

Sexual Violence Prevention in Simple Terms

**HOW-TO GUIDANCE AND REMINDERS
FOR BEGINNERS – PROS**

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Introduction

The purpose of the Rape Prevention and Education (RPE) funds is to prevent sexual violence by implementing primary prevention strategies designed to change individual, relationship, community, and societal level risk and protective factors. See Appendix A for the CDC's List of Risk Factors for Perpetration.

Remember that primary prevention focuses on preventing first-time perpetration or victimization.

What's happening in our community/county that we'd like to change?

Maybe you've seen an increase in the number of sexual assault survivors from a certain community seeking services. Maybe a high-profile case covered in the media has sparked community outrage about sexual violence. Maybe your rape crisis program has noticed a rising trend in a certain type of sexual violence.

The answer to this question will help you identify the problem or need where you should consider targeting your resources.

What do we want to achieve?

Too many of us fall into the trap of starting with what we want to do, but decisions about what will be done should be based upon what we want to achieve—not vice versa.

Start by answering: "What do we want to achieve?" This answer is your goal (when described in general terms) and your objective (when presented in more specific terms). Remember to use the SMART model when developing your answer. See Appendix A for details on the SMART model.

What would be some signs that we've achieved what we wanted to achieve?"

Lots of people are going to be interested in knowing whether what you're doing is working. Figuring out how to measure this can feel overwhelming. Brainstorming what would be different if you achieved what you wanted to achieve and the signs connected to those changes can be helpful in identifying concrete measures of progress.

How have others (or we) previously achieved what we want to achieve now?

This is the time to explore the available options with an eye toward evidence-supported approaches. Since there are very few evidence-based options that

address the primary prevention of sexual violence, this part of the process can be challenging.

Nevertheless, ideas about evidence are evolving. Though the Best Available Research Evidence is the most commonly used type of evidence, “other forms of evidence related to clinical/practitioner experience/expertise and setting/contextual factors have been recognized as being crucial to the success of prevention efforts for many behavioral health problems, including violence.”¹

Here are a few resources that describe options:

The New York State Coalition Against Sexual Assault and the New York City Alliance Against Sexual Assault worked with the New York State Department of Health (NYSDOH) to compile a 2011 list of evidence-supported prevention curricula. See Appendix B for the list.

According to a CDC-funded study, *Futures Without Violence’s Coaching Boys into Men Program*² has been proven effective in preventing teen dating violence. “Boys who participated in the program were significantly more likely to stop abusive behaviors among their peers” and less likely to perpetrate abuse when compared to youth who did not participate in the program.³

Other evidence-informed programs include: the *Enough Abuse Campaign*,⁴ which engages adults and communities in preventing child sexual abuse; and *Start Strong*,⁵ which develops teen leaders and engages communities in promoting healthy relationships and preventing teen dating violence.

Will what others (or we) have done previously work for our community/county now?

An approach that worked well in one community, or even many communities, will not necessarily be effective in your community. An approach that worked in your community previously may not necessarily be effective moving forward.

¹ Puddy, R. W. & Wilkins, N. (2011). *Understanding Evidence Part 1: Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*. Atlanta, GA: Centers for Disease Control and Prevention.

² Coaching Boys into Men:

<http://www.futureswithoutviolence.org/content/features/detail/811/>

³ Health News Digest article:

http://www.healthnewsdigest.com/news/Teen_Health_290/Coaching-Boys-into-Men-Program-Proves-Effective-in-Preventing-Teen-Dating-Violence.shtml

⁴ Enough Abuse Campaign website: <http://enoughabuse.org>.

⁵ Start Strong website: <http://www.startstrongteens.org>.

Here are some resources to help you assess which options might be most effective in your community:

A Framework for Thinking About Evidence depicts three facets of evidence as “important and necessary aspects of making evidence-based decisions.” The three facets of evidence are based on: research; professional experience; and fit. See Appendix C for the graphic and links to more information.

