

TOOLS FOR CHANGE

An Introduction to the Primary Prevention of Sexual Violence

By Morgan J Curtis, LMSW and Tim Love
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Tools for Change: Introduction

We all came to work on the issue of sexual violence for a number of reasons, personal and otherwise. For many of us, our motivation to help individual victims through support services and to raise community awareness of sexual violence often becomes overwhelming, dominating our time at work and our thoughts at home. While this focus on individual cases of sexual assault in our communities allows us to connect to individuals in ways that support healing for survivors and train great volunteers for our helplines, it keeps us so busy that we lose sight of the big picture. It can keep us from seeing the underlying conditions in our communities, neighborhoods, schools, homes and society at-large that create an environment where individuals continue to commit acts of sexual violence. A prevention approach helps us see the big picture of sexual violence instead of seeing it one survivor, affected family or perpetrator at a time.

Primary prevention of sexual violence, while new to many of us, is and always has been a core component of the anti-sexual violence movement. The feminists who first addressed sexual violence began with efforts to combat the institutional injustices women were facing. While doing this, they quickly realized that the women who'd been victimized by sexual violence needed specific services, such as safe houses, counseling and support dealing with law enforcement and the criminal justice system. Early activists also recognized that they needed to reach out to more people in their communities and raise awareness about the pervasiveness of sexual violence.

Now we stand at a place in the movement where we need to reconnect to the hopes, dreams and efforts of the women who started this movement, while acknowledging the important gains we've made. We cannot stop the direct services, community outreach and education efforts we're engaged in because there are too

"The challenge of social justice is to evoke a sense of community that we need to make our nation a better place, just as we make it a safer place."

- Marian Wright Edelman

many people hurting, and because our outreach and education efforts serve an important role in the movement. Yet, we must also find a way to refocus some of our efforts on the social change that will prevent sexual violence from happening in the first place. That social change – the change in the norms, thoughts, attitudes and policies that create an environment where so many of us experience sexual violence – is the ultimate goal of the primary prevention of sexual violence. We want to change the culture so that first time incidences of sexual assault never occur and so that everyone can feel safe in their communities. We must broaden our

focus from awareness and crisis intervention to include efforts to challenge gender norms and inequality, and to provide individuals and institutions with the skills and policies necessary to create safe and thriving communities.

This document will introduce readers to primary prevention and to the concepts, terms and models that comprise this approach. It will explore the movement's history for lessons learned and talk about how the work of preventing sexual violence connects directly and indirectly to the work that each of us in the movement does. Finally, it will help you talk the talk. We will explore the public health model and associated terminology so that you can use it if you need it (e.g., when talking with funders), but it will not be a main focus.

Tools for Change: Introduction

This document is not a comprehensive guide to primary prevention. It is meant as an introduction to the language and concepts so that you can start from a common place of understanding when you attend future primary prevention trainings or request technical assistance from TAASA. It is also not a guidance document to help you come into compliance with Rape Prevention and Education (RPE; also known in Texas as SAPCS-Federal) grant requirements. TAASA is committed to ending sexual violence by creating the necessary social change to ensure equity for everyone in all communities, and by supporting those organizations and member agencies who are committed to doing the same. RPE grants help fund a piece of the prevention work that our movement to end sexual violence must take on, but not all of it. While we do provide technical assistance regarding these funds, and we take time to acquaint you with the language and concepts used by the Centers for Disease Control and Prevention (CDC), work funded by RPE grants is only one piece of the primary prevention puzzle.

TAASA hopes that this guide helps you gain a basic understanding of the history, concepts and language tied up with the primary prevention of sexual violence. If this document generates questions or ideas you want to talk about, as we hope it does, please contact TAASA prevention staff. Thank you for your commitment to ending sexual violence.



Tools for Change: History

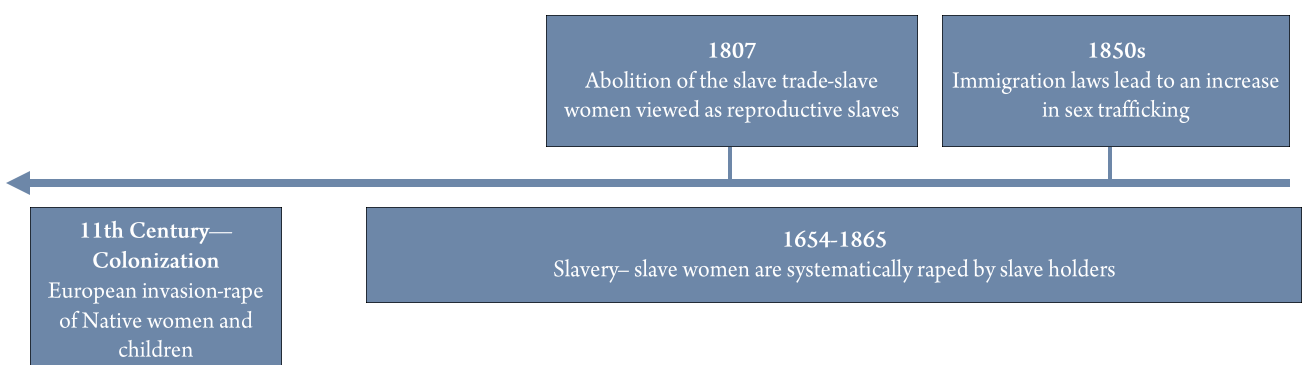
Sexual violence is a part of the history of humankind. It has often been used as a tool of male domination and female subjugation. There is also a long history of resisting violence against women, and specifically sexual violence. This resistance to sexual violence grew out of early efforts by groups of people, primarily women, who were fighting against the social norms, policies and practices that degraded, dehumanized and commodified women, making them the targets of various forms of violence. It is important to learn this history and to understand the connection that our work has today to the efforts of the past. We can find our way forward in our prevention work by examining the mistakes and successes of the past. This section is intended to give a snapshot view of the history of unjust norms, policies and practices in the United States and the movements that formed to address them.

Early U.S. History

Sexual violence is woven throughout the early history of the United States. Europeans “settling” the New World were guilty of the systematic rape and murder of women and children from native populations. During the time of slavery, slave owners frequently raped slave women. In addition, slave women were viewed as reproductive slaves whose function was to replenish the slave workforce through childbirth, a view which became even more prevalent and more violently adhered to with the abolition of the slave trade in 1807 (Brewer, Katz-Fishman, Kuumba, Rousseau, 2007).

In the 1850s, immigration policies placed severe restrictions on the number of European and Asian women who were allowed to enter the country. This often meant that European and Asian men moving to the US to get jobs were not allowed to bring their families. As these men were often treated unfairly and placed in poor work environments, attempts were made to keep them happy and working hard. One response was a sharp increase in the trafficking of Chinese women to work as prostitutes, a trend that has continued with the mail-order bride industry and the sex trafficking of Asian women (Brewer et al., 2007).

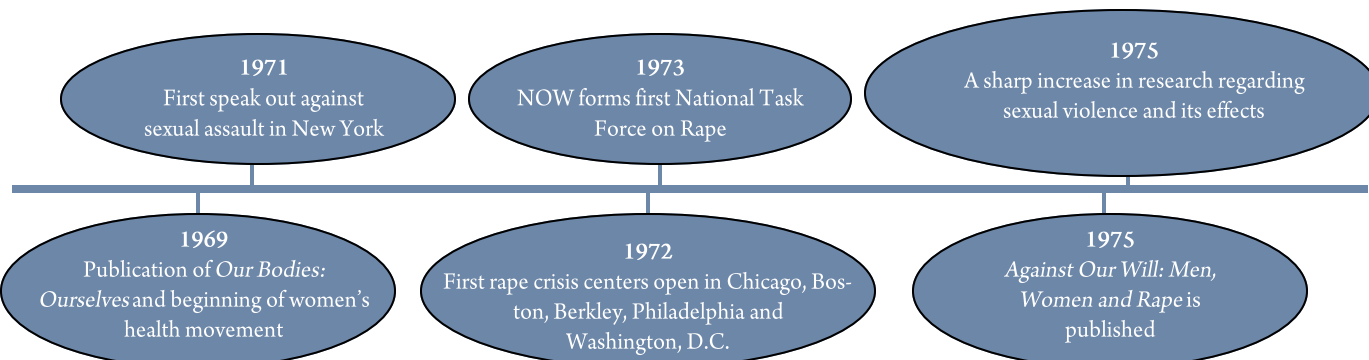
During the early history of this country, women were legally considered property, and they still are in many countries across the world. Rape was not conceived of as a crime against an individual, but rather as a crime against the property of a female victim’s father or husband (Macnamara, n.d.).



