

PRIMARY PREVENTION AND EVALUATION RESOURCE KIT

Volume 1:

Choosing Prevention Strategies



PENNSYLVANIA COALITION AGAINST RAPE

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OVERVIEW

For many years, the staff of sexual violence prevention programs have worked to get a foot in the doors of schools, community organizations and faith communities. They have convinced educators and community leaders that sexual violence does happen in their communities and that youth and adults need to learn about it. While the work is ongoing, great strides have been made in dispelling myths and shifting the blame away from survivors. Now the field is being asked to shift their focus. Based on research that consistently shows that **changing attitudes does not change behaviors**, the emphasis is now on changing behaviors through building skills, altering social norms and other strategies to shift the cultural foundations of sexual violence.

While this is a radical shift, it is a familiar idea. In fact, the word *radical* comes from the Latin for *root*. Its connotation is of getting to the root of the problem. Primary prevention is about addressing the roots of sexual violence — preventing sexual violence before it occurs by changing social and cultural norms and systems. In essence, it is changing our rape culture to a violence-free culture that promotes safety, equality and respect.

Primary prevention also brings us back to the roots of the rape crisis movement. The first gatherings of women strategizing about the need to do something — the Take Back the Night marches and Speak-Outs — the demands for public accountability of perpetrators and changes to the laws that protected them — all of these have been

acts aimed at preventing sexual violence. Often people working in the movement have been frustrated that their social action and social change agendas were not fundable. Now with the emphasis on primary prevention, those agendas can be supported. Rather than creating communities that are simply more aware of sexual violence, we can create communities that are successfully ending sexual violence.

Although primary prevention is at the root of the movement to end sexual violence, many programs are struggling to define how to do this work. What might primary prevention look like in our communities? How do we choose effective strategies? What resources do we need in order to implement primary prevention programs? How do we convince educators and other community leaders to make this shift with us?

At the same time, preventionists throughout the nation are increasingly being asked to show evidence for the outcomes of their programs. Evaluation is important on many levels. Most importantly, evaluation helps to identify and sustain what is working and examine and change what is not. It also strengthens funding proposals, opens doors in new settings and helps preventionists build credibility within the community.

However, the growing need for evidence-based programming is not necessarily paralleled by a comparable increase in funding. Therefore, the task of evaluating prevention programs is largely falling to preventionists, some of whom are well-versed in evaluation and others who are only starting to learn about evaluation methods.

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Primary prevention is about getting to the root of the problem and changing our culture to one that promotes safety, equality and respect.

While current and future programming may demand greater effort and skill in the area of evaluation, the long-term rewards promise to outweigh the short-term costs. Evaluation will enable preventionists to build upon strengths and improve programs. Through evaluation, sexual violence preventionists will be able to show what they have always trusted: that their programs make a positive difference.

This resource kit is intended to support preventionists in building upon what they are already doing to evaluate their programs. It is divided into four volumes:

VOLUME 1:

Introduction to Primary Prevention
Choosing Primary Prevention Strategies

VOLUME 2:

Introduction to Program Evaluation
Basic Steps for Evaluating Your Programs

VOLUME 3:

Analyzing Quantitative Evaluation Data
Interpreting and Using Findings

VOLUME 4:

Analyzing Qualitative Evaluation Data
Interpreting and Using Findings

In this **first volume**, we will define primary prevention and discuss some of its challenges. Then we will look at a framework for choosing primary prevention strategies. This framework will be supplemented by information on a number of existing resources for primary prevention. Each resource is described and includes a brief summary of its evidence base.

The **second volume** provides an introduction to program evaluation. It walks the reader through six steps for evaluating programs and offers suggestions for when and how to hire an outside evaluator. Volume Four includes measures you may find useful when evaluating your prevention programs.

The **third volume** trains the user on how to analyze quantitative evaluation data (i.e., numbers) using frequencies, percentages, averages, tests of change over time and tests for group differences. It shows the reader how to use Microsoft Excel to analyze data and includes step-by-step instructions on how to use the software.

The **fourth volume** trains the user on how to analyze qualitative evaluation data, such as notes from interviews and focus groups. It shows the reader how to use some simple techniques that provide a systematic approach to finding the themes in the data.