The Nine Principles of Effective Prevention Programs⁶ remind us that our prevention programs should be comprehensive, use varied teaching methods, provide a sufficient dosage, be theory driven, foster positive relationships, be appropriately timed, be socio-culturally relevant, be evaluated for outcomes, and use well-trained staff. For more details, go to the link in the footnote.

The Socio-Ecological Model⁷ recognizes “the complex interplay between individual, relationships, community, and societal factors” and the need to reinforce prevention messages at multiple levels, in multiple ways, over time. See Appendix D for the graphic.

The Spectrum of Prevention encourages us to conduct activities at six different levels because multi-level strategies have greater power to effect norms change. Spectrum of Prevention levels are compatible with the Socio-Ecological Model levels and offer six general strategies. See Appendix D for more details.

According to CDC’s Rape Prevention and Education (RPE) funding requirements, recipients are expected to utilize at least one of the seven legislatively approved prevention strategies and at least one complementary community change strategy. This expectation is consistent with the Spectrum of Prevention. For more details on these requirements, see Appendix E.

Also, five of the six NYSDOH Work Plan Goals are consistent with the Spectrum of Prevention. NYSDOH requires grantees to meet at least two of the six goals. Details on the six NYSDOH Work Plan Goals are in Appendix F.

Do we have what we need to carry out the best option?

The available resources (i.e., time, materials, trained staff, contributing partners, access to communities, etc.) may fall short of what is needed to effectively follow through with the best option. If the resources needed cannot be secured, then you should consider the next best option.

⁶ PreventConnect wiki website:

<http://wiki.preventconnect.org/Nine+Principles+of+Effective+Prevention+Programs>

⁷ CDC website:

<http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>.

How will we carry out the selected option?

Now that you have identified the best prevention strategy, it's time to focus on the detailed activities you'll do to bring the strategy to life. Consider contextual issues (i.e., settings, populations, etc.). Identify the who, what, when, where, and how of the many tasks needed. Details on contextual issues are in Appendix G. More information on the relationship of activities to strategies is in Appendix H.

Are we carrying out the selected option as intended and planned?

This is just another way of asking for process evaluation. Did you devote the resources originally anticipated for the prevention strategy? Did you complete all the planned activities? The answers to these questions help us gauge how much of a plan was completed but tell us nothing about how effective the completed activities may or may not have been.

Examples of process measures include:

- number of sessions, events, meetings
- types of audiences, participants, members
- number of individuals reached, participants engaged, members recruited

Some ways to collect this information include:

- attendance sheets
- meeting minutes
- communications or outreach logs

Did we achieve the intended change?

This is just another way of asking for outcome evaluation. Earlier you answered the question: "What would be some signs that we are achieving what we want to achieve?" Now is the time to figure out how to collect data regarding those signs.

Examples of outcome measures include:

- changes in beliefs, attitudes, behaviors
- changes in procedures, practices, policies

Some ways to collect this information include:

- pretests/posttests
- interviews
- focus groups
- lists of policy/procedure/practice changes

How can we share what worked?

The results of both your outcome and process evaluations will help you determine what is working well and what could be working better.

If your prevention strategy has been effective, let others know. By sharing your success story, you may gain access to a new community, or be allowed to work in new ways with the community that experienced positive results, or garner new resources to expand your efforts. You can share your success story verbally, in writing, online, in photos, briefly, more elaborately, and/or all of the above.

How can we improve what we're doing?

To improve what you're doing, take what you've learned from your current and past efforts, and revisit your plan through each of the steps discussed here. A review of what others have been able to achieve and feedback from your community can help you identify refinements that can be made to strengthen your activities. Also consider how you can reinforce your positive results by adding activities that address a new level of the Spectrum of Prevention.

How can we build on what we've done well so far?

Efforts that reinforce prevention messages with multiple populations, in a variety of settings, in diverse ways, over time are most effective. Ideally, your prevention activities will complement one another and represent every level of the Spectrum of Prevention. In a climate of insufficient and/or dwindling resources, adding new activities can feel impossible. Here are some ideas of small but important ways to build on your current efforts.