Resistance and Response

When looking at the history of resistance to sexual violence, it is difficult to pinpoint a beginning. There has probably been resistance for as long as there has been rape. Some of the earliest efforts to move the conversation about sexual violence into the public consciousness occurred in 1866, when a group of African American women testified at a congressional hearing. They told stories of their own gang rapes at the hands of white men who were part of mobs targeting women, children and men of color with violence during a Memphis race riot. Then, in the 1870s, Ida B. Wells and a number of other women of color led anti-lynching campaigns. Rape was considered a capital offense only if a black man were to rape a white woman, and it was common practice to use false charges of rape against black men to justify lynching them (Greensite, n.d.). The anti-lynching work done by these women was carried on by the Association of Southern Women for the Prevention of Lynching in the South in the 1930s (Ford, n.d.). In the 1890s, Black Women's Clubs formed. Their members challenged inequality based on race and gender, and worked to provide women and families with their basic needs, a model that was replicated by the movement to address interpersonal violence in the 1970s (Greensite, n.d.).

The movement against sexual violence in the US moved back into the public consciousness as an organized effort in the late 1960s and 1970s. Early activists in the movement focused on changing the attitudes, beliefs and systems that denied political and personal power to women and cultivated violence toward them. In the late 1960s, the women's health movement helped women take control of their own bodies and health. In 1969, the Boston Women's Health Book Collective published *Our Bodies; Ourselves*, a book that has been updated and is still an important resource for women today (Brewer et al., 2007). As women began to create spaces for other women to talk about these issues, they began to hear more and more stories from women about the physical and sexual violence they were facing. They continued their social change objectives and also began to open crisis centers, often in their own homes, to provide basic safety and support to victims. Then, in 1971, feminists organized one of the first speak outs against rape in New York, and in 1972 the first rape crisis centers opened in Berkley, California, Boston, Chicago, Philadelphia and Washington, D.C (Office for Victims of Crime: Training and Technical Assistance Center, OVCTTAC, 2007). In 1973, the National Organization for Women formed its National Task Force on Rape (Martin & Schmitt, 2006), and the publication of *Against Our Will: Men, Women and Rape* in 1975 by Susan Brownmiller advanced the conversation about sexual violence and moved it to a more public realm. Also in 1975, the formation of The National Center for the Prevention and Control of Rape and the



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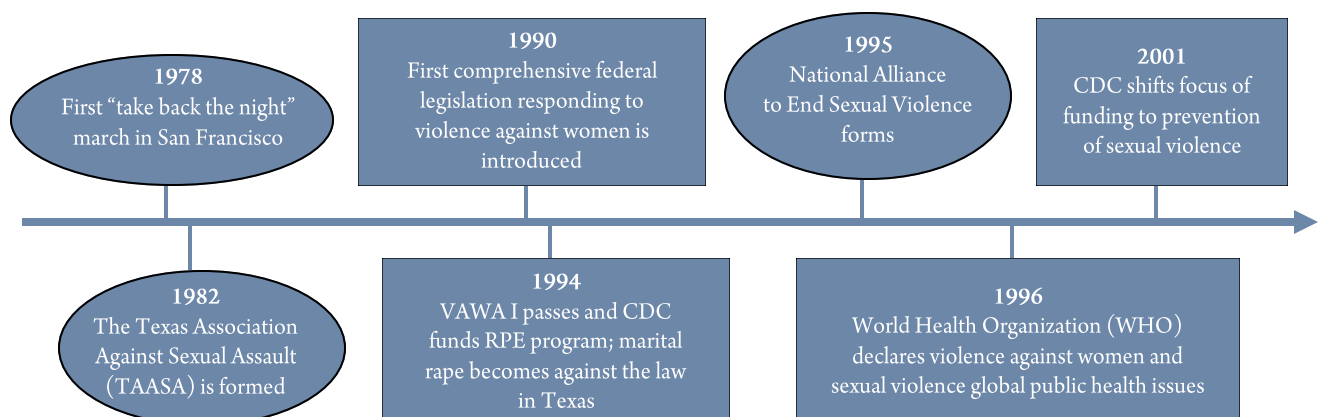
National Institute on Mental Health led to an explosion in research regarding sexual violence and its effects (OVCTTAC, 2007). In 1978, the first “Take Back the Night” march occurred in San Francisco, with its participants demanding safety for women in their own communities (Greensite, n.d.).

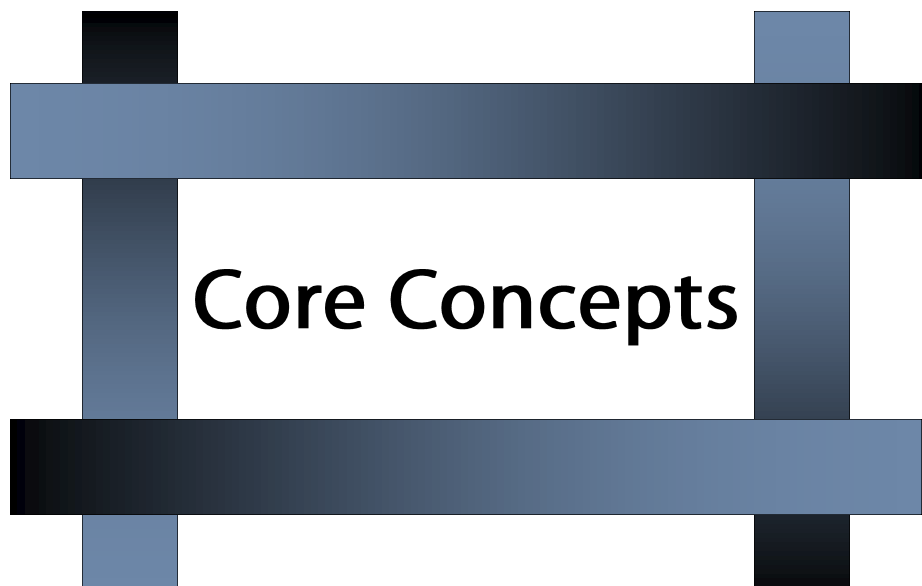
A Shift in the Movement

In the early 1980s, the dialogue about sexual violence became more public, and a shift occurred in the movement. By the late 1980s, rape crisis centers began to transform from volunteer-driven, feminist organizations to professionalized, service-driven organizations. They began to focus more on education level and professional licenses (LPC, LMSW, etc.) and less on experience and social justice mindset in the hiring of employees, and began to adopt for-profit business models. By the mid to late 1990s, rape crisis centers began hiring people from other fields (such as business) as executive directors.

A major force behind this shift was funders who preferred to support service provision over social change initiatives. In 1990, the first federal legislation addressing the issue of violence against women was introduced. In 1994, the Violence Against Women Act (VAWA) I was passed, providing federal money to address the issues of domestic violence, sexual assault and stalking. Also in 1994, the CDC first funded its Rape Prevention and Education (RPE) program meant to help lower the rates of sexual violence through prevention education (Garske & Hoffman, 2007). Many private foundations have also shifted to provide funding, both for prevention and service-provision, primarily to private 501(c)3 nonprofit organizations, which are often less politicized and less focused on social change work than some more radical and less formal, community-based organizations. Overall, more funding has been focused on supporting service provision (such as shelters and hotlines) and awareness-based education, and less on large-scale social change work – which is needed to prevent sexual violence.

