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Primary Interventions for Sexual Violence

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Several different junctures exist in which to intervene in the process of sex offending, with hopes of decreasing the rate and/or severity of sexual violence. Primary prevention is the first of these junctures, referring to strategies or interventions that aim to stop sexual violence before it occurs (Centers for Disease Control and Prevention, 2004). Methods of primary prevention have been successfully utilized with various public health concerns, including cancer prevention (McCracken et al., 2013), substance abuse (Kumpfer, 2014), and weight management (Carlson et al., 2012) and proven to be a cost-effective method of managing both mental and physical health concerns.

To this end, the World Health Organization (WHO) released a report in 2014 detailing potential primary prevention areas for sexual violence. To assess the current state of primary prevention strategies implemented, 133 countries were surveyed which accounted for 88% of the world's population (WHO, 2014). However, despite the interest which primary prevention methods have occasionally attracted, they have not been implemented with the same fervor as are secondary or tertiary interventions. For example, while 99% of the surveyed countries had a law prohibiting statutory rape, only 35% of countries had implemented a prevention program for sexual violence for schools and college populations (WHO, 2014). Thus, these interventions may pose an underutilized but nonetheless valuable method by which to reduce sexual violence.

Methods of Primary Clinical Intervention

Primary prevention methods, in order to be maximally effective, should target factors known to be contributory towards eventual sexual violence. In identifying factors leading to sexual violence, the social-ecological model (Krug et al., 2002) delineates four interconnected levels that require targeting for long-term prevention of sexual violence: individuals, relationships, communities, and societies. These levels represent segments of the populace in which to intervene.

Individual-level interventions aim at treating personal factors within both potential perpetrators and victims, with the goal that these factors should never accumulate to the threshold in which sexual violence may occur. Topics covered in this level include alcohol and drug use, preference for impersonal sex, hostility towards women (World Health Organization, 2014), or consent in

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sexual relationships (e.g., the U.S. Child Assault Prevention [CAP] programs; see <http://njcap.org/category/programs/>).

Interventions which target the relationship level recognize that friends of individuals at risk of victimization or perpetration can intervene to prevent sexual violence. Relationship interventions aim to broaden responsibility of sexual violence prevention beyond potential victims and perpetrators (Foubert et al., 2010). Such interventions cover family environment factors such as emotional support or physical violence at home, to associations with negative peer influences such as those promoting sexually aggressive behavior (WHO, 2014).

Community-level interventions aim at developing policies which reduce the likelihood of social risk factors and instead promote protective factors. Examples of this level of intervention include developing policies addressing such factors as poverty, general tolerance of sexual assault within the community, or lack of employment opportunities (WHO, 2014).

The final category for intervention, that of societal factors, addresses norms supportive of sexual violence and attempts to instill healthy and accurate norms for sexual engagement.

Each of the above categories will be discussed below and some examples of programs in place will be given. These examples are in no means meant to be exhaustive but can serve to aid those wishing to expand the implementation of primary prevention methods to reduce sexual violence. Finally, research on efficacy will be discussed as well as recommendations on how public policy can better support effective primary prevention of sexual violence.

Primary Prevention – Individual Factor Intervention

Primary intervention strategies for individual factors have focused on potential victims of sexual violence, potential perpetrators, or both. For example, *The Body Safety Program* is a school-based program that focuses on potential victims, aiming to build skills within children to be able to recognize, prevent, and respond to sexual advances from adults (Eriksen, n.d.). This program has been adopted by several counties across America such as in Fairfax county, Virginia and Oakland county, Michigan as a program delivered free of charge to the community (e.g., Eriksen, n.d.).

Some programs have instead focused on teaching appropriate sexual behavior to both potential perpetrators and victims. Such programs include *Shifting Boundaries* (Taylor et al. 2011) and *Safe Dates* (Foshee et al., 1996), which were designed to be delivered to middle school children. *Shifting Boundaries* addresses policy-based safety concerns within the school, such as identifying areas of concerns for increased monitoring, and publishing posters to increase awareness of dating violence (Taylor et al., 2011). Meanwhile, *Safe Dates* is a 10-session curriculum addressing attitudes, social norms, and healthy relationship skills, concluding in a 45-

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minute student play about dating violence and a poster contest (Foshee et al., 1996). Finally, some programs have focused largely on potential perpetrators. One such program, *Coaching Boys Into Men*, uses athletic coaches to teach gender equality, recognition of abusive behavior, and that strength as a male does not equate violence to student athletes (*Coaching Boys Into Men—Respect, Integrity, Nonviolence, 2018*—see: <http://www.coachescorner.org/>).

Two examples of this type of intervention are *Bringing in the Bystander* (Baynard et al., 2007) and *Green Dot* (Coker et al., 2011). These programs were developed to be implemented with college students and provide education and training in breaking the barrier which the bystander effect can erect between being aware of the issue and intervening. These programs aim to provide participants with the skills necessary to act when they see behaviors which put others at risk or speak out against rape myths and sexist language. Additionally, several of the individual factor primary prevention programs discussed contain interventions on the bystander effect as well. For example, *Coaching Boys Into Men* not only provides strategies and resources regarding healthy and respectful relationships, but trains participants to be able to intervene when witnessing abusive behavior (*Coaching Boys Into Men – Respect. Integrity. Nonviolence.*, 2018). Thus, many of the individual factor interventions, if administered widely enough, can have an impact on the relationship factors as well as they bring awareness of healthy sexual norms both to those who might eventually have engaged in such behavior, and those who might eventually witness such behavior.

