Texas SAPCS-Federal Programming Summary
FY 2024 – 2029 (February 1, 2024 – January 31, 2029)

SAPCS-Federal Programming Summary:

Population of Focus – Youth ages 13-24, including college/university students, and adult influencers.

Specific Program Requirements – SAPCS-Federal grant funded Sexual Assault Programs (RPE-SAPs) must implement 75% or more of their programming on the community and/or societal level.

RPE-SAPs **may not** implement grant-funded programming at K-12 campuses in Texas.

Programming Focus Areas, Approaches, and Risk and Protective Factors – This section details Texas programming for FY 2025 – 2028. The Focus Areas, Approaches, and Risk and Protective factors were identified at the state level through an extensive review of: the Centers for Disease Control and Prevention, National Center for Injury Prevention and Control Rape Prevention Education Notice of Funding Opportunities (CDC-RFA-CE-24-0027); CDC STOP Sexual Violence (SV) Technical Package; literature review on SV risk and protective factors; state and local SV data; stakeholder feedback; data collected from RPE-SAPs; and the Disproportionalities Report developed by the Texas A&M evaluation team and the Primary Prevention Planning Committee's Steering Committee (PPPC SC) on populations disproportionally impacted by SV and the shared risk factors for SV and other forms of violence.

To be implemented by sexual assault programs

All three (3) of the focus areas below are **required** to be implemented by RPE-SAPs.

Programming must align with all three (3) of the following Focus Areas.

Focus Area	Approach
Strengthen Economic Supports	• Strengthen household financial security • Family-friendly policies
Create Protective Environments	• Modify the physical and social environment
Promoting Norms that Protect Against Violence	• Bystander Approaches • Men and Boys as Allies in Prevention

Below are summaries on the selected Focus Areas and Approaches. RPE-SAPs must select all three focus areas, including at least one of the two approaches listed for Focus Areas 1 and 3.

Focus Area One (1) – Strengthen Economic Supports*

- ***Strengthen household financial security*** – Strengthening household financial security addresses some violence risk factors, including poverty, unemployment, financial stress

and hardship, parental stress, family conflict, and gender inequality. Providing income supports, income-generating opportunities to empower and support women, and addressing any gender pay gap directly target these risk factors.

- *Family-friendly policies* – Implementing family-friendly policies may change the context for households by improving the balance between work and family responsibilities, while helping ensure economic security. This implementation will help individuals and families increase household income and buffer against risk for multiple forms of violence.

Implementation of this focus area and these approaches will incorporate efforts to increase leadership and opportunities for young women ages 13 - 24. RPE-SAPs accomplish this by:

- o building community support to establish and increase community-wide access to leadership opportunities for young women (particularly those in priority populations) that also provide opportunities for economic growth and stability for the young women involved;
- o changing community norms around creating and sustaining equal access to economic opportunities for young women ages 13 - 24 and their families; and/or
- o developing model policies, practices, and programs that support economic and leadership opportunities for women ages 13 - 24, strengthen household financial security, and institute family-friendly policies, as well as supporting businesses and community-based organizations in implementing them.

Focus Area Two (2) – Create Protective Environments

- *Modify the physical and social environment* - these approaches address aspects of neighborhood and other community settings to make SV less likely. Such approaches address community-level risk factors by changing the physical environment, social incentives (or consequences) for behavior, or other characteristics of the community (e.g., ability to monitor and respond to problem behavior, increased social controls, community involvement and connectedness). Modifications to the physical and social environment can include managing accessibility of building and public spaces, creating green spaces, and organizing events and activities that bring together community members and provide them with opportunities for more community involvement.

Focus Area Three (3) – Promoting Social Norms that Protect Against Violence*

- *Bystander Approaches* - these approaches engage individuals to change social norms and provide leadership around preventing SV. These types of approaches engage people, often youth, with the purpose of promoting social norms that protect against violence. They are also used to motivate people to promote protective norms through providing peer leadership around preventing SV.