Without doubt, social change work focused on ending sexual violence has continued. As in the beginning, these efforts are often localized, grassroots, volunteer-driven and unfunded. However, little is known about these efforts because they have been marginalized, even within our movement, as idealistic, unsupported by research and too informal and unprofessional. Now, in order to prevent sexual violence, rape crisis centers must find and support these grassroots violence prevention efforts in their own communities or start new ones if they don’t exist.



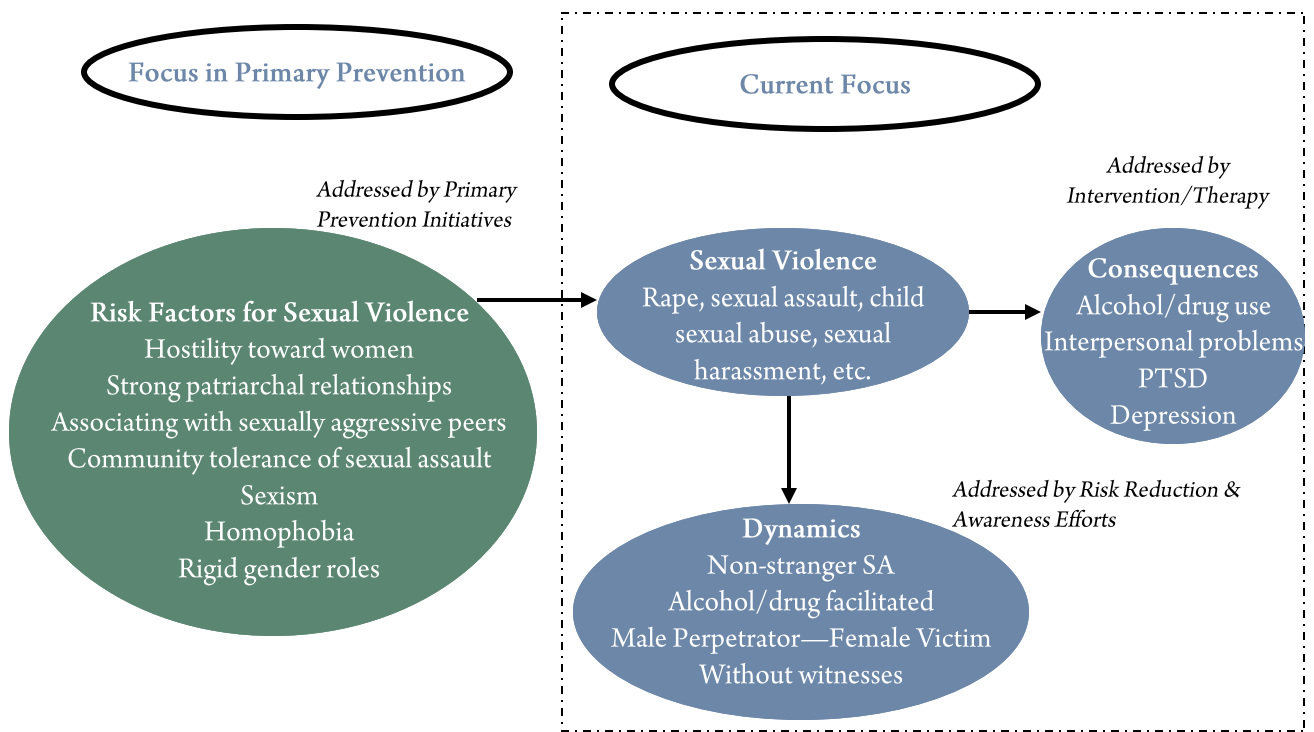


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A HOLISTIC APPROACH TO SEXUAL VIOLENCE

Primary prevention is just one of the important ways in which we address sexual violence. Ideally, we approach sexual violence in a holistic way, dealing with its causes, consequences and dynamics. The diagram below shows a model for addressing sexual violence in this way.

Figure 1 – Holistic Model (Curtis, 2007, p. 7)



This model illustrates how the focus of our work has become primarily about responding to sexual violence. We address the consequences of sexual violence through direct services to victims and their family members (from hospital response to counseling to legal advocacy), as well as through treatment programs for offenders. We also educate our communities about the dynamics of sexual violence — how to recognize the warning signs, how to support survivors, how to reduce the likelihood of becoming a victim and where to go to get support services. All of these responses are based on the belief that sexual violence will always be with us and we must learn to manage it as well as we can. They either ignore the causes of sexual violence or accept them as unalterable.

However, as you saw in the timeline in the history section, our work began with much more focus on social change and on seeing the full picture of sexual violence. Looking at the bigger picture helps us see sexual violence not only as a problem itself but also as a symptom of other problems. Just as sexual violence has a variety of consequences, it is also the result of a complex interplay of other factors. Primary prevention requires us to look at sexual violence in this context, as a result or consequence of other issues — what the public health model would term “risk factors” (for more information, see page 14 or Figure 5 on page 16).

Many factors influenced the shift from focusing on social change to focusing on social services, and unfortunately, in some cases the social change focus has been dropped altogether. While we have made great strides in serving victims and educating the public, our efforts to end sexual violence have been largely unsuccessful. Ending sexual violence will take a new approach - a primary prevention approach - that looks different from some of the current efforts that have been labeled "prevention." Some of this mislabeled work has focused more on the dynamics of sexual violence and women taking responsibility for their own safety than on addressing the factors that lead to sexual violence. The next section will highlight some of the differences between these mislabeled approaches and true primary prevention efforts.

PRIMARY PREVENTION vs. AWARENESS/OUTREACH vs. RISK REDUCTION

When learning about primary prevention, people are often confused by how this approach is different from other activities they might be conducting, such as awareness and risk reduction activities. In fact, when asking people to brainstorm activities that they think would help "prevent" sexual violence, the examples they give are often awareness, outreach or risk reduction approaches. So, what's the difference? Here are some basic explanations to help with clarification.

Awareness/Outreach

"But the term prevention is not really prevention; rather, it's risk reduction. These programs focus on how women can reduce their chances of being sexually assaulted...If a woman has done everything in her power to reduce her risk, then a man who has the proclivity for abuse or need for power will just move on to another woman or target. It's about the guy and his need to assert his power. And it's not just individual men, it's a cultural problem. Our culture is producing violent men, and violence against women has become institutionalized. We need to take a step back and examine the institutionalized policies drafted by men that perpetuate the problem (Lindsey, 2008, paragraphs 10-11)."

The goal of awareness activities is, appropriately enough, to increase the awareness of sexual assault. Often awareness campaigns or activities focus on teaching people about the dynamics of sexual violence, the prevalence of sexual violence or its consequences. Although awareness of sexual violence can be a critical part of building support for primary prevention efforts, awareness itself does not create the necessary changes in attitudes or behaviors that lead to sexual violence. While we would all like to believe that informing everyone about the nature of sexual assault and its consequences would keep people from ever committing the act, it is simply not enough to overcome the complex factors that lead to sexual assault. Outreach is very closely connected to awareness, but outreach is focused on helping victims and the

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general public know where they can find services if they are sexually assaulted or someone they know is.

Example

TAASA's "Speak Up! Speak Out!" public awareness campaign is an example of an outreach/awareness campaign. The campaign features various people telling their stories and talking about how healing it was to begin talking about sexual violence. It ends with information on how survivors can get help.

Risk Reduction

The difference between risk reduction and primary prevention is probably one of the most difficult distinctions to make, partially because what we call risk reduction for the purposes of this document has often been labeled "prevention" in our own field. However, these activities are actually quite different. As you can see in Figure 2 on page 12, risk reduction programs operate from the assumption that sexual violence itself is the issue to be addressed, or that certain aspects of the dynamics of sexual assault are themselves the problem, instead of recognizing that sexual violence is the symptom of other problems. Risk reduction focuses mostly on helping potential victims change their behaviors to avoid being sexually assaulted or to stop an attack in progress from becoming a completed sexual assault.