This resource kit is not intended to be a blueprint for programs to follow. While all of our communities are influenced by the same dominant rape culture, they are also unique. Each community has its own needs, strengths, challenges, resources, history, personalities and priorities. While you may choose to adopt one of the strategies highlighted, the greater hope is that the frameworks and examples of innovative strategies will serve as inspiration for brainstorming and creative thought and that the evaluation strategies will strengthen your ability for working with data. The possibilities for primary prevention and program evaluation are limited only by our own imaginations.

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**Primary prevention and program
evaluation are limited only
by our own imaginations.**



INTRODUCTION TO PRIMARY PREVENTION

- What is Primary Prevention?
- Why Does Primary Prevention Seem So Hard?
- Research and Theory on Sexual Violence Prevention
- What Are the Guiding Principles of Primary Prevention?
- Why Emphasize Primary Prevention?
- Summary

WHAT IS PRIMARY PREVENTION?

The prevention of public health problems is widely thought of in terms of primary, secondary and tertiary prevention (U.S. Preventive Services Task Force, 1996). This framework defines the “when” of prevention. In other words, does the intervention or program occur before or after a disease or condition develops.

Primary Prevention

- prevents the onset of a condition

Secondary Prevention

- prevents the onset of a condition by identifying and treating people who have an increased risk of developing this condition

Tertiary Prevention

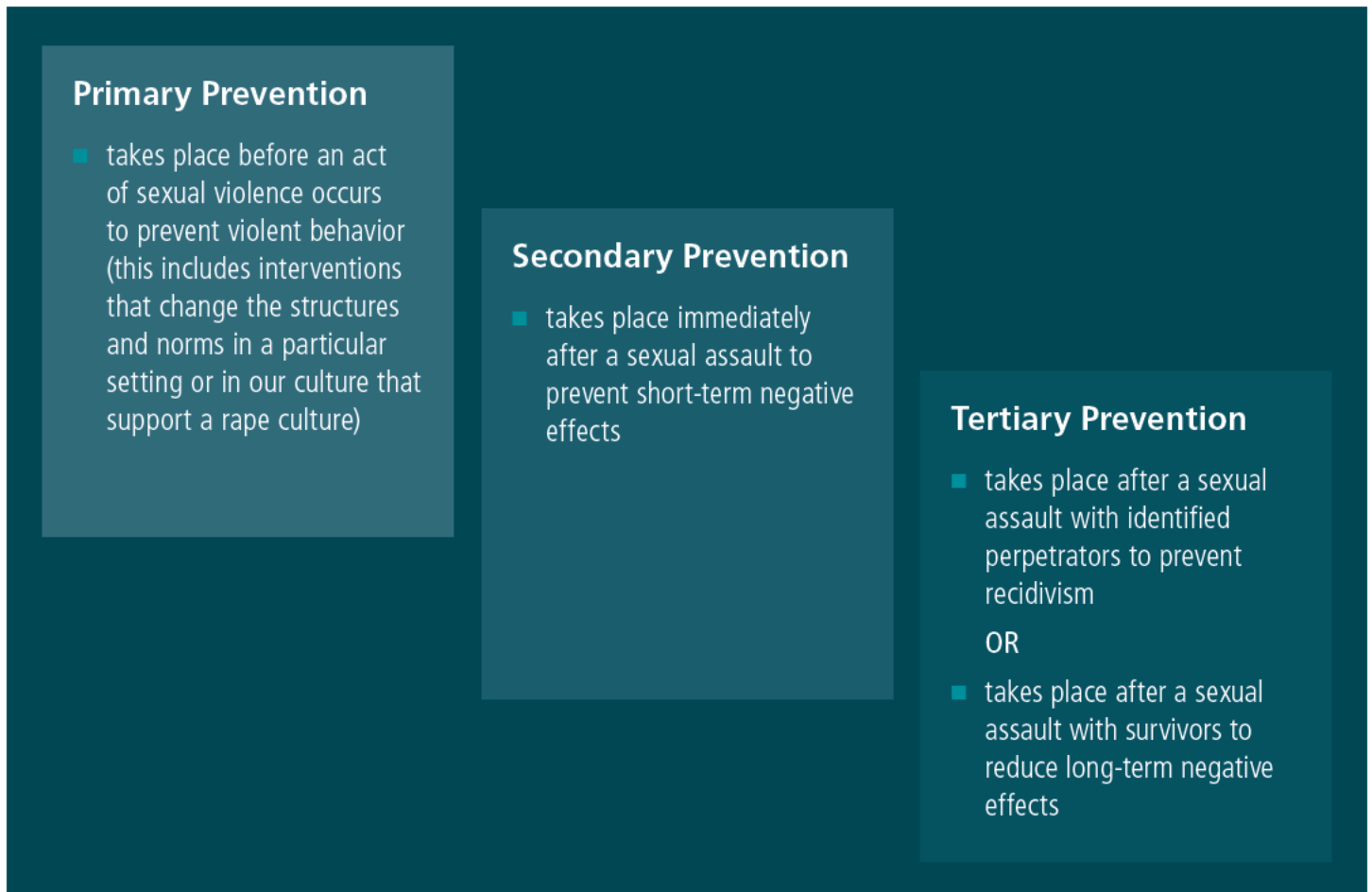
- treats people who have already developed the condition with the goal of minimizing its effects and restoring them to the highest possible functioning