Start with your own organization.

If you haven't integrated primary prevention into your own organization, it will be harder to effectively communicate that the primary prevention of sexual violence is a priority worthy of your community's buy-in and support.

Make sure that all employees of your organization have a basic understanding of sexual violence primary prevention ideas and messages (Level 3 – Educating Providers). Start with your own rape crisis program. If your rape crisis program is part of a larger organization, branch out to other programs and departments within the agency. Provide a formal workshop, discuss primary prevention ideas on a regular basis during staff meetings, and/or include information about primary prevention in the agency newsletter. Each employee has numerous professional and personal interactions—from one-on-one conversations to multidisciplinary meetings—that will offer opportunities for sharing and reinforcing primary prevention messages with others in the community.

Take a look at your organization's practices. Lots of organizations do regular reviews and updates of their policies, procedures, and materials; this is a great opportunity to ensure that primary prevention information is reflected in the new and improved versions (Level 5 – Changing Organizational Practices). For example, your organization should have and enforce a sexual harassment policy. Also, your organization's website, agency brochure, and other electronic and print materials should include primary prevention information.

Revisit your current non-prevention activities.

The people who work to ensure appropriate responses for victims and survivors of sexual violence are likely to also care about preventing sexual violence.

Consider your existing coalitions and networks (Level 4 – Fostering Coalitions and Networks). Some of these may offer good opportunities to discuss, develop, and/or conduct primary prevention activities. It is also possible that a smaller group of individuals from one or more networks may be interested in coming together to work on a primary prevention initiative. Another possibility is that one of your network contacts may be able to garner her/his organization's support for a particular primary prevention effort (for example, a researcher from a local college will assist with evaluating your prevention activities).

If you conduct any public awareness activities (for example, Sexual Assault Awareness Month events), consider the ways you might bring in a primary prevention component. Identify how you can use the event to reinforce positive social norms, healthy behaviors, bystander action, etc. (Level 2 – Promoting Community Education).

Does your agency engage in policy or legislative advocacy?⁸ If your organization does, this provides another opportunity to bring primary prevention into your

⁸ NOTE: While most federal and state grants cannot be used for lobbying, many organizations use other resources for these activities. Also, if an organization provides information about a policy in response to a legislator's request, this is not considered lobbying.

work. Be sure that your agency's policy agenda includes priorities that reflect primary prevention messages (Level 6 – Influence Policies and Legislation). Promote policies that address the risk factors for perpetration; for example, hold perpetrators accountable, promote gender equity, and address oppressions.

Conclusion

Primary prevention of sexual violence is more effective when people engage in a methodical process to identify how they can best change their community's norms with the available resources. The methodical process is described in this document and is also compiled in a one-page overview of How Prevention Models, Frameworks, and Resources Fit Together in Layperson Terms (see Appendix I). Relying on a "checklist approach" or having a "we're-mandated-to-do-this mindset" tends to decrease the effectiveness of prevention efforts.

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APPENDIX A

Risk Factors for Perpetration⁹

<p><u>Individual Factors</u></p> <ul style="list-style-type: none"> • Alcohol and drug use • Coercive sexual fantasies • Impulsive and antisocial tendencies • Preference for impersonal sex • Hostility towards women • Hypermasculinity • Childhood history of sexual and physical abuse • Witnessed family violence as a child 	<p><u>Community Factors</u></p> <ul style="list-style-type: none"> • Lack of employment opportunities • Lack of institutional support from police and judicial system • General tolerance of sexual violence within the community • Weak community sanctions against sexual violence perpetrators
<p><u>Relationship Factors</u></p> <ul style="list-style-type: none"> • Association with sexually aggressive and delinquent peers • Family environment characterized by physical violence and few resources • Strong patriarchal relationship or familial environment • Emotionally unsupportive familial environment 	<p><u>Societal Factors</u></p> <ul style="list-style-type: none"> • Poverty • Societal norms that support sexual violence • Societal norms that support male superiority and sexual entitlement • Societal norms that maintain women's inferiority and sexual submissiveness • Weak laws and policies related to gender equity • High tolerance levels of crime and other forms of violence

The SMART Model¹⁰

Write what you want to achieve (i.e., goal statements, objectives) with attention to satisfying the following questions and constraints:

- Specific—Who will do what? Who will receive what? List only one action.
- Measurable—How much change is expected?
- Achievable—Do we have the resources to accomplish what is needed?
- Realistic/Relevant—Does what we want to accomplish address the problem?