Self-Defense

Self-defense is probably one of the most well-known types of risk reduction programming. These programs help potential victims (usually women) learn skills to fend off attackers. Although these programs vary significantly in focus, content and length, for the most part they are all risk reduction. They can be very powerful tools for empowering women and helping victims heal, but often they do not focus on the reality of sexual assault (i.e., that it usually occurs between two people who know each other) and some people believe these programs actually give women a false sense of safety. More importantly, self-defense classes do nothing to challenge the attitudes or beliefs of the potential perpetrator, meaning that the perpetrator is likely to target someone else. Self-defense classes do not address any of the risk factors for or underlying conditions of sexual violence and therefore are not primary prevention.

Watch Your Drink Campaigns

Another common type of risk reduction program focuses on drug-facilitated sexual assault (DFSA). These campaigns aim to raise awareness about how easy it is to drug someone's drink at a party or bar and inform potential victims of actions they can take to reduce the likelihood that their drink will be drugged. These programs also raise awareness about the various drugs used in DFSA. Watch your drink campaigns incorporate an aspect of watching out for others, but still focus on stopping a potential assault from being completed (i.e., if someone is trying to drug another person's drink for the purpose of sexually assaulting them, then this is essentially an attack in progress). Primary prevention, on the other hand, seeks to change societal conditions that influence someone's decision to sexually assault another person. Primary prevention is trying to create a reality where no one is wandering around a party looking for a target to drug and sexually assault because no one would ever see that as an option.

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Figure 2: Primary Prevention, Risk Reduction and Awareness Comparison Chart

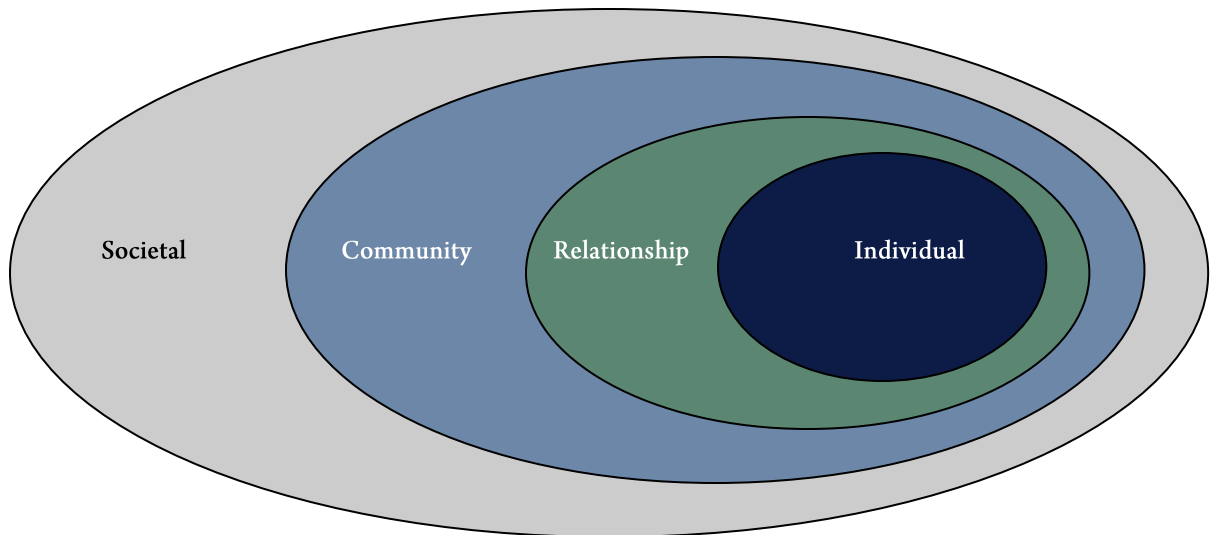
	Primary Prevention	Risk Reduction	Awareness/Outreach
Focus	Changing/addressing the underlying causes of sexual violence	Teaching individuals skills to reduce their risk of being victimized	Telling the community about sexual violence and where to access services for victims
Target	Aims to change risk factors for individuals and for the community at-large; strategies are population-based (see page 15 for more information) and focus on victimization, perpetration and bystander issues	Aims to change individual behaviors that relate to victimization	Aimed at the general public so that they can help survivors or to help survivors know where to get help
Goal	Eliminating and reducing factors that perpetuate sexual violence to keep it from happening in the first place; creating healthy norms and healthy communities	Thwarting an attack that is in process, avoiding imminent attacks, avoiding potentially dangerous people or situations	Telling the community that sexual violence exists, reaching out to victims/survivors so that they will seek services
Example	A school program that teaches students skills to be active bystanders and helps them to examine gender stereotypes and violence in the media. Training teachers about the same issues and implementing policies within the school that address sexual harassment, dating violence and sexual assault	Self-defense classes Project Watch Your Drink™ Good Touch Bad Touch™ Yello Dyno® WHO® (We Help Ourselves) (A one-shot school program that covers the dynamics of sexual violence, myths/truths, and services from the local crisis center

developed by Morgan J Curtis, LMSW

ECOLOGICAL MODEL

The CDC uses a four-level ecological model to delineate the risk factors for perpetration that have been identified. This model incorporates various theories related to the etiology (cause or origin) of sexual violence and shows how various risk factors work together to influence culture and behavior. According to the CDC, “[b]uilding such a model offers a framework for understanding the complex interplay of individual, relationship, social, political, cultural, and environmental factors that influence sexual violence” (Centers for Disease Control and Prevention, CDC, 2004, p. 4). The four levels of the ecological model are interconnected, with changes at any one level influencing every other level in some way.

Figure 3: Ecological Model (CDC, 2004, p. 5)



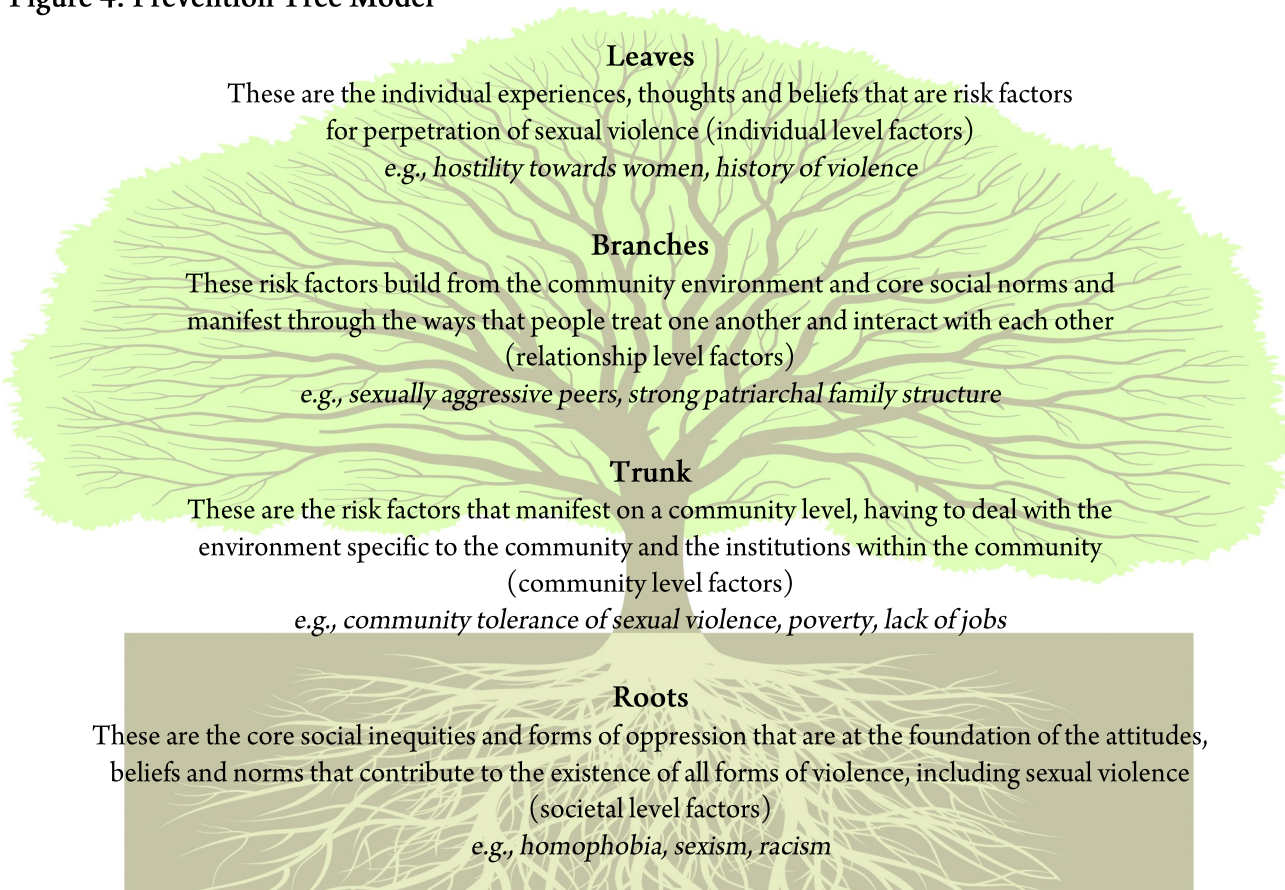
If you imagine looking at the ecological model from an aerial view, it is as though the community, relationship and individual levels are nestled inside of the societal level, almost as though the societal level is a pond the other pieces float in. This highlights the pivotal role societal factors such as norms play in influencing behaviors and interactions between people and entities. [Further discussion of the ecological model can be found in the Risk and Protective Factors section (pages 14-16) and in the Core Components of Primary Prevention section (pages 17-18).]