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Because programs often engage in all three types of prevention simultaneously, the question is whether there needs to be a shift in the balance.

There are two ways that these definitions are commonly applied to sexual violence:

- to talk about preventing perpetration
- to talk about preventing long-term mental health problems for survivors of sexual violence.

From these perspectives we can use the framework to think about when our interventions are implemented and with what goals.



In addition to considering when an intervention occurs, we also need to decide on our audience. Who is the focus for the intervention? From a public health perspective we again think in terms of three levels (Offord, 2000):

The two frameworks for the “when” of prevention (primary, secondary, or tertiary) and the “who” of prevention (universal, selected, or indicated) can be combined in multiple ways. For example, *primary prevention* programs take place before an assault occurs and aim to prevent violent behavior. However, these interventions can be done with any of the target groups:

- **Universal Interventions:** They can be done with everyone in a population, regardless of their individual risk for perpetration. The population can be defined geographically (e.g., everyone in a particular neighborhood, town, country, state, school, or school district, etc.) or by certain characteristics (e.g., everyone in a certain age range, gender, ethnicity, etc.).

- **Selected Interventions:** Alternatively, primary prevention can be done with people who are thought to have a heightened risk for perpetration. Heightened risk can be defined in many ways (e.g., endorsing hostile attitudes toward women, endorsing sexism, growing up in families where there is domestic violence, displaying other aggressive behaviors, etc.).
- **Indicated Interventions:** Primary prevention can also be done with people who have already perpetrated some form of sexual violence (e.g., sexual harassment) to prevent the escalation to more intense violence.

Our movement has a long history of doing presentations to students, community groups and other professionals. These presentations usually aim to (Townsend & Campbell, 2008):

- Increase awareness about sexual violence
- Reduce the acceptance of rape myths
- Increase disclosure rates
- Suggest ways to respond more compassionately and effectively to survivors
- Where do these types of programs, commonly called rape education or risk reduction, fit in the prevention framework? Increasing the chances that a survivor will disclose their experience and seek support, raising awareness and decreasing rape myths can:
- Lead people to seek support
- Help people be more empathetic when someone discloses that they have been assaulted

But they do not prevent the assault from occurring. Therefore, they are not primary prevention. Instead, the common practices of rape education are most often classified as secondary prevention because they are most effective at increasing the chances that survivors will access support services and changing how people respond to survivors.

This is not to say, however, that common education activities are unrelated to primary prevention. For example:

- As a result of increased awareness in a classroom, students or teachers may see the need for changing school policies
- They may then work to implement policies that promote gender equity
- This may change the climate in the school to be less tolerant of sexual aggression.