⁹ CDC website:

<http://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>

¹⁰ CDC website: <http://www.cdc.gov/healthyouth/evaluation/pdf/brief3b.pdf>.

- Time-limited—Do we have a clear timeline with start and end times?

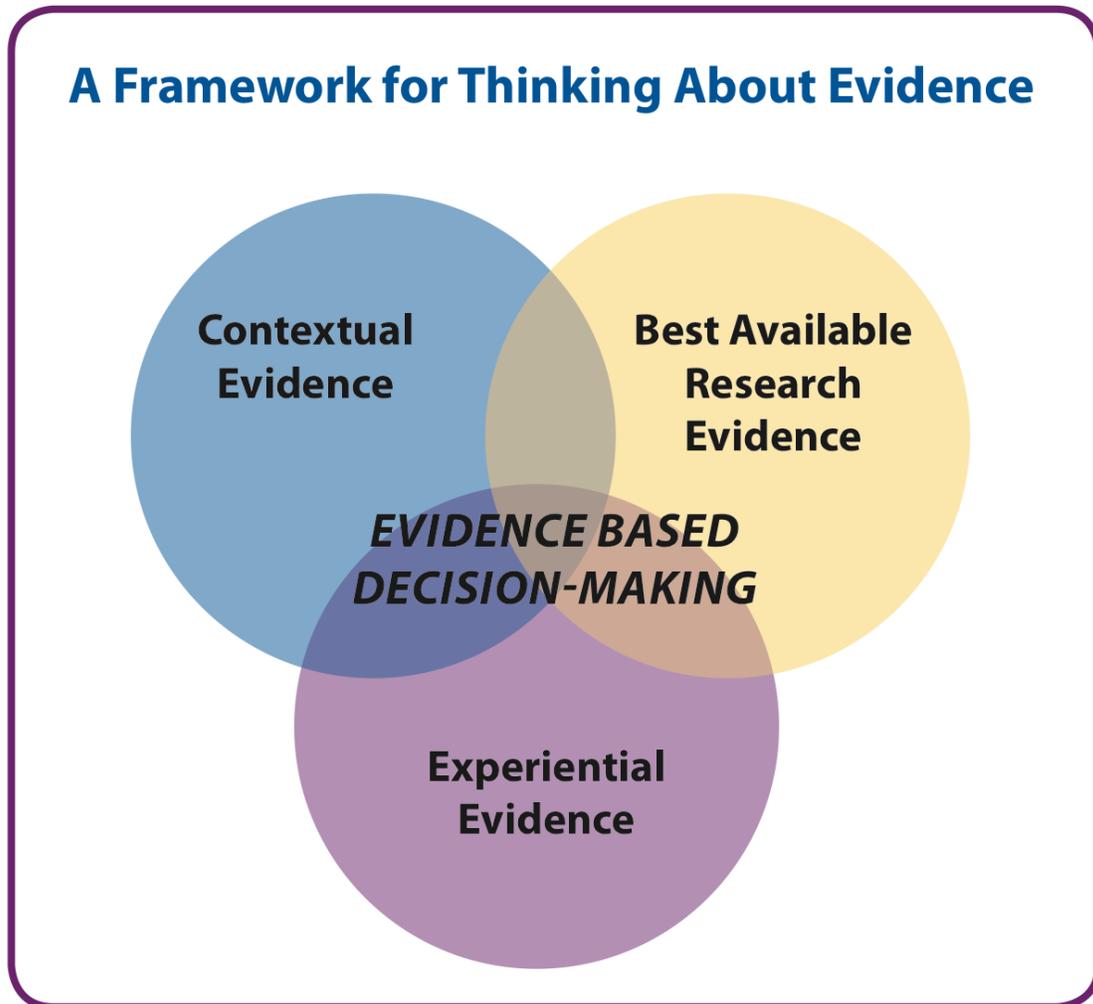
For more details, refer to CDC's brief on Writing SMART Objectives. The link is in the footnote.

