Sexual Violence Prevention: Beginning the Dialogue

CDC Internal Workgroup Members

Margaret Brome
Janet Saul
Karen Lang
Rebeca Lee-Pethel
Neil Rainford
Jocelyn Wheaton

Acknowledgments

The Public Health Approach to Prevention

As a recipient of RPE funds, you have probably heard us talk about the "public health approach" to sexual violence prevention. Similar to other disciplines, public health promotes specific principles as the foundation for work within the field. Four public health principles—health of the public, data-informed approaches, cultural competency, and prevention—are central to this document and to our ongoing discussion of sexual violence prevention.

Public health is ultimately concerned with approaches that address the health of a population rather than one individual. This is generally referred to as a population-based approach and is one of the principles that distinguishes public health from other approaches to health-related issues (e.g., medicine focuses on helping the individual). Based on this principle, a public health prevention strategy demonstrates benefits for the largest group of people possible, because the problem-0.2sidespreadT* 3,tpicrallyawlgroup of people possil'

- Identify Risk and Protective Factors.Findings from research studies can reveal some of the
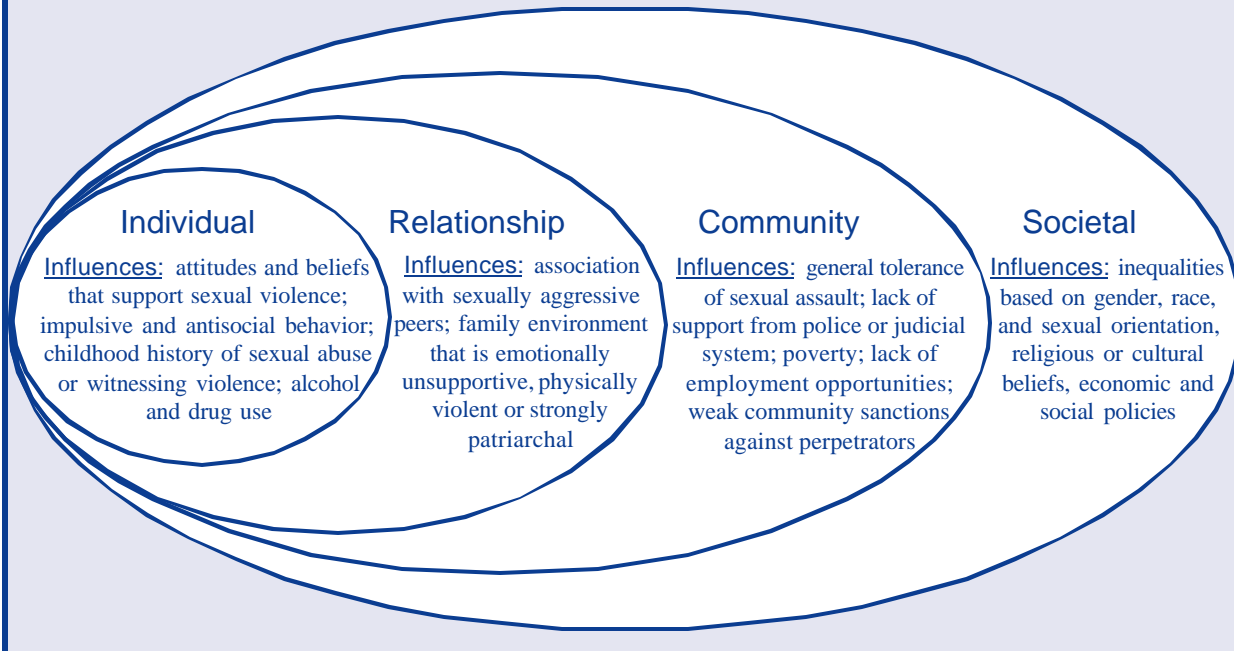
While the major purpose of interventions that take place after violence has occurred is to reduce or ameliorate the negative effects of the violence, some of these approaches may have the advantageous effect of preventing a reoccurrence of violence. Categorizing prevention by WHEN an intervention occurs is a less than perfect fit when looking at violence, and therefore we often simplify this discussion by talking about interventions to prevent violence *before* it ever occurs and those that take place *after* violence has already occurred.

Prevention: WHAT is the focus?