Therefore, secondary and tertiary prevention can lead to primary prevention. However, we cannot assume that these chain reactions occur. If we want to claim that our awareness program leads to primary prevention then we must have evidence of those subsequent changes. Using the framework of primary, secondary and tertiary prevention, the chart on the following page shows some of the types of activities in each category:

Primary Prevention

- bystander training that emphasizes development and use of prevention skills
- revising organizational and public policies to promote gender equity and to increase accountability for sexual harassment and sexualized bullying
- promoting gender equity through changing norms of behavior in schools and workplaces
- media campaigns to support social norms that promote safety, equality and respect
- public education to teach critical viewing skills and advocacy campaigns to change images of women, gender roles and violence in the media
- assessment of and strategic plans to change high risk social settings
- creating settings for males to work against violence
- social action events and demonstrations to mobilize a broader audience around sexual violence prevention
- creating norms that reject verbal pressure through policies and trainings of professionals who work with youth
- training social services and schools to identify individuals at-risk for perpetration and get them appropriate interventions
- elimination of "legitimate" forms of violence (e.g. corporal punishment, violent sports, etc.)
- promotion of economic opportunities and anti-oppression work

Secondary Prevention

- education programs to raise awareness and to challenge rape myths
- professional trainings to improve responses given to survivors when they disclose
- systems advocacy to improve responses and services for survivors accessing medical, legal and mental health systems
- public awareness campaigns, hotline advertising, Take Back the Night marches, Clothesline projects
- hotline services

Tertiary Prevention

- sex offender treatment
- sex offender monitoring
- professional trainings to strengthen ways in which offenders are held accountable
- counseling services and support groups for survivors
- professional training to improve support services for survivors

Primary prevention will look different for each community.

This list is only a starting point. Although all of our communities are influenced by the same dominant culture, they are also unique settings. Each community in which your program works has different needs, strengths, challenges and resources. Each community has its own history and personalities. They can vary greatly in their:

- Level of awareness about sexual violence and the degree to which it is seen as a local problem
- Willingness to try new things
- Outside constraints
- Previous successes and failures at social and systems change
- Collaborative or competitive relationships between community organizations and other systems
- People resources, cultural resources and funding
- Other issues that may be seen as a higher priority

This is not to say that we have to continually recreate the wheel. As will be described, there are principles that should guide prevention efforts regardless of the setting.

We must be clear about what we are (and are not) doing in our prevention work.

When developing or evaluating prevention programs, it is imperative that program staff be clear about the type of prevention they are doing and the intended recipients of the intervention. Without this clarity, there is a risk that the evaluation questions and measures will not match the nature of the program. A mismatch can lead to misleading evaluation results.

What you are doing must match what you measure in your evaluation.

For example, if you are raising awareness about sexual violence and decreasing rape myths with the goal of more survivors seeking support and receiving more effective responses from the people they tell (secondary prevention), but your evaluation is measuring the change in the rate of sexual violence (primary prevention), there is a mismatch between the nature of the program and the evaluation measure.

If you find that the rate of sexual violence does not decrease, you might conclude that your program does not work — even if it is, in fact, leading to more survivors disclosing and receiving more effective support. In this case, you would need to change your evaluation to measure rates of disclosure, kinds of responses received and survivors' satisfaction with those responses. In other words, if your program has primary prevention goals, you need to measure primary prevention outcomes. If your program has secondary prevention goals, you need to measure secondary prevention outcomes.

WHY DOES PRIMARY PREVENTION SEEM SO HARD?

Although primary prevention is at the heart of the movement to end sexual violence, it can still seem daunting. Before looking at some of the guiding principles of primary prevention, it may be helpful to identify some of the major challenges to doing this work. There are four types of challenges that many program staff will encounter.

Practical Issues:

- **Prevention of any sort is a *leap of faith*.** How do you know that without your efforts the thing you are trying to prevent would have happened? This question is not unique to sexual violence prevention. Your doctor tells you that regular exercise can reduce the chances of a heart attack so you make the effort to work out regularly despite the inconvenience of it. But maybe even if you had not exercised you would not have had a heart attack or you may still have a heart attack despite your exercise regimen.
- **Because preventing sexual violence is a *long-term goal*** it can be difficult to keep it on the front burner of other agencies that you work with and on which you depend.
- **Programs do not have enough *resources or support*** for what they already do, much less the resources to do something more or different.
- **Many of the organizations and settings you currently work in, such as schools, community groups and faith communities, are *comfortable* with what you currently are doing.** They like the presentations you regularly provide to them so they may be hesitant to change the approach.