APPENDIX B

Evidence-Supported Sexual Violence Prevention Curricula

1. Girls Circle: <http://www.girlscircle.com/>
2. The Council for Boys and Young Men (formerly Boys Council):
www.boyscouncil.com/research.htm
3. Men of Strength (MOST) Clubs: www.mystrength.org/5.0.html
4. Expect Respect: <http://www.safeplace.org/Page.aspx?pid=376>
5. Safe Dates: <http://www.hazelden.org/web/go/safedates>
6. Choose Respect: <http://www.chooserespect.org>
7. Mentors in Violence Prevention: <http://www.sportinsociety.org/vpd/mvp.php>
8. Bringing in the Bystander:
<http://www.unh.edu/preventioninnovations/index.cfm?ID=BCC7DE31-CE05-901F-0EC95DF7AB5B31F1>
9. Building Healthy Relationships:
http://www.pcar.org/acatalog/Education_and_Curriculums.html
10. Girl Power! http://www.pcar.org/acatalog/Education_and_Curriculums.html
11. Tough Guise: Jackson Katz video and study guide
http://www.mediaed.org/assets/products/211/studyguide_211.pdf
Developed as an RPE curriculum by Connecticut's YWCA of New Britain
<http://www.ywcanewbritain.org/contact/>
12. Violence Intervention Partners Program, Women and Families Center:
http://www.womenfamilies.org/Content/Primary_Prevention_Program.asp
13. No More Bullies, from New Jersey Child Assault Prevention:
http://www.njcap.org/no_more_bullies_no_more_victims44.wbp
14. Inside the Classroom, Illinois Coalition Against Sexual Assault (ICASA):
<http://www.icasa.org> NYSCASA also owns a copy of the curriculum.
15. It's A Guy Thing! Empowerment Groups: <http://www.helplinedelmor.org/volunteer.php>
16. Men Stopping Violence Curriculum (prevention of gender-based violence) Men at Work:
Building Safe Communities: <http://www.menstoppingviolence.org/page/1032/Men-At-Work>
Requires attending a 3-day training, which includes follow up technical assistance
17. Rape Crisis Center of Central New Mexico Programs—(A) Credible Peer Leaders Project and
(B) Anti- Sexual Violence Training Institute: <http://www.rapecrisiscnm.org/programs-and-services/community-education-a-outreach/youth> Theories and information from Palabra should be emphasized in implementing these RCCCNM programs.
18. Prevent Child Abuse Vermont Programs—(A) Sexual Abuse Free Environment for Teens (SAFE-T): <http://www.pcavt.org/index.asp?pageid=319> and (B) Care for Kids:
<http://www.pcavt.org/index.asp?pageid=6>
19. Teen Exchange, Metropolitan Organization to Counter Sexual Assault:
http://www.mocsa.org/srv_ythed.php
20. Teen PEP (Peers Educating Peers): <http://www.teenpep.org/index.cfm>
21. PCAR's Teen's & Primary Prevention of Sexual Assault: Where to Start?
http://www.pcar.org/sites/default/files/file/TA/teen_primary_prevention_sexual_assault.pdf
22. Wise Guys (a program of the Family Life Council): <http://www.wiseguysnc.org/index.htm>
23. In Touch With Teens Curriculum & In Touch With Teens Programs, from Peace Over
Violence: http://www.peaceoverviolence.org/education/itwt_curriculum/summary
24. The Fourth R (used by Start Strong):
http://www.startstrongteens.org/sites/default/files/Fourth%20R_0.pdf

More detailed descriptions of these curricula are available from NYSDOH or from NYSCASA.