Another way to look at this is shown in Figure 4 (page 14). A social justice interpretation of the factors that contribute to sexual violence involves mapping those risk factors onto a tree. Tree roots distribute nourishment to the trunk, branches and leaves. The societal level issues of oppression and norms that support inequality correspond to the roots because they influence every other level. In this case, the roots send information and expectations to the other parts of the tree. Additionally, these norms hold in place factors and behaviors at the other levels, just as roots anchor a tree. The other levels of the ecological model correspond to the different pieces of the tree as follows: the community level to the trunk, the relationship level to the branches and the individual level to the leaves of the tree. If we think about the process of creating lasting change, we can see how treating the whole system through the roots is more effective than focusing on the leaves or branches. If only the leaves, branches or trunk are treated, then the tree may still be unhealthy. We must become prevention gardeners and tend to the roots of the tree. We can work for change

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at the root level by addressing issues of oppression and creating equity across all groups. If we make the roots healthy, the tree will take care of the trunk, branches and leaves.

Figure 4: Prevention Tree Model



Risk and Protective Factors

Risk Factors

As mentioned above, risk factors are the factors that contribute to the likelihood that sexual violence will occur. A chart of CDC and World Health Organization (WHO) identified risk factors for sexual violence perpetration can be found on page 16 (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002 & CDC, 2004). The risk factors are placed on the corresponding level of the ecological model. It is important to note that these factors do not include factors that cannot be altered (e.g., age, gender, etc.) and also do not include situational factors such as the presence of alcohol at a party. Moreover, it does not include factors that are related to myths about sexual violence and tend to be victim—blaming (e.g., what a person is wearing) because these factors are not risk factors for sexual violence.

Prevention efforts address these risk factors. No one risk factor directly causes sexual violence, rather, these are factors that might contribute to the likelihood that sexual violence will happen (i.e., that someone will commit a sexually violent act). This model focuses primarily on what influences acts of perpetration and what contributes to a culture that supports or at least does not discourage acts of sexual violence. If we do not end perpetration, we cannot end victimization, no matter how many skills women have to try to keep themselves safe.

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A closer inspection of risk factors demonstrates how they are connected across levels. For example, take the following:

- Societal: Social norms supportive of male superiority
- Community: Poverty, mediated through forms of crisis of male identity (this is essentially connected to the belief that men are supposed to be the “breadwinner” in the family and when they are unable to provide for their family they experience a crisis of identity and essentially feel emasculated)
- Relationship: Strongly patriarchal relationship or family environment
- Individual: Hostility towards women

For the previous examples, it is fairly easy to see how they are essentially the same factor playing out in different arenas, and they serve as a reinforcing system for each other. Of course, there are risk factors in each level that we could include in the above example that are also intimately connected with the others, including inequality based on gender at the societal level or even possibly weak community sanctions against perpetrators of sexual violence at a community level. When looking at risk factors, it is important to acknowledge that in some ways we could envision them as operating on a continuum. A good example of this is the risk factor of weak community sanctions against perpetrators of sexual violence.

Weak community sanctions against perpetrators of sexual violence

Despite the fact that this deals with responding to sexual assaults that have already been committed, it is listed as a risk factor because it is both indicative of norms in a community and also helps set norms in a community. For example, a lack of sanctions in the community sets the tone that the community does not take sexual violence seriously nor does it see sexual violence as much of a problem. Additionally, it might be connected to the societal level norm of male superiority and entitlement to sex as well as to inequalities based on gender. Since statistically speaking, the majority of perpetrators are men and the majority of adult victims are women, sexual violence has always been seen as a gendered problem and primarily a women’s issue. Women’s issues are traditionally not considered to carry the same weight as “men’s” issues, thus sexual violence isn’t taken seriously and perpetrators are not punished. The same logic applies for the norm of male entitlement to sex. General societal notions support the idea that men are entitled to sex and are aggressive sexually. Therefore, sexual violence is not seen as sexual violence, but merely men gaining access to what is rightfully theirs. Thus, despite the fact that we have laws that define sexual assault and clearly label it as illegal, and most people would state that sexual violence is wrong, there are many acts of violence that our society does not label as sexual violence. As a result, sexual violence often goes ultimately unpunished both by society and by the criminal justice system.

Protective Factors

Protective factors guard against sexual violence, and are factors related to healthy communities and healthy interactions.

There is much less research and consensus around protective factors for sexual violence than there is around risk factors. However, there are some resources that point to factors that increase the likelihood of individuals becoming healthy, productive members of society. For example, the Search Institute has identified 40 Developmental Assets® that they describe as “concrete, common sense, positive experiences and qualities essential to raising successful young people. These assets have the power during critical adolescent

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years to influence choices young people make and help them become caring, responsible adults” (2006). Examples of these assets include:

- Cultural competence
- Adult role models
- Positive peer influence
- Youth [valued] as resources
- Caring neighborhood
- High value on equality and social justice
- Peaceful conflict resolution skills
- Interpersonal skills

It is easy to see how these relate to certain risk factors. For example, a risk factor for sexual violence is having sexually aggressive peers whereas a developmental asset is positive peer influence.

Figure 5: Risk Factors for the Perpetration of Sexual Violence (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002 & CDC, 2004)

Individual	Relationship	Community	Societal
<ul style="list-style-type: none"> • Alcohol and drug use • Coercive sexual fantasies and other attitudes and beliefs supportive of sexual violence • Impulsive and antisocial tendencies • Preference for impersonal sex • Hostility toward women • History of sexual abuse as a child • Witnessed family violence as a child 	<ul style="list-style-type: none"> • Associate with sexually aggressive and delinquent peers • Family environment characterized by physical violence and few resources • Strongly patriarchal relationship or family environment • Emotionally unsupportive family environment • Family honor considered more important than the health and safety of the victim 	<ul style="list-style-type: none"> • Poverty • Lack of employment opportunities • Poverty, mediated through forms of crisis of male identity • Lack of institutional support from police and judicial system • General tolerance of sexual assault within the community • Weak community sanctions against perpetrators of sexual violence 	<ul style="list-style-type: none"> • Inequalities based on gender, race and sexual orientation • Religious or cultural beliefs • Economic and social policies • Societal norms supportive of sexual violence • Societal norms supportive of male superiority and sexual entitlement • Weak laws and policies related to sexual violence • Weak laws and policies related to gender equality • High levels of crime and other forms of violence

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CORE COMPONENTS OF PRIMARY PREVENTION

Comprehensive

In order to create lasting, sustainable changes, our efforts to prevent sexual violence must be comprehensive, meaning that they must address risk factors at various levels of the ecological model. This is necessary because of the interconnectedness of personal behaviors, relationship patterns, community interactions, and societal norms and conditions. None of these exist in a vacuum, rather they reinforce one another. Although changes at one level will influence other levels, it is ideal to seek to make deliberate changes at all levels to create substantial, lasting change. Generally, we have focused a lot of our attention on raising the consciousness of individuals or helping them build skills to behave in healthier, less violent ways or to avoid assault.

