. At the societal level, this plays out as systemic inequalities and oppression such as unequal pay and objectification of women through the media. At the community level, this plays out through tolerance of sexual violence which is at least partially driven by a sense that women are to blame for the violence they experience[52]. At the relationship level, this plays out through strong patriarchal family relationships that relegate women to positions of low power relative to the men in their families. At the individual level, this plays out through hostility toward women and hypermasculinity[53] which are direct results of the rigid socialization driven by the dynamics at each of the other levels. This binary socialization sets standards for what it means to be a man or woman in this culture and, in light of the striking inequalities between genders, sets a tone for unequal power relations at the individual level. At the extreme, these power imbalances lead to hostility toward women and hypermasculine enactments of entitlement to women's bodies. As discussed in Casey & Lindhorst (2009), community-level inequities are associated with higher rates of sexual harassment and coercion in U.S. workplaces[54].

---

[47] World Health Organization. (2009*). Violence Prevention, The Evidence: Promoting Gender Equality to Prevent Violence Against Women*. Geneva: World Health Organization.

[48] United Nations Population Fund. (n.d.). *Ending Widespread Violence Against Women*. http://www.unfpa.org/gender/violence.htm

[49] Centers for Disease Control and Prevention (n.d.). *Risk factors/Sexual violence*. http://vetoviolence.cdc.gov/index.php/risk-factors-sexual-violence/

[50] E.A. Casey & T.P. Lindhorst. (2009). *Trauma, Violence & Abuse: Toward a Multi-level Ecological Approach to the Primary Prevention of Sexual Assault: Prevention in Peer and Community Contexts*. Sage, 10, 91-114.

[51] Centers for Disease Control and Prevention, supra note 2

[52] Sage, supra 17, p. 125-142.

[53] Casey & Lindhorst, supra note 52.

[54] Ibid, page 96.

Although one might argue that not all aspects of gender role socialization are inherently problematic as they relate to the perpetuation of sexual violence, the aspects that are problematic cannot be understood outside of the context of their own etiologies (i.e., the process of gender role socialization in a society marked by inequality). As such, sexual violence prevention work requires a consistent grounding in concepts of gender inequity and gender role socialization. Additionally, gender role socialization and gender inequality are experienced differently based on the intersections of other inequalities; this work must take into account the critical lens of anti-oppression work. This lens demands that we remain accountable to the complexities of intersecting identities including race, gender, sexual orientation, and class, including the reality that these inequitable societal conditions are also supported throughout the ecological model in ways that perpetuate violence. Research suggests that rape myth acceptance is associated with both increased sexual aggression and with other forms of oppressive belief systems[55].

Phase 2: Action Phase: Areas of Concentration: Bystander Intervention, Youth Development and Adult Influencers

Bystander Intervention

Dr. Martin Luther King Jr. said "our lives begin to end the day we become silent about things that matter". How people decide to speak up or remain silent about things that matter speaks to the heart of using bystander intervention as a strategy to end sexual violence. "Bystanders represent a web of people surrounding a progression of inappropriate behaviors, harassment or violence, including those who make a choice to speak up or intervene in some way and those who do not"[56]. "Bystanders can have a powerful impact on sexual violence prevention and represent an opportunity to influence individual decisions across a variety of communities"[57]. "Bystander intervention programs can increase people's awareness of knowing when to intervene, and how to do it safely and effectively and includes a broad range of opportunities to intervene that can be as simple as a word here or there or more involved behaviors that let people know that action will be taken"[58].

Bystander intervention programs provide a unique opportunity for participants to identify and challenge behaviors and norms that support sexual violence such as those associated with hypermasculinity (e.g. objectification of women and male entitlement) and hostility towards women.

The use of behavior or social change theories such as the Theory of Planned Behavior, the Health Belief Model, the Theory of Reasoned Action, the Transtheoretical Model and others can be especially helpful in the development of bystander intervention programs. Bystander intervention programs have stood the test of time with Darley and Latane introducing five steps

[55] E. Suarez & T. Gadalla. (2010). *Stop Blaming the Victim: A Meta-analysis on Rape Myths*. Journal of Interpersonal Violence, 24 (11), 2010-2035.
[56] J. Tabachnick (2008). *Engaging Bystanders in Sexual Violence Prevention*, National Sexual Violence Resource Center.
[57] Ibid.
[58] Ibid.

that bystanders must move through before they are able to take action in 1968. According to Darly and Latane, to take action, bystanders must[59]:

- Notice the event as something that falls along the continuum of behaviors that lead to violence.
- Consider whether the situation demands action.
- Decide if they have a responsibility to act.
- Choose what form of assistance to use.
- Understand how to implement the choice safely.