- ***Mobilizing Men and Boys as Allies*** – these approaches provide an opportunity to encourage men and boys to be allies in preventing sexual and relationship violence by demonstrating their role in preventing violence. Such approaches work by fostering healthy, positive norms about masculinity, gender, and violence among individuals with potential for these social norms to spread through their social networks.

*To be considered community-level, programs proposed within this focus area should focus on components that aim to change social norms, thereby addressing social norms at the setting level (community or college/university campus).

Risk and Protective Factors - these are the risk and protective factors that are expected to change because of programming:

Risk Factors
- General aggressiveness and acceptance of violence
- General tolerance of SV within the community
- Societal norms that support SV

Protective Factors
- Connection to a caring adult
- Emotional health and connectedness
- Empathy and concern for how one's actions affect others
- Community support and connectedness

Programs available for use with the SAPCS-Federal Funds- All RPE-SAPs will use the Close to Home program with a goal of implementing their chosen Focus Areas and Approaches. The program should be adapted to meet the needs of the community and to specifically address the Focus Areas and Approach(es) selected for implementation. Due to the broad framework of the Close to Home Approach, any of the Texas SAPCS-Federal program focus areas can be addressed.

Definitions

Community-Level Strategies Community-level strategies are those strategies that target the characteristics of physical and social settings (e.g., schools, workplaces, and neighborhoods) that increase risk for, or protect people from, violence.[1]

Community-Based

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[1] Dills J, Jones K, Brown P. Continuing the Dialogue: Learning from the Past and Looking to the Future of Intimate Partner Violence and Sexual Violence Prevention. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2019.

Community-based work involves the members of the affected community in the planning, development, implementation, and evaluation of violence prevention strategies and programs.[2] Additionally, **community-based** prevention strategies are implemented in community settings, but target individual, peer, or other proximal relationship or family factors.[3]

Disproportionality

Disproportionality for the purposes of this grant, refers to when a group of people is more often targeted for SV or experience risk factors for violence, including SV, at rates that are higher than the general population.

Health Disparities

Health disparities are differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.[4] This can include both being at a higher risk for experiencing violence and having less access to supportive resources after experiencing violence.

Health Equity

Health equity means striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.[3] For the purposes of this grant, this includes identifying populations disproportionately impacted by SV and developing prevention programming designed to address the factors that contribute to that disproportionate impact.

Health Inequities

Health inequities are systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.[5.]

Population of Focus

Population of focus is the group of people the project is intended to impact most. This definition does not always mean that the population is the group, or the only group, with which a project is

[2] Committee on Valuing Community-Based, Non-Clinical Prevention Programs; Board on Population Health and Public Health Practice; Institute of Medicine. An Integrated Framework for Assessing the Value of Community-Based Prevention. Washington (DC): National Academies Press (US); 2012 Oct 29. 2, Community-Based Prevention. Available from: https://www.ncbi.nlm.nih.gov/books/NBK206935/.

[3] Dills J, ET AL, supra note 1.

[4] Notice of Funding Opportunity: Rape Prevention Education: Assessing Coalition Capacity to Advance Primary Prevention (CDC-RFA-CE-23-0006). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2023.

[5] *Id.*

implemented. Programming may be implemented with other groups, organizations, or institutions that impact the population of focus.

Primary Prevention

Primary prevention occurs before violence initially occurs, focusing on reducing factors associated with experiencing violence and promoting factors that buffer individuals from experiencing violence.[6]

Protective Factors

Protective factors are characteristics that decrease the likelihood of experiencing or perpetrating violence, buffering against the risk.[7]

Risk Factors

Risk factors are characteristics that increase the likelihood of experiencing or perpetrating violence. Risk factors are not a direct cause of experiencing or perpetrating violence.[5]

RPE-SAPs

RPE-SAPs means RPE-funded sexual assault programs funded though RPE.