Primary Prevention – Communities Factor Intervention

Many of the factors targeted by community and societal interventions are not explicitly described to be attempting to reduce future sexual violence. For example, interventions aimed at employment opportunities or poverty may not be undertaken with the stated goal of reducing sexual violence. However, a 2002 WHO report described that “[p]overty is linked to both the perpetration of sexual violence and the risk of being a victim of it” (Jewkes 2002, p. 161). They go on to describe that those trapped in poverty with little opportunity for social mobility may feel thwarted in their expectations of masculine success, reshaping community ideals to emphasize misogyny, substance abuse, and participation in crime. Thus, strategies that aim to increase economic mobility of families or social assistance programs may reduce sexual violence. Programs such as Early Head Start Programs (2020) that provide intensive and comprehensive child development and family support services to low-income infants and toddlers and their families may provide crucial services towards this end. Similarly, job training programs such as the Employment Development Department (n.d.) in California can provide economic mobility if effectively delivered to those in need.

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Primary Prevention – Societies Factor Intervention

Societal factors for primary prevention focus on norms and socially held beliefs regarding sexuality. Such norms are often expressed in adopted legislation or policies related to sexual violence. One of the theories regarding the purpose of incarceration for perpetration of sexual violence, that of deterrence, falls under this intervention strategy. A noted purpose of adopted law is to express messages about morality, solidarity, and other more absolute ideological values. These ideological values are meant to convey community sanctions against the perpetration of sexual violence and maintain moral consensus (Hermstad, 2013).

Commitment to communicating this value is often reflected in an emphasis on police training or appropriate allocation of police resources to sexual violence. Similarly, laws and policies that address gender equality communicate values antithetical to hostility towards women. Finally, social norms can create an impact on the occurrence of future sexual violence. Culturally accepted belief systems regarding where responsibility lies for sexual assault, age of consent, or ideologies promoting male entitlement towards sexual contact can all increase the likelihood of sexual violence. Indeed, societies in which the ideology of male superiority is strong, rape is more common (Murnen et al., 2002).

While societal norms may be more ambiguous and thus more difficult to intervene upon, some efforts should be discussed. Most notably, the *#MeToo* movement sought to change societal norms through open discussion of experiences and public naming of those alleged to have committed sexual harassment, with measurable change occurring within public consciousness (Rasmussen & Yaouzis, 2019). While such a movement is beyond public policy discussions, adopted norms are carried and communicated subtly through interactions and behaviors (Nolan, 2011), thus changes in social norms through such movements permeate future public policy decisions and execution.

Primary Prevention – Efficacy

While multiple primary prevention programs exist and have a prima facie validity, little empirical evidence has been produced on their efficacy. Of the programs discussed, three have been submitted to rigorous evaluation design; *Safe Dates*, *Shifting Boundaries*, and *Coaching Boys Into Men*. The evidence produced indicates that primary prevention remains an effective avenue of intervening on sexual violence. For example, results from a 4-year follow-up study utilizing randomized controlled trial for *Safe Dates* demonstrated that participants in the program were significantly less likely to be both victims and perpetrators of sexual violence (Foshee et al., 2004). Specifically, participants reported that they experienced between 56% and 92% less dating violence victimization and perpetration compared to controls at follow-up. Similarly, *Shifting Boundaries* has been reported to have been effective in reducing perpetration and

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victimization of sexual harassment and peer sexual violence, as well as sexual violence victimization but not perpetration by a dating partner (Taylor et al., 2011, 2013).

Finally, for *Coaching Boys Into Men*, a 3-month follow-up study utilizing randomized assignment to a control group demonstrated that participants were more likely to intervene in sexual violence (Miller et al., 2012), and that one year later those who participated were less likely to report abuse perpetration and negative bystander behaviors when witnessing abusive or disrespectful behavior among peers (Miller et al., 2013). Thus, while empirical evidence is lacking, available evidence does appear to support the utility of primary prevention for sexual violence.

Primary Prevention – Recommendations

While primary prevention interventions appear to be a viable method of reducing rates of sexual violence, the implementation of such interventions has been inconsistent. For example, the Center for Disease Control and Prevention had established the Rape Prevention and Education (RPE) program which has actively worked to provide funding to prevention programs within each of the 50 states, the District of Columbia, Puerto Rico, and four U.S. Territories (*Rape Prevention and Education (RPE) Program*, 2020). However, with only one program per state receiving federal funding, the fiscal burden is often left for states or counties to implement. Additionally, out of 133 responding countries to a 2014 WHO survey, only 37% had enacted legislation to implement sexual violence prevention programs for school and college populations (WHO, 2014). While such programs will occasionally be adopted and implemented by states and counties, the implementation is not comprehensive nor consistent. Due to gaps in public policy supporting primary prevention programs, some community members have taken up the responsibility, with a 2002 WHO reporting that there were at the time over 100 men's groups in the United States aimed at preventing sexual violence (Jewkes, 2002). Regardless of intentions to reduce sexual violence and apparent public support for this goal, the inconsistent application can sometimes mean that those within poorer regions of the country may not have available resources to prevent their future perpetration or victimization of sexual violence.

In order to address these discussed gaps in public policy, this author recommends two steps. The first of these is that those within the field of sexual violence increase their research efforts to validate and refine available programs. As discussed above, the research published has been promising, but insufficient if one were to attempt to make an effective argument for community investment in these programs. Thus, program developers should work to maximize efficacy while minimizing costs, and independent researchers should validate the findings published by program developers.

Following establishment of efficacy, it is recommended that those programs most advantageous to the public be implemented into school and community centers. Ideally, such implementation

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should come from the state level in order to ensure comprehensive coverage. With an increased population on which these interventions would be delivered, the resulting shift in rates of sexual violence and modifications of social norms could produce a generation with significantly lowered mental, physical, and fiscal costs incurred by sexual violence.

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