Process Issues:

- **Primary prevention is *slow*.** It requires a long-term commitment and vision. It can be difficult to sustain the work over time either due to internal changes such as staff turnover or due to external changes in the schools and other community settings where you work.
- **The change is *incremental*.** Therefore, knowing whether or not you are making progress toward the ultimate goal requires accurately identifying and carefully measuring the intermediate steps.
- **Because we are talking about *changing complex systems*,** it may be that a change in one area leads to changes elsewhere. This is part of the power of culture and systems change. However, it can also lead to a situation where change is happening in places or ways that we are not looking for and so we are not aware of the impact and success we are having.

Underlying Social Norms:

- **The cultural values and social norms that need to be changed are entrenched and sometimes so subtle that they are *hard to target*.** Even when we see the causes of sexual violence clearly and have a plan of action, it can be difficult to convince others of how sexual violence prevention is related to other issues like gender roles, images of masculinity and femininity, and other forms of violence and oppression.

- **Changing social norms requires working in *multiple settings***, some of which may be very different from one another. At the very least, an intervention needs to be *adapted* when going from one setting to another. Some adaptations may be due to developmental differences. For example, middle school students are developmentally very different from college students. Their abilities to analyze complex cause and effect relationships differ. Additionally, they are at different levels of moral reasoning: young teenagers tend to focus on gaining others' approval by doing what is perceived as the right thing to do, whereas young adults tend to focus more on social rules, laws and abstract concepts of justice. Other adaptations may be due to cultural and historical differences. Each social setting has its own ways of doing things, values, relationships, experiences, resources and challenges. For example, when working with a police department that has a very clear structure of authority it is often effective to take a top-down approach. If the commanders support making changes then their officers will often follow. However, if you are working with residents of a public housing complex who have been disregarded by the agency that manages the complex, then it would be counterproductive to start with the management. In this setting you would want to work directly with residents, fostering collaborative relationships and empowering them as they organize to solve problems that they have identified as important.

Connections to Other Forms of Oppression:

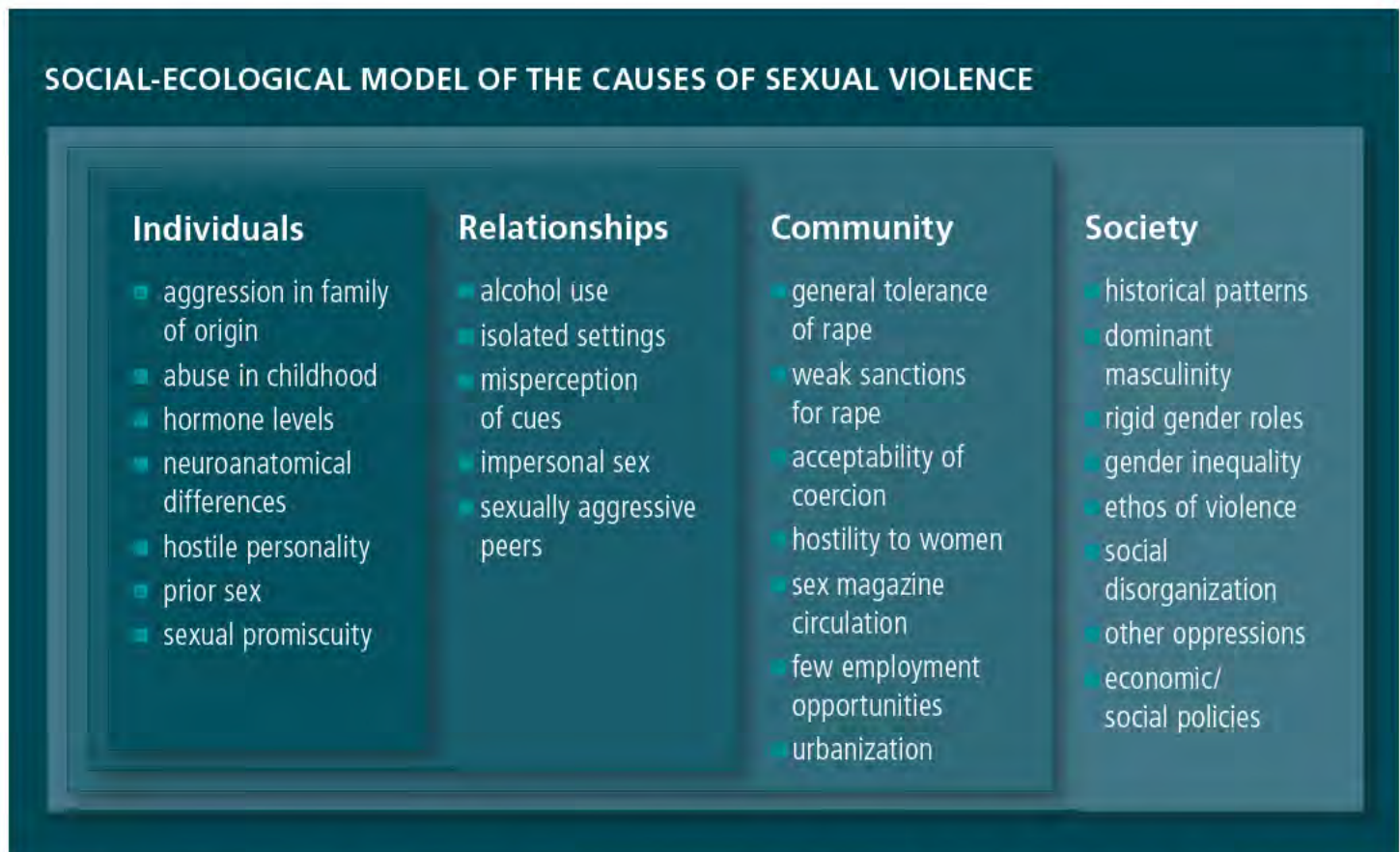
- **Primary prevention also requires grappling with the *connections between sexual violence and other forms of oppression***. There are many relationships that can be established or strengthened in order to do collaborative work. For example, alliances can be built with other violence prevention programs; organizations and communities of people of color; lesbian, gay, bisexual and transgender (LGBT) communities; disabilities' rights groups; organizations that promote economic opportunities; and civil liberties and human rights groups. However, this process may require trust-building, resource-sharing or maximizing resources, and finding common goals that do not conflict with current focus areas and workloads.
- **Primary prevention requires *new kinds of collaboration***. The goal is for our allies to take on sexual violence prevention work as part of their own activities. Often rape crisis centers and prevention programs are welcome guests. Schools, faith communities and other groups may be happy to have you come in once or twice a year to give a presentation. But what happens during the other days of the year? What are they doing in their own work to promote gender equity? What are they doing to redefine masculinity as something other than dominance? What actions are they taking to end the objectification of women? If we are going to truly prevent sexual violence in our communities then we need our allies to be working actively in their own ways to change the underlying causes of rape.
- **These new collaborations may also require that those of use working in the movement to end sexual violence *think more broadly about our own work***. How are we dealing with other forms of oppression and the ways that they perpetuate sexual violence?

WHAT ARE THE GUIDING PRINCIPLES OF PRIMARY PREVENTION?

In order to choose strategies for the primary prevention of sexual violence, it is necessary to understand the theory behind the causes of sexual violence and how prevention of sexual violence works.

Causes of Sexual Violence

The Centers for Disease Control and Prevention (CDC) has chosen to use a social-ecological model to illustrate the many different factors that contribute to sexual violence in our society (Centers for Disease Control and Prevention, under review) The social-ecological model divides causes of sexual violence into four levels: individuals, relationships, community and society. Examples of the types of causal factors at each level are shown below.



In order to prevent sexual violence, we must intervene at each of these levels and address the multiple and complex causes.

Primary Prevention of Sexual Violence

Because the causes of sexual violence are many and occur at multiple levels that interact with one another, the process of preventing sexual violence is also complex. The CDC has created a model to illustrate how primary prevention of sexual violence happens.

The Theory Model emphasizes that sexual violence prevention requires changing the norms, climate and culture of our communities. At the same time, individuals must also change their behaviors. Therefore, the model addresses how we can promote both community change and individual behavior change.

How you start with your primary prevention work must match the community's readiness to do this work.

The model begins by addressing the level of community readiness to do prevention work (Donnermeyer et al., 1997, Oetting et al., 1995, Plested et al., 1999). In assessing and strengthening a community's readiness, preventionists should consider questions such as:

- How aware is the community of the need for sexual violence prevention?
- Are there leaders in the community who are ready to take on prevention work?
- Is there a collective vision for sexual violence prevention?
- Is there a clear, community-wide action plan for sexual violence prevention?
- What types of partnerships are there across community groups and organizations?