The bystander approach can be used at all levels of the ecology. On the individual level, "certain factors will determine whether or not a bystander is active or passive, depending on his/her own knowledge, skills and self-efficacy"[60]. On a relationship level, a bystander "may be more likely to intervene if he/she has a supportive social circle"[61].

The bystander approach has been successfully used with a variety of issues such as combating racism, intimate partner violence, and drinking and driving[62]. "Studies indicate that bystanders who feel it is their responsibility to do something and are confident about how to intervene, from either past experience or from skills training, are more likely to intervene"[63]. "On a community level, bystanders may be more likely to intervene if the school, church or other social environment encourages intervention"[64]. "On the societal level, bystander intervention can begin to change social norms and expectations about what is considered acceptable behavior in society"[65].

The PPPC recognizes the important role of engaging all Texas citizens as agents of change in the effort to stop sexual violence before it occurs and "the bystander approach offers an opportunity to build communities and a society that does not allow sexual violence"[66]. Focusing on bystander intervention recognizes the important role all Texans can plan in challenging and interrupting the attitudes, behaviors and norms that are supportive of sexual violence and the bystander track in this Plan is designed to help communities reach this goal.

Youth Development

"Adolescents (ages 10 to 19) and young adults (ages 20 to 24) make up 21 percent of the population of the United States. Because these youth are in developmental transition, adolescents and young adults are particularly sensitive to environmental – that is, contextual or surrounding influences. Environmental factors, including family, peer group, school, neighborhood, policies, and societal cues, can support or challenge young people's health and

[59] Ibid.
[60] New York State Department of Health, *Stop Sexual Violence: A Sexual Violence Bystander Intervention Toolkit*, New York State Department of Health.
[61] Ibid
[62] National Sexual Violence Resource Center, supra note 58
[63] Ibid
[64] New York State Department of Health, supra note 62
[65] New York State Department of Health, supra note 62
[66] National Sexual Violence Resource Center, supra note 58

well-being. Addressing the positive development of young people facilitates their adoption of healthy behaviors and helps to ensure a healthy and productive future adult population"[67].

Youth development programs have a long history of going beyond the traditional "deficit model" interventions that merely promote the cessation of unwanted behaviors and instead promote life skills. A National Research Council report from 2002 concluded that, although "deficit model" outlets can reduce risk; other strategies, such as Positive Youth Development can have even greater effects.

In sexual violence prevention programming, youth development programs provide opportunity to support and encourage youth to become leaders/agents of change in their community and to understand they can have a significant impact on challenging the norms and behaviors supportive of sexual violence by modeling/promoting gender equity and other non-violent norms and behaviors.

Adult Influencers

Adult influencers programs provide an opportunity to engage adults in comprehensive primary prevention programming either as agents of change or through modeling or supporting non-violent behavior. This strategy is well supported by effective prevention principles such as "build on or support positive relationships". Prevention approaches that build on or foster positive relationship between student and their peers, families or communities may have better outcomes[68]. Reviews of prevention programs in other disciplines provide the following insight:

- "Substance abuse prevention emphasized the necessity to have strong connections between children and significant others (including peers, teachers, community members) and supported the idea that it is critical for children to have a strong relationship with at least one adult[69]".
- In the area of preventing school failure and dropout, "almost all the reviews highlighted the need for strong relationships with positive adult models and endorsed the use of adult mentors to encourage the development of these relationship"[70].

Given that some studies suggest that connectedness and having parents who use reasoning to resolve family conflicts may be associated with a lower risk of sexual violence perpetrations, the use of an adult influencer program as a part of a comprehensive primary prevention program is supported[71].

[67] Healthy People 2020. *Adolescent Health*, accessed on 01/27/2015 at https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health.

[68] Centers for Disease Control and Prevention. *Rape Prevention and Education Program Evaluation Guide: Developing an Evaluation Plan*, 2015.

[69] M. Nation, C. Crusto, A. Wandersman, K. Kumpfer, D. Seybolt, E. Morrissey-Kane, K. Davino. *What Works in Prevention: Principles of Effective Prevention Programs*, American Psychologist, June/July 2003.

[70] Ibid.

[71] Sage, supra note 21.