SAP

SAP means a nonprofit, nongovernmental, or tribal organization, or governmental entity in a state other than a territory that provides intervention and related assistance to victims of sexual assault without regard to their age. In the case of a governmental entity, the entity may not be part of the criminal justice system (such as a law enforcement agency) and must be able to offer a comparable level of confidentiality as a nonprofit entity that provides similar victim services.[8] Pursuant to 34 U.S.C. § 12511(b)(2)(C), intervention and related assistance may include:

- 24-hour hotline services providing crisis intervention services and referral.
- Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police, and court proceedings.
- Crisis intervention, short-term individual and group support services, direct payments, and comprehensive service coordination and supervision to assist sexual assault victims and family or household members.

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[6] VetoViolence. Principles of Prevention Guide. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://vetoviolence.cdc.gov/apps/pop/assets/pdfs/pop_notebook.pdf, visited on July 18, 2024.

[7] National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions; O'Connell ME, Boat T, Warner KE, editors. Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities. Washington (DC): National Academies Press (US); 2009.

[8] *See* 34 U.S.C. § 12291(a)(30).

- Information and referral to assist the sexual assault victim and family or household members.
- Community-based, culturally specific services and support mechanisms, including outreach activities for underserved communities.
- Development and distribution of materials on issues related to the services described in numbers one through five above.

Social Determinants of Health

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[9]

Youth**

Youth (young people; adolescents) are people from age 10 to 24 years old. Adolescence is commonly considered ages 10-17 and young adulthood ages 18-25.[10]

**For the purposes of this grant, please refer to the population of focus for the specific ages for Texas SAPCS-Federal RPE Programming.

General Guidance

This section includes guidance SAPs should implement along with approved programming. It consists of guidance related to incorporating Positive Youth Development into programming, as well as the core components of community-level work. It also introduces a helpful model for planning and implementing SV primary prevention efforts.

Positive Youth Development

As a cornerstone of SAPCS-Federal programming, funded SAPs will focus on positive youth development. In addition to accepted positive youth development components, Texas programming will include:

- Creating spaces where youth voice is acknowledged, valued, and promoted – programming designed to engage youth in changing culture and norms to prevent SV. Programming where experiences of all youth, particularly youth from communities that have been historically underserved and communities disproportionately impacted by SV and the risk factors for SV, are represented and heard, and those experiences inform programming.

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[9] Notice of Funding Opportunity: Rape Prevention Education: Assessing Coalition Capacity to Advance Primary Prevention (CDC-RFA-CE-23-0006). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, 2023.

[10] Association of Maternal & Child Health. Adolescent Health Overview. From https://amchp.org/adolescent-health/ visited on August 4, 2023.

- Youth establish community connections and community partnerships – implementers work with youth to identify supportive community members and resources and leverage those relationships and resources to support prevention work. Implementers develop a strong understanding of community readiness for youth engagement work. They build connections between youth participants and members of their community.

SAPs are encouraged to utilize Roger Hart's Ladder to evaluate the effectiveness of youth leadership efforts implementing projects involving youth and adults (including those implemented by SAPs with young people). The ladder is an assessment tool used to measure youth engagement in a given program activity or initiative. While the goal is to see increase over time, it is important to remember that youth's engagement may move up and down the different stages at any given time. ***Important Note:*** Programs engaging in Positive Youth Development utilizing Roger Hart's Ladder as an evaluation tool are ultimately responsible for ensuring that programming meets Texas SAPCS-Federal guidelines and for expenditure of funds to support implementation of programming to meet those guidelines.

Core Components of Community Level Work

The following are core components of community-level work that align with Texas's planned programming and that will be used moving forward:

- **Know Your Community:** Understand the dynamics and readiness of your chosen community and the broader community (including online spaces) through an active, ongoing process to identify community dynamics and readiness. Learn about the groups of people in your community who are disproportionately impacted by SV and its risk factors and assess community readiness to address that disproportionality.
- **Cultivate Relationships:** Foster inclusive and mutually respectful relationships within the community with intentionality. Make sure to pay attention to who is present, and who isn't, and be intentional in efforts to engage with community groups disproportionately impacted by SV and its risk factors.
- **Youth Guided:** Promote opportunities for youth to lead and inform community-level initiatives.
- **Foster a Supportive Environment:** Encourage open spaces for conversations that value all voices and enhance individuals' ability to effect positive change.
- **Foster Cross Collaboration**: Understanding the overlapping causes of violence and the things that can protect people and community is important. Violence takes many forms, including SV, intimate partner violence, bullying, etc. These forms of violence are interconnected and often share the same root causes. Identify and foster partnerships that align with SV risk and protective factors. Support mutual collaboration and collective action while honoring the group's capacity.
- **Action Oriented:** Cultivate and support the progressions of community-based initiatives based on readiness. Prevention efforts should be ever evolving towards taking the actions

needed to end SV and address the disparities that contribute to SV and other forms of violence. Community members help identify the actions needed to create change by being involved in the planning, implementation, and evaluation stages of each activity. Special care is taken to ensure that populations disproportionately impacted by SV and its risk factors are meaningfully involved in these processes.

- **Centered in Community Ownership and Leadership:** Foster shared decision making to strengthen leadership and sustainability. Highlight, enhance, respect, and celebrate progress.

Spectrum of Prevention

The use of the Spectrum of Prevention is encouraged as a framework for program implementation. SAPs should have a clear understanding of Texas SAPCS-Federal RPE grant requirements and focus on levels of intervention within the spectrum that meet those requirements for each Focus Area and Approach.

Addressing Health Disparity Through SAPCS-RPE Federal Programming

SV often begins early and can lead to adverse short and long-term mental and physical health outcomes, contributing to a substantial public health burden. Certain communities face a more significant burden of due to inequities and, as a result, often experience more adverse outcomes as a result of SV. Preventing SV is crucial for addressing various mental and physical health issue that disproportionately affect specific communities due to these adverse outcomes. By identifying and engaging with those communities and populations disproportionately impacted by and the risk factors that contribute to SV and other forms of violence, and by addressing the factors that contribute to that disproportionate impact, SAPs in Texas can reduce and end SV in a way that promotes healthy outcomes for all Texans. Some of those factors that contribute to the disproportionate impact of SV on specific communities include, but are not limited to:

- unequal access to economic opportunities and supports;
- race and ethnicity;
- gender;
- age;
- historical experiences of violence by a community or population;
- lack of access to community and green spaces; and
- disability

RESOURCES

The following resources may be helpful in developing, implementing, and evaluating your SAPCS-Federal grant SV prevention activities.

- National Sexual Violence Resource Center – 2023 RPE Virtual Connection Opportunities recorded webinars.

- o **A New Approach: Supporting partnerships between sexual assault crisis centers and local health departments**
  Kelsey Alexander, Connecticut Alliance to End Sexual Violence
- o **Outer Layer Sexual Violence Prevention Ideas and Implementation: Beliefs, Actions, and What Gets in the Way**
- o *Aggie Rieger & Nicole Allen, University of Illinois at Urbana Champaign*
  Braver than We Thought: Building Trusting Connections to Make an Impact
  Sara McGirr & Ryan Rowe, Michigan Public Health Institute

- Spectrum of Prevention: A tool for understanding the multifaceted strategies and activities that can help create a comprehensive SV primary prevention approach. https://www.preventioninstitute.org/sites/default/files/uploads/1PGR%20Spectrum%20of%20Prevention.pdf

- Close to Home website – website includes the Close to Home resource set, program activities, and other related resources in addition to program history and examples. https://www.c2-home.org/

- Disproportionalities Report and Implementation Plan – both located on the SVPP Evaluation website. https://evalsvpptx.com/

- SVPP Evaluation website – includes information on evaluation and reporting requirements and forms, as well as a list of resources specifically related to Texas RPE. https://evalsvpptx.com/

- TAASA Prevention webpage – includes a wide variety of SV prevention resources, as well as a description of the types of support TAASA can provide to support prevention efforts across the state. https://taasa.org/about/primary-prevention/