“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change (Smedley and Syme, 2000, p. 4).”

As the quote above suggests, this is not sufficient for the kinds of change we want to see. For example, let's think about the work we often do in schools. We may spend, if we are lucky, one hour a week over the course of eight to twelve weeks with a group of students. Many of us have had the experience of witnessing a shift in the behavior of a group member to more respectful behavior, only to see it disappear the next week. As the quote states, how can we expect a person to change their behavior easily when many of the messages they get at home, in the school halls, from their friends and from society as a whole support disrespectful and violent behavior?

Long-term

Primary prevention initiatives cannot make lasting change in a short amount of time. Specifically, when doing education-based work, one-time presentations are not enough to instill lasting changes in attitudes or behaviors. Even if the content of educational programs is completely prevention based and participants have an opportunity to practice new skills, without considerable follow-up, these changes will not take hold. In order to sustain changes, there must be lasting efforts to reinforce and support new skills, knowledge and attitudes. Part of this comes from ensuring that our efforts are comprehensive, and part comes from ensuring that people have ample opportunity to practice new skills and/or integrate new attitudes.

Community-driven

In *Sexual Violence Prevention: Beginning the Dialogue* (CDC, 2004), the public health model is described as “a community-oriented approach that takes the onus from victims and advocates and encourages the entire community (women, men and youth) to prevent sexual violence (p. 2).” Primary prevention asks us to operate from the understanding that our communities can identify and solve their own problems and that this is the best way in which to address community issues. When community members take ownership of an issue, they also build investment in seeing the issue solved. Moreover, when a community is invested in addressing its own problems, the issues acted upon are certain to be the ones most relevant to the community. This approach also stresses that it is not the job of victims or potential victims to solve the problem alone.

Strategic

Working from a primary prevention model forces us to think critically about why we are doing what we are doing and why we are targeting certain populations, risk factors or areas. Our efforts should be based on data, theory and sound reasoning. This is not to say that they need to be based on pure scientific methodology, but rather that they have a firm grounding. It has not been unusual in our field for us to educate the people to whom we had the easiest access, whether or not they were the most appropriate people to receive certain information or learn a certain skill. We need to always ask and have good answers to the “whys” related to our work. Why are we trying to pass this skill on to this population and why now? Have they stated some need for it? Do they have the necessary knowledge and motivation to acquire the skill? How will they use it? Do we need to teach other skills first in order to make the acquisition of this skill more effective? Will their environment support their use of newly acquired skills? If not, how do we (or they) impact their environment to make it more supportive?

Population-based

Many social service and medical interventions focus on the good of one person. For example, mental health counseling or treatment for a particular physical ailment are interventions that focus on the good of the one person who is impacted, even if a larger societal condition is connected to their problem. Public health interventions are focused on the good of society at large, or on the good of the whole. Generally, there is no

“A premise of our actions: we work to improve society rather than simply to aid the victims of society’s malfunctioning.”

- Dr. Loretta J. Williams

“individual” intervention involved in a public health approach. Even work done to address issues that are exhibited at the individual level are addressed in ways that are meant to impact multiple people (e.g., group education, policy work, changing organizational practices) and are addressed because of the impact they will have on the lives of the individual as well as the people around them.

Tools for Change: Core Concepts

SPECTRUM OF PREVENTION

The Spectrum of Prevention (see Figure 6 below) is another handy tool to help understand primary prevention and to help plan prevention strategies. Like the ecological model, the spectrum has different levels that are interconnected. These levels represent the types of strategies that you could employ in conducting prevention work. The Spectrum of Prevention helps us to look beyond education-based work to broaden our tactics. Again, employing strategies at just one level is not ideal for creating lasting, systemic change. Multiple tactics need to be used in order for efforts to be far reaching and comprehensive.

Figure 6: Spectrum of Prevention (Davis, Fujie Parks & Cohen, 2006, p. 7)

Level of Spectrum	Definition of Level
1. Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing injury or illness and promoting safety
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
3. Educating Providers	Informing providers who will transmit skills and knowledge to others
4. Fostering Coalitions and Networks	Bringing together groups and individuals for broader goals and greater impact
5. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
6. Influencing Policy Legislation	Developing strategies to change laws and policies to influence outcomes

Level 1: Strengthening Individual Knowledge and Skills

Strategies at this level are focused on educating people in ways that will enhance their ability to be healthy non-violent people and contribute to the creation of a healthy community. This could include strategies to promote healthy relationship skills, bystander skills, parenting skills or related behaviors, as well as strategies to implement newly learned skills. As mentioned previously, this means moving beyond traditional education which teaches awareness or risk reduction, but Level 1 strategies are most likely to be done in educational formats. Remember the principles of effective prevention education programs (see these principles on page 31 in the Appendix), which include ensuring time to practice new skills (role playing, scenarios) as well as ensuring that the new skills are taught over enough time and in enough depth to enhance program participants' success. These nine principles were identified specifically in relation to prevention education programs with youth but also apply to educational work with adults.

Example

The Men's Resource Center of South Texas offered a young men's work group, based on the curriculum *Young Men's Work: Stopping Violence and Building Community* by Paul Kivel and Allan Creighton. Young men from around the Rio Grande Valley were invited to participate and were offered a stipend for their participation. These young men learned the language to talk about the root causes of sexual violence and to examine power and privilege. They also learned skills to engage the men in their lives — fathers, uncles, brothers, etc. — in conversations about sexual violence, as well as skills to utilize their own talents to be visible allies to women and organize to end sexual violence. In addition to the individual-level attitude change and skill building, the participants were asked to create an event and an advertisement to take what they learned into their community, thereby increasing their skills to help others change their lives.

Bystander Programming

One of the areas of great promise regarding Level 1 of the Spectrum of Prevention centers around efforts to engage individuals in bystander, or ally, roles. Traditional efforts along these lines have focused on engaging individuals to intervene when they see acts of violence or situations that are likely to escalate to violence. While these are important skills to have, similar to self-defense skills, they rely upon an act of violence to occur or be imminent before they become useful. However, the promise in bystander work regarding the primary prevention of sexual violence lies in engaging individuals to challenge the attitudes, beliefs and cultural factors that contribute to the occurrence of sexual violence and to become allies to people who are treated unjustly. Instead of teaching skills and knowledge to safely intervene in a sexual violence situation, successful primary prevention bystander programming can provide knowledge and skills to address sexism, homophobia, male privilege and entitlement, plus other risk factors of sexual violence. A successful program might, for example, engage men in discussions and role playing around ways to challenge “locker room chat” or sexist jokes amongst their peers and to become role models for equity and healthy relationships. The focus is to empower individuals to address risk factors across the ecological levels to end sexual violence by changing norms.

Level 2: Promoting Community Education

Unlike Level 1, Level 2 focuses on reaching large numbers of people at the same time with one message. More often than not, these types of strategies focus on changing knowledge and attitudes rather than on acquiring skills. These efforts can be used to support or introduce the skills and attitude changes you are trying to create at the individual level or the change in policies or organizational practices you'd like to see. It can also help create a supportive environment for those changes to occur in.