APPENDIX C**Framework for Thinking About Evidence¹¹**

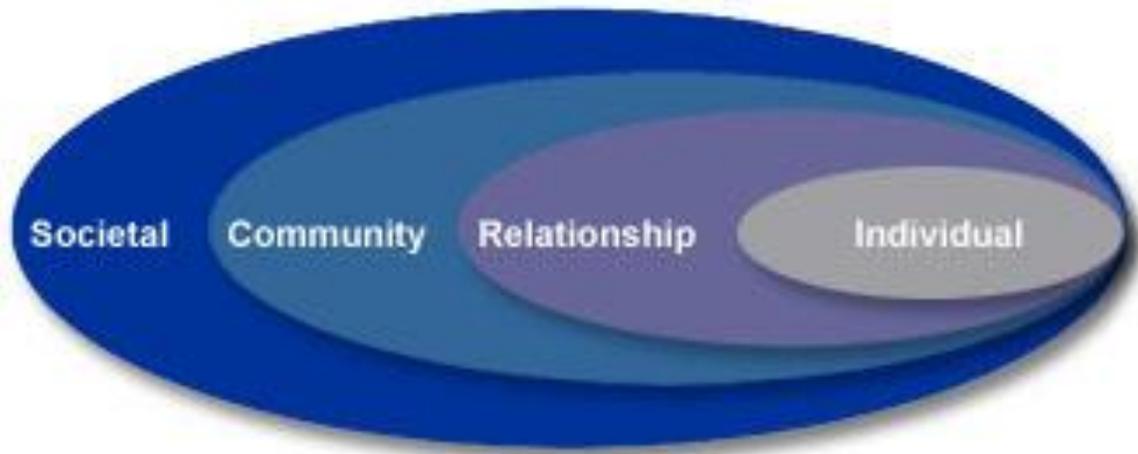
For more details, read the two-page Evidence Project Overview and/or the longer Understanding Evidence Part 1: Best Available Research Guide to the Continuum of Evidence of Effectiveness. Links to those resources are included in the footnote.

¹¹ CDC website:

<http://www.cdc.gov/ViolencePrevention/pdf/EvidenceProjectOverview-a.pdf> or
http://www.cdc.gov/ViolencePrevention/pdf/Understanding_Evidence-a.pdf.

APPENDIX D

Social-Ecological Model¹²



For a description of why this model is considered a framework for prevention, go to the link in the footnote.

Spectrum of Prevention

For greater effectiveness, work at all six levels of the Spectrum of Prevention is necessary.

- Influencing Policies and Legislation
- Changing Organizational Practices
- Fostering Coalitions and Networks
- Educating Providers
- Promoting Community Education
- Strengthening Individual Knowledge and Skills

For a two-page summary that includes sample activities for each level, go to: http://www.nsvrc.org/sites/default/files/Factsheet_spectrum-of-prevention.pdf.

¹² CDC website: <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

A more in-depth discussion of how others have applied the Spectrum of Prevention is offered in Sexual Violence and the Spectrum of Prevention: Towards a Community Solution:

http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Booklets_Sexual-Violence-and-the-Spectrum-of-Prevention_Towards-a-Community-Solution_0.pdf.

APPENDIX E

RPE Funding Requirements¹³

The seven legislatively approved prevention strategies are:

1. Educational seminars
2. Operation of hotlines
3. Training programs for professionals
4. Preparation of 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 the awareness about drugs and alcohol used to facilitate rapes or sexual assault
7. Other efforts to increase awareness of the facts about, or to help prevent, sexual assault including efforts to increase awareness in under-served communities and awareness among individuals with disabilities as defined in Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. Section 12102)

In addition to doing one or more of the seven legislatively approved prevention strategies listed above, recipients are expected to do a community change strategy that supports the legislatively approved prevention strategy. Community changes strategies include:

1. **Community Mobilization:** Engendering change in communities by facilitating community ownership and action to prevent sexual violence.
2. **Coalition Building:** The process by which community members and organizations come together to achieve a common goal, in this case preventing sexual violence. Ideally, the process of coalition building includes a broad spectrum of the community working together to jointly develop a vision, mission and goals and to take action. Coalition building encourages collaboration, defined as exchanging information, modifying activities and sharing risks, resources, responsibilities and rewards.
3. **Policy Activities:** The provision of scientific and public health information to inform public and organizational policy decisions.
4. **Social Norms Change:** Changing the prevalence of sexual violence through strategies that lead to an increased perception among community members that the social norms are non-violent and that there are more social pressures and rewards for non-violent norms.

¹³ Rape Prevention and Education Program CDC-RFA-CE13-1301 due August 2012.

APPENDIX F

DOH Work Plan Goals

Goal 1: To increase the promotion of positive norms and behaviors that encourages healthy relationships within the target population. (Strengthening individual knowledge and skills)

Goal 2: To increase the knowledge of the public on primary prevention of sexual violence. (Promoting community education)

Goal 3: To foster and or strengthen collaboration between youth-serving and other community organizations to promote social norms that prevent first time perpetration of sexual violence. (Educating providers & professionals)

Goal 4: To develop strong, equitable partnerships and/or local coalitions that foster community-level investment and participation in primary prevention. (Fostering coalitions & networks)

Goal 5: To strengthen our organization's knowledge base about local/national data and information on sexual violence and its prevention, to inform our organization's programs and practices. (Changing organizational practices)

Goal 6: To increase community awareness of the need to address sexual violence and its prevention.

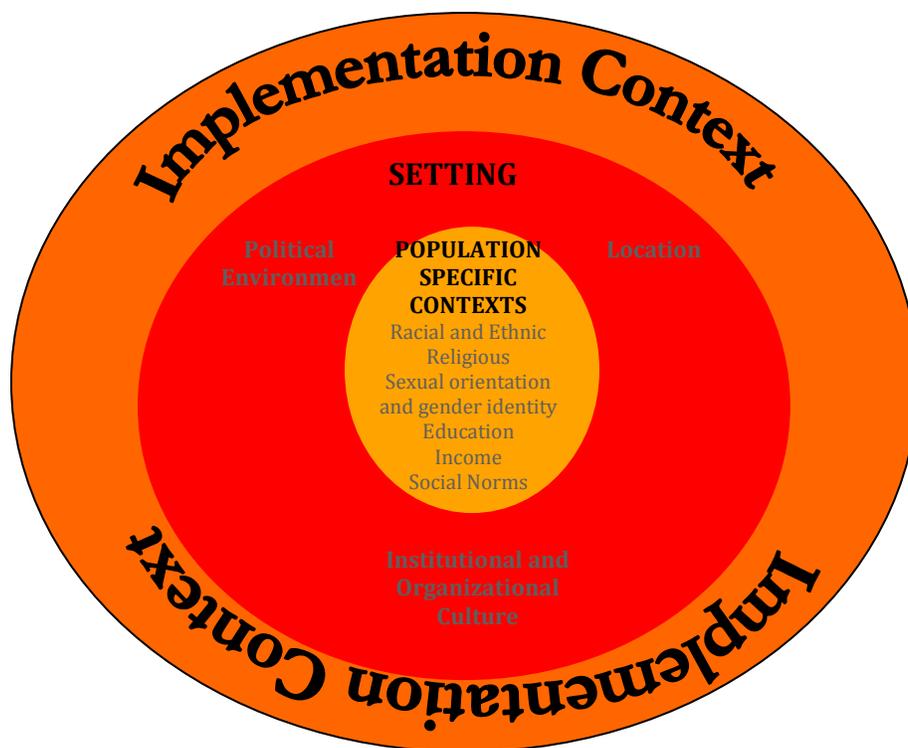
APPENDIX G

Contextual Issues¹⁴

Contextual issues can affect how prevention strategies are done.