To prevent sexual violence, we have to understand what circumstances and factors influence its occurrence. There are many different theoretical models that attempt to describe the root causes of sexual violence: biological models, psychological models, cultural models, and grassroots, feminist, power-based models. Each of these models contributes to a better understanding of sexual violence and helps experts build programs that sustain protective factors and reduce modifiable risk factors. The CDC working group (see inside front cover) chose to use an ecological model as part of the framework for our discussion because it allows us to include risk and protective factors from multiple domains. Thus, if there is evidence from psychological models about individual risk factors and from feminist models about societal risk factors, it can all be incorporated in the same ecological model. Building such a model offers a framework for understanding the complex interplay of individual, relationship, social, political, cultural, and environmental factors that influence sexual violence (Dahlberg and Krug 2002) and also provides key points for prevention and intervention (Powell, Mercy, Crosby, et al. 1999). We use the four-level ecological model presented in the *World Report on Violence and Health* for this discussion (Dahlberg and Krug 2002); however, there are a variety of ecological models that have been developed (see, for example, Heise 1998).

The examples in Table 1aWe ude rirD -w (l, of2);) T-7 72.cr-lw (07 prev94.1857 Tc12.4067 al, relationsiwiths.7

Table 1. The Ecological Model

Individual	Relationship	Community	Societal
Influences: attitudes and beliefs that support sexual violence; impulsive and antisocial behavior; childhood history of sexual abuse or witnessing violence; alcohol and drug use	**Influences:** association with sexually aggressive peers; family environment that is emotionally unsupportive, physically violent or strongly patriarchal	**Influences:** general tolerance of sexual assault; lack of support from police or judicial system; poverty; lack of employment opportunities; weak community sanctions against perpetrators	**Influences:** inequalities based on gender, race, and sexual orientation, religious or cultural beliefs, economic and social policies

- **Community-level influences** are factors that increase risk based on community and social environments and include an individual's experiences and relationships with schools, workplaces, and neighborhoods. For example, lack of sexual harassment policies in the workplace can send a message that sexual harassment is tolerated, and that there may be few or no consequences for those who harass others. Interventions for community-level influences are typically designed to impact the climate, systems, and policies in a given setting.

- **Societal-level influences** are larger, macro-level factors that influence sexual violence such as gender inequality, religious or cultural belief systems, societal norms, and economic or social policies that create or sustain gaps and tensions between groups of people. For example, rape is more common in cultures that promote male sexual entitlement and support an ideology of male superiority (Dahlberg and Krug 2002). Interventions for societal-level influences typically involve collaborations by multiple partners to change laws and policies related to sexual violence or gender inequality. Another intervention would be to determine societal norms that accept violence and to identify strategies for changing those norms (Powell et al. 1999).

The ecological model supports a comprehensive public health approach that not only addresses an individual's risk factors, but also the norms, beliefs, and social and economic systems that create the conditions for the occurrence of sexual violence.

Prevention: Integrating the WHEN and the WHAT

The following matrix provides examples of how interventions to prevent violence before it occurs, and interventions that take place after violence has happened, can be implemented across all levels of the ecological model. Distinguishing interventions by "before" and "after" violence has occurred serves to highlight the salient differences between the two approaches.

	Individual	Relationship	Community	Societal
Before	Implement and evaluate discussion groups among men that explore prevalent notions of masculinity and their relationship with sexual violence; healthy and respectful relationships; and men's role in preventing sexual violence.	Implement and evaluate a discussion group based intervention with male peer groups (e.g., fraternities, athletic teams) to change group norms that support and condone sexual harassment and violence. Men will learn to hold their peers accountable for attitudes and behaviors that support sexual violence.	Engage youth as agents of change to affect their school's climate of tolerance for sexualized bullying by leading classroom-based conversations and school-wide special events. iscope, nature, for respon3512 TD -072048 Tc Tw 0.9	
After	Provide offender treatment services for perpetrators. Provide crisis intervention services for sexual assault survivors.	Provide services to family members of sexual assault survivors to assist them in resolving the impact of the assault and to help them be sensitive and supportive of the survivor.	Develop police protocols for responding to and investigating sduTTD 0.32(prot8 Tc8o -0.910455 Tc -0.338 15 (pe	

s

i
b omo81 in resolvingTj T* -0.3144 Tc e-0.omicTstatu

Prevention: WHO is it for?

Prevention strategies are often developed based upon the group for whom the intervention is intended. Using this type of differentiation, sexual violence interventions can again be divided into three categories:

- Approaches that are aimed at groups or the general population regardless of individual risk for sexual violence perpetration or victimization are called universal interventions. Groups can be defined geographically (e.g., entire school or school district) or by characteristics (e.g., ethnicity, age, gender).

- Approaches that are aimed at those who are thought to have a *heightened risk* for sexual violence perpetration or victimization are referred to as selected interventions.

- Approaches that are aimed at those who have already *perpetrated* sexual violence or have been *victimized* are called indicated interventions.