One of the main strategies for educating the community is public awareness campaigns. It's important to keep in mind that, for the purposes of prevention, these campaigns would not just be general information about sexual violence and where to get services, but rather they would aim to change attitudes about risk factors for sexual violence. One example of this is the Vermont Network Against Domestic and Sexual Violence's prevention posters (Figure 7 on page 21).

Tools for Change: Core Concepts

Figure 7: Prevention Poster (Vermont Network Against Domestic and Sexual Violence, 2007)

Courageous
Check yourself

- ☐ I face evil super villains without flinching.
- ☐ I don't laugh at sexist jokes.
- ☐ I call my friend out when he is treating his partner badly.
- ☐ If I'm told I throw like a girl, I say "thank you".
- ☒ **All of the above.**

We are all responsible for teaching young boys and girls about respect and healthy relationships. More importantly, we are all responsible for modeling good behavior.

Check Yourself.

The 16 Programs of the Vermont Network Against Domestic and Sexual Violence have been answering hotlines, providing crisis services, and educating us about what we can do when we witness or experience domestic violence for over 20 years.

Help is available. Call for information and volunteer opportunities.

1-800-228-7395
(ABUSE-95)

Or Locally:

www.vtnetwork.org

So, what makes this prevention-based?

- It focuses on root causes and contributing factors. You will notice that this campaign is not directly geared toward preventing someone from becoming a victim or becoming a perpetrator, rather it addresses norms that contribute to violence and acting to interrupt those norms.
- It addresses sexist jokes as attitudes that lead to violence and that should not be supported.
- It addresses the social norms supportive of inequality between men and women by suggesting that this boy is not bothered by the idea that he might throw like a girl. This is not an insult to him because he doesn't see girls as "less than."
- It addresses peer norms supportive of violence and of silence surrounding violence because this boy calls his friends out.
- It encourages action – including being an active bystander when one sees concerning behavior and not supporting demeaning and sexist jokes. It also encourages action on the part of everyone else by pointing out the role of community members in modeling good behavior and teaching children about healthy relationships.

Level 3: Educating Providers

In terms of prevention of sexual violence, "providers" is a very broad term. Generally, we think of medical and mental health professionals when we hear the term; however, in this sense, we mean anyone who provides a service in the community. This includes media, journalists, teachers, local elected officials, clergy/faith leaders, etc., in addition to medical and mental health providers. Essentially, it includes anyone who is in a position to influence others in the community. By educating providers and providing them with the

skills and knowledge to address risk and protective factors related to sexual violence, the message is reinforced and reaches more people. Educating providers also stands a chance in helping make changes in organizational practices (see below).

Example

As part of their primary prevention efforts, two central Texas rape crisis centers reached out to various faith leaders in their communities in hopes of helping these leaders incorporate prevention-based messages into their work. One of the strategies included bringing many of these leaders together for a luncheon to allow them to share the work they were already doing and discuss ways in which they could add messages and programs that would support protective factors and help deconstruct risk factors. Faith leaders provide a vital service to their communities and are highly influential figures. By helping them to understand their role in the prevention of sexual violence, many more people are reached with positive messages. Moreover, in order to add a holistic spin to this effort, the faith leaders were also given information about responding to sexual violence in their communities.

Level 4: Fostering Coalitions and Networks

Building coalitions and networks among various individuals or organizations who work with issues connected to sexual violence prevention helps ensure the wide reach of our efforts as well as their sustainability. It allows individuals to share the work they are doing, discuss challenges and successes and coordinate their work for maximum impact. It also sends the message to the community that sexual violence prevention is a community issue and an issue that requires collective action.

Example

Some communities in Texas have built multi-disciplinary coalitions that deal with issues connected to sexual violence prevention. In fact, one community has their general sexual violence prevention group but also convened a parental advisory board whose work was to monitor media coverage and work with media providers to impact the types of issues covered and the way the issues were covered.

Level 5: Changing Organizational Practices

Organizational practices are the ways organizations operate, including but not limited to hiring and advancement of employees, advertising standards and policies and establishment of vendor contracts for services. These practices have a profound impact on the people directly involved with an organization and also have the potential to have a significant impact on the community. These practices are also part of setting organizational culture and often influence community norms. This level is broader than just the policies an organization might have on the books and actually pertains to the way those policies are carried out in addition to organizational issues that are not codified, or written into policy. In many ways, organizations can be microcosms of society and are therefore excellent places to start implementing changes. When seeking to change organizational practices, the connection of various practices with the advancement of equality, health and safety must be considered.

Tools for Change: Core Concepts

Examples

1. In the spring of 2008, TAASA engaged in a process of examining our organizational culture. This included assessing issues such as staff stress levels, knowledge of sexual harassment and discrimination policies and comfort level in reporting those issues, and experiences with biased/discriminatory comments in the office. We conducted a survey and then had meetings to discuss the results and brainstorm solutions that could be implemented in policy or practice to address some of the problems we uncovered. Many changes were implemented as a part of this process, and the changes were aimed at helping TAASA to be a more equitable and healthy organization.
2. Many universities require a competitive bidding process prior to hiring out for services (including printing or building) and even require that one bid be from what they often call a “minority or women-owned business.” Such policies are meant to offer economic support to people of color and women who own businesses and are at their core pro-equality policies.

Level 6: Influencing Policy Legislation

Public policies also have a large impact on individual behavior as well as social norms. Consider the impact on smoking and attitudes toward smokers since certain anti-smoking legislation and local policies have been passed. Of course, all states already have policies that make sexual violence illegal, but additional policies could also be implemented to promote equality, promote general health and safety and address risk factors for sexual violence. Policies can be implemented to address risk factors related to sexual violence in a variety of ways. An important consideration at this level is whether you need to implement a local, state or federal policy. Certain issues are better dealt with at the local level, and many meaningful policy changes have started at the local level and expanded to state and national levels.

Example

Section 37.0831 of the Texas Education Code (often referred to as House Bill 121) in Texas is an example of legislation that has the potential of being part of a prevention approach to interpersonal violence, though in its current state it is not primary prevention. The current bill, passed in 2007, focuses on requiring schools to have a dating violence policy, established and comprehensive responses to dating violence and awareness and implementation training for staff and students. While having all of these components is crucial to responding to dating violence, they do nothing to require schools to change the environment or increase the skill sets of staff or students to prevent violence. A strong, school-based primary prevention legislative policy might mandate character education, teaching students healthy relationships skills on an ongoing basis, student involvement in policy making decisions and a review of all policies and practices for gender equity.

Putting the Pieces Together

Since these levels are meant to work together, many efforts combine various aspects of the spectrum to achieve success. One example of this is the efforts surrounding the “Problem Solved” shirt (pictured at

Figure 8: Problem Solved T-shirt (Reign, 2006)



left). When word got out about this shirt through the use of blogs and listservs, the anti-sexual and domestic violence movement responded in force. They wrote letters, e-mails and blogs about why the message on the shirt is concerning and about how it is related to sexual and domestic violence. This strategy served not only to educate the community about how certain behaviors, beliefs and cultural issues play into sexual violence but also helped change organizational practices of the companies who produce and/or sell such clothing items. One of the groups leading the response against the t-shirt was Hardy Girls Healthy Women (HGHW), a group that, among other things, engages young women as social change activists and encourages them to

respond to concerning aspects of our culture. The young women at HGHW wrote letters and held press conferences to put pressure on K-Mart to pull the shirt and to become a leader in the movement to address domestic violence.