Setting contextual issues include: institutional/organizational characteristics; political environment; and location.

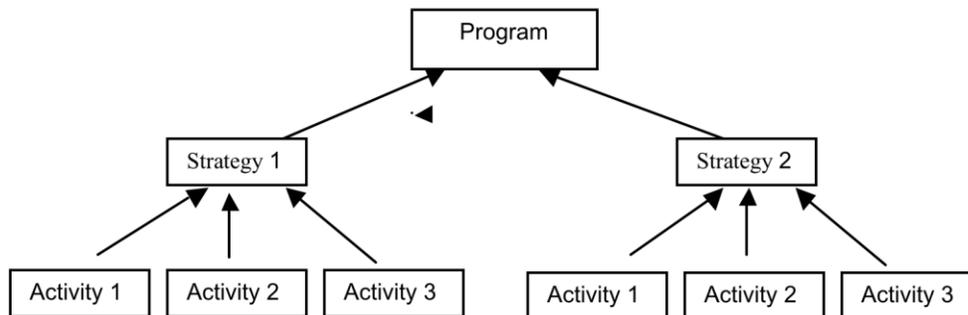
Population contextual issues include: racial/ethnic identity; religious identity; sexual orientation; gender identity; education level; income level; and social norms.



¹⁴ Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement CE07-701 (Rape Prevention and Education). Third Edition issued in 2008 by CDC.

APPENDIX H

Program, Strategies, Activities¹⁵



Program: “The combination of several strategies designed to deliver reinforcing messages to one or more intended populations in a variety of settings.”

Strategy: “An approach intended to reduce violent behavior, such as social skills training, mentoring, social marketing or policy changes. These approaches often include multiple activities that together are intended to achieve goals or results at a specific level of the social ecology.”

Activities: “The processes, tools, events, technology, and actions required to implement a strategy. Common activities include developing a product (e.g. brochure), providing training, developing an implementation plan, and building infrastructure (e.g., structures, relationships, and capacity).”

¹⁵ Guidance Document for the Sexual Violence Prevention and Education Cooperative Agreement CE07-701 (Rape Prevention and Education). Third Edition issued in 2008 by CDC.

APPENDIX I: How Prevention Models, Frameworks, and Resources Fit Together in Layperson Terms¹⁶

LAYPERSON LANGUAGE	PUBLIC HEALTH MODEL	GETTING TO OUTCOMES	Supportive Resources
What's happening in our community/county that we'd like to change?	1. Define the problem. 2. Identify risk and protective factors.	Step 1. Engage in planning to define problem and assess needs and resources.	
What do we want to achieve?	3. Develop and test strategies.	Step 2. Create goal/outcome statements based on Step 1 findings. Identify goal(s) and determine how you'll measure progress.	Ensure goal statements are SMART.
What would be some signs that we are achieving what we want to achieve?		Step 3. Identify evidence-supported strategies based on Step 2 goals and outcomes.	Evidence-supported curricula list. Newly studied programs.
How have others (or we) previously achieved what we want to achieve?		Step 4. Examine fit for the community.	Framework for Thinking About Evidence. Nine Principles of Effective Prevention Programs. Socio-Ecological Model. Spectrum of Prevention.
Will what others (or we) have done previously work for our community/county?		Step 5. Identify capacities for implementation.	
Do we have what we need to carry out the best option?		Step 6. Develop plan to implement strategy.	
How will we carry out the selected option?		Step 7. Implement strategy and conduct process evaluation.	
Are we carrying out the selected option as intended and planned?		Step 8. Conduct outcome evaluation.	RPE Guidance Document.
Did we achieve the intended change?		4. Assure widespread adoption of effective strategies.	Step 9. Engage in continuous quality improvement.
How can we share what worked? How can we improve what we're doing? How can we build on what we've done well so far?			

¹⁶ Developed by Joanne Zannoni, New York State Coalition Against Sexual Assault, 2013.