Prevention: Integrating the WHAT and the WHO

The following matrix demonstrates how universal, selected, and indicated approaches can be implemented across the ecological model. Comprehensive prevention programs are multifaceted and address multiple cells within the matrix. CDC acknowledges that some of the programs and services designed for victims may also prevent reoccurrences of victimization and perpetration. However, we still consider these activities "indicated" because the primary goal of many of these programs is to address the important need to prevent the short- and long-term negative consequences of the violence. As a primary goal, the public health community wants to prevent new incidents from occurring, so in keeping with this, we have provided some examples of strategies and activities for both universal and selected approaches within the ecological model.

It is important to note that the cells in the matrix are not isolated from one another and may overlap. For example, women could be defined as an entire population for a universal approach or as a high-risk group for a selected approach. Either approach could be appropriate, but the course of action taken should be based on data or other considerations outlined in "How to Make Programmatic Decisions about Prevention Approaches" on page 10.

Because this document is geared toward the RPE program, no examples for indicated approaches were included.

Table 3. The WHAT and WHO Matrix

Individual	Relationship	Community	Societal

Selected

Approaches are aimed at those in the population at heightened risk for SV victimization or perpetration and are designed to impact individual factors that increase the likelihood of victimization or perpetration.

Example:

a) Implement and evaluate a program for high school boys to address alcohol/drug use and the ability to give and receive clear consent for sexual activity. Multi-session, classroom-based, peer-led discussions with messaging reminders from peers or media (posters, PSAs, etc.) should be included.

b) In partnership with an immigration and refugee center, develop, implement, and evaluate a culturally-appropriate awareness

Making Programmatic Decisions About Prevention Approaches

None of the categories presented within the matrix (i.e., the what and who of prevention) are superior to the others. In fact, each has its own advantages and disadvantages (Powell et al. 1999). Universal, selected, and indicated interventions all contribute to a comprehensive prevention strategy. However, CDC's strength lies in supporting universal and selected strategies focused on preventing sexual violence before it occurs. These strategies provide the maximum benefit for the largest number of people and 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. Additionally, these prevention efforts identify and enhance protective factors that may prevent sexual violence in at-risk populations and the community at large. CDC decisions about the RPE program are guided by this prevention approach.

We all have limited resources and difficult decisions to make about which programs to implement. The following questions highlight some of the issues to consider when deciding where to focus your RPE program resources:

CDre the mission andsentbthosght svare, toof the fundinipproachesp pror Tw -30p pror Tw -30p pro
lkr en where foocuorting universal and senhance
What are the mission and goals of the funding agency?Whentlyhe fenefof te issies in by this preve (pr

Are the programmatic activities permissible?

- Congress legislated that RPE grant funds may be used for the following seven permitted uses:

    1. Educational seminars
    2. Hotlines
    3. Training programs for professionals
    4. Informational materials
    5. Training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities
    6. Education to increase awareness about drugs used to facilitate rape or sexual assault
    7. Other 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).

- Given our discussion about the public health approach to prevention, states are encouraged to think broadly. They should consider implementing universal or selected interventions across the ecological model that are permissible program activities.

These are just a few of the issues that programs struggle with when making decisions. There are obviously other things to consider such as the cost of various programs; the level of evidence on effective approaches; the capacity of your organization to carry out various approaches; and your organization's access to and experience working with various populations, etc.

Summary

This initial discussion of public health approaches to sexual violence prevention lays the foundation for future dialogue about ways RPE programs can individually and collectively identify strategies and opportunities for maximizing the effectiveness of limited program funds. This dialogue could not begin without acknowledging the important and ground-breaking workD /usu-13.5 TD -0.2751 Tc Tj 0 e0 7binkaccess t7ging the

References

1. Dahlberg LL, Krug EG. Violence – a global public health problem. In: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. *World Report on Violence and Health*. Geneva (Switzerland): World Health Organization; 2002. p. 3-21.

2. Heise LL Violence against women: an integrated, ecological framework. *Violence Against Women* 1998;4(Pt 3), 262-90.

3. Jewkes R, Sen P, Garcia-Moreno C. Sexual violence. In: Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. *World Report on Violence and Health*. Geneva (Switzerland): World Health Organization; 2002. p. 149-81.

4. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R, editors. *World Report on Violence and Health*. Geneva (Switzerland): World Health Organization; 2002.

5. Mercy JA, Rosenberg ML, Powell KE, Broome CV, Roper WL. Public health policy for preventing violence. *Health Affairs* 1993; 7-29.

6. Powell KE, Mercy JA, Crosby AE, Dahlberg LL, Simon TR. Public health models of violence and violence prevention. In: Kurtz LR, editors. *Encyclopedia of Violence, Peace, and Conflict.* Vol. 3. San Diego (CA): Academic Press;1999:175-87.