Tools for Change: Conclusion

Rape crisis centers and communities are broadening their focus to address the big picture of sexual violence by reconnecting to the stories of resistance written by the leaders and founders of our movement, past and present. They continue to raise awareness about sexual violence while providing hope and spaces for safety and healing to those victimized by it. They are also working to change the conditions that perpetuate sexual violence. Efforts to address sexual violence are focused on:

- Spreading the belief that we can end sexual violence because it is a result of social norms that can be changed;
- Identifying and raising community consciousness of the risk factors of sexual violence;
- Identifying and supporting existing protective factors;
- Seeing sexual violence as an issue larger than the individual cases of sexual assault and abuse we have seen and/or experienced;
- Dealing with sexual violence as a symptom of an illness in our communities, rather than as the illness itself;
- Recognizing and supporting the growth of knowledge and skills within our communities to end sexual violence; and
- Supporting and encouraging individual and collective acts of courage that challenge the norms, policies and practices in our families, organizations, communities, states, nation and world that lead to sexual violence.

Our hope is that this document has provided you with a basic understanding of the concept of primary prevention, and given you some of the tools and language to focus your work at your agency and in your community as mentioned above. Our intent is to introduce a broader, more “big picture,” way of approaching sexual violence to help you form a foundation upon which to develop your own understanding of sexual violence in your community, and to create and institute strategies with your community to end sexual violence. We are here to help you build upon that foundation, and we trust that you and your community can do much of the building on your own.

We recognize that this approach can be both exciting and intimidating at the same time. As you read the principles of effective prevention education programs in Appendix A, you will notice that sufficient dosage is one of the key principles. This means that for primary prevention concepts to sink in, it takes several exposures to the ideas and models. This principle applies to you as well. Please take time to look through the information on our webpage and call or email TAASA’s prevention team to ask questions, brainstorm, schedule technical assistance, find out about or schedule primary prevention training sessions or just to seek support and understanding. Together we can help our communities start down the path toward ending sexual violence and creating healthy, thriving and safe communities.

Please contact TAASA's primary prevention team
or check out our website with any questions or concerns,
or for additional resources.

TAASA's primary prevention team

prevention@taasa.org

512-474-7190



References and Appendix

Tools for Change: References

- Brewer, Rose; Katz-Fishman, Walda; Kuumba, M. Bahati; Rousseau, Nicole (2004). Land, Labor, Power & Our Bodies. In Horowitz de Garcia, Dan; Katz-Fishman, Walda; Payne, Andrew; Scott, Jerome. *The Roots of Terror* (pp. 102-108). Project South: Institute for the Elimination of Poverty and Genocide.
- Centers for Disease Control and Prevention (2004). *Sexual Violence Prevention: Beginning the Dialogue*. Atlanta, GA. Centers for Disease Control and Prevention.
- Curtis, Morgan J (2007). *Engaging Communities in Sexual Violence Prevention*. Retrieved on December 5, 2008 from the Texas Association Against Sexual Assault Website: http://www.taasa.org/prevention/pdfs/TAASA_ECGuidebook.pdf.
- Davis, Rachel; Fujie Parks, Lisa, & Cohen, Larry (2006). *Sexual violence and the spectrum of prevention: Towards a community solution*. Enola, PA: National Sexual Violence Resource Center.
- Ford, Bonnie L (no date available). *Association of Southern Women for the Prevention of Lynching*. Retrieved on December 12, 2008 from Ask.com Website: <http://www.answers.com/topic/association-of-southern-women-for-the-prevention-of-lynching>.
- Garske, Donna; Hoffman, Lisa (Fall 2007). California Violence Against Women Prevention Timeline. In *Catalyst* (pp. 2-5). Transforming Communities.
- Greensite, Gillian (no date available). *History of the Rape Crisis Movement*. Retrieved September 16, 2008 from California Coalition Against Sexual Assault Website: <http://www.calcasa.org/31.0.html>.
- Krug, E.G., Dahlberg, L.L., Mercy, J.A.; Zwi, A.B., & Lozano, R. (Eds.) (2002). *World report on violence and health*. Geneva: World Health Organization.
- Lindsey, T. M. (2008, June 3). Jackson Katz: Violence Against Women is a Men's Issue. *T.M. Lindsey's weblog*. Retrieved on December 18, 2008 from RH Reality Check Website at <http://www.rhrealitycheck.org/blog/2008/06/02/jackson-katz-violence-against-women-is-a-mens-issue>.
- Macnamara, Donna (no date available). *History of Sexual Violence*. Retrieved December 5, 2008 from Interactive Theatre.org Website: <http://www.interactivetheatre.org/resc/history.html>.
- Martin, Patricia Yancey & Schmitt, Fredrica E. (2006). *The History of Anti-Rape and Rape Crisis Center Movements*. Retrieved on December 5, 2008 from the Florida State University Department of Sociology Website: http://www.sociology.fsu.edu/people/martin/martin_crisis_center_movements.pdf.

Tools for Change: References

- Nation, Maury; Crusto, Cindy; Wandersman, Abraham; Kumpfer, Karol L.; Seybolt, Diana; Morrissey-Kane, Erin; Davino, Katrina (2003). *What works in prevention: Principles of effective prevention programs*. American Psychologist. Vol 58(6-7), Jun-Jul 2003, 449-456.
- Office for Victims of Crime: Training and Technical Assistance Center (OVCTTAC) (2007). Summary of the History of Rape Crisis Center. In OVCTTAC. *Sexual Assault Advocate/Counselor Training Manual* (pp. 195-202). Retrieved December 5, 2008 from OVCTTAC Website: https://www.ovcttac.gov/saatc/files/summ_of_history.pdf.
- Reign, April (2006, December 26). Problem Solved? *April Reign weblog*. Retrieved on December 19, 2008 from <http://aprilreign.breadnroses.ca/2006/12/problem-solved/>.
- Search Institute (2006). *40 Developmental Assets*. Retrieved on December 16, 2008 from the Search Institute Website: <http://www.search-institute.org/assets/>.
- Smedley, Brian D. & Syme, S. Leonard (2000). *Promoting Health: Intervention Strategies from Social and Behavioral Research*. Institute of Medicine.
- Vermont Network Against Domestic and Sexual Violence (2007). *2007 DVAM Posters—Check Yourself*. Retrieved December 19, 2008 for the Vermont Network Against Domestic and Sexual Violence Website at <http://www.vtnetwork.org/file.php?ID=185>.

Tools for Change: Appendix

PRINCIPLES OF EFFECTIVE PREVENTION EDUCATION PROGRAMS

(Nation, Crusto, Wandersman, Kumpfer, Seybolt, Morrissey-Kane & Davina, 2003)

These are nine principles that can help prevention practitioners select, modify or create more effective education programs.

Comprehensive An effective prevention program targets multiple domains (e.g., family, peers, community, societal messages) in an attempt to influence the attitudes and beliefs that lead to the perpetration of sexual violence. A comprehensive approach would targets multiple levels of the ecological model.

Varied Teaching Methods Using a mix of interactive activities, awareness raising information, skill-building activities, group discussions and opportunities to practice skills greatly increases the effectiveness of prevention education.

Sufficient Dosage Meeting with a certain population for several sessions over time with an opportunity to get more in-depth regarding attitudes and beliefs, and with more opportunity to practice skills to prevent sexual violence can lead to a more successful program. In other words, one-time awareness raising sessions are not effective for prevention work, and follow up with program participants enhances effectiveness.

Theory-Driven Programs that are based on proven theories and accurate information and are supported by empirical research are more effective. For example, much of the work done in the area of prevention of sexual violence is based on feminist theory.

Positive Relationships Programs that create an environment where participants foster and are exposed to healthy relationships with peers and other community members create positive outcomes.

Appropriately Timed Effective programs are initiated early enough to have an impact on the development of the problem behavior and are sensitive to the developmental needs of participants.

Socio-Culturally Relevant Effective programs are tailored to the community and the cultural norms of the participants and make efforts to include the target group in program planning and implementation.

Outcome Evaluation Prevention programs that have clear goals and objectives and make an effort to systematically document their results relative to the goals are more effective.

Well-Trained Staff Effective prevention programs provide adequate training to program staff responsible for implementation.



Texas Association Against Sexual Assault

6200 La Calma ♦ Suite 110

Austin, Texas 78752

www.taasa.org