Assessing and building community readiness is an ongoing process. **While the community may be ready for one type of prevention strategy, they may not be ready for other types.** Additionally, as the community and key leaders change, it may be necessary to rebuild readiness. Note that awareness is one of the first elements of readiness for prevention. This is one way that awareness education is valuable. While awareness by itself may not be a primary prevention activity, it may be an important activity for building community readiness for prevention.

As community readiness builds, prevention activities can be started or expanded. These activities may be in the areas of:

- Advocacy for public or organizational policies
- Social norming and social message campaigns
- Sexual violence prevention education and training.

These activities should be done in a way that saturates the community with prevention messages and skills.

If prevention activities are done with enough intensity (i.e., frequently enough, in enough different settings and effectively), then initial changes in the community and in individuals will be seen. These include:

- Increased awareness about sexual violence
- Organizational and legislative actions that support rape prevention and address the broader causes of sexual violence
- Increased community engagement in sexual violence prevention
- Increased knowledge about and attitudes against sexual violence
- Increased skills for bystander intervention

As a result of these initial changes, new norms in the community will start to emerge. This will be seen in:

- Community groups and institutions strengthening their commitments to anti-sexual violence work
- Sharing responsibility for prevention by integrating it into their goals and activities
- Community-level reforms to increase community justice and accountability regarding sexual violence.

At the same time as all of this is happening and as a result of these community-level changes, individuals in the community will begin to see:

- That the norm in the community is to be non-violent
- That there is social pressure to be non-violent
- That there are social rewards for being non-violent and legal and social consequences for violence.

Consequently, they will engage in behaviors consistent with the non-violent norms. It is the combination of community-level and individual-level changes that leads to the prevention of sexual violence.

The combination of these community-level and individual-level changes will lead to the *primary prevention of sexual violence and the promotion of safety, equality and respect*. In individuals we will see that they will not perpetrate acts of sexual violence, they will contribute to the prevention of sexual violence, and they will promote safety, equality and respect in their actions and relationships. In the community we will see these outcomes manifested in policies, organizational practices and activities. Together, the individual-level and community-level changes will result in a decrease in perpetration rates.

In order for this process to be successful, prevention activities must be designed and implemented in a way that takes into account the local context. Contextual conditions that need to be addressed include:

- Poverty
- Lack of employment opportunities
- General tolerance of sexual assault
- Weak community sanctions against perpetrators
- Social norms that support male entitlement
- Weak laws and policies related to gender equality
- High levels of other forms of violence
- Rigid gender roles

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It is the combination of
community-level and individual-
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prevention of sexual violence.

- Definitions of masculinity that are linked to dominance
- Other forms of oppression

Therefore, strategies that address these contextual conditions are also considered to be part of the primary prevention of sexual violence.

The primary prevention of sexual violence is a complex and long-term process. It requires:

- Engaging in multiple prevention strategies
- Saturating different levels of the ecological causes of sexual violence
- Saturating the community with prevention messages
- Building skills for prevention and establishing new behavioral norms
- Sustaining prevention efforts over time

WHY EMPHASIZE PRIMARY PREVENTION?

There are four main ways that emphasizing primary prevention over awareness raising or risk reduction is beneficial:

- **Primary prevention is at the heart of the movement to end sexual violence.** It is reflected in PCAR's mission "...to eliminate all forms of sexual violence..." Primary prevention is not a new concept. It is not an idea that is being imposed by funders. It is another term for what the movement has been about for decades. In many ways, the commitment being made by funders to primary prevention is an opportunity for programs to do the social change work that they want to do but that has too often been unfunded.
- **Primary prevention fits with theories about the causes of sexual violence. Therefore, it is more likely to have the impact programs have been working toward.** Sexual violence is a result of a complex web of interactions between individuals, the relationships they have, the communities in which they live, and the social structures, norms and values that make up the dominant culture. The activities associated with primary prevention can bring about change at each of those levels. Primary prevention has the potential to change the structures and norms of a community from permitting sexual violence to promoting safe and healthy relationships and social equality.
- **Using the framework of primary/secondary/tertiary prevention fits with the field of public health.** This can help to create a more prominent place for sexual violence interventions in the public health arena by providing a common language for talking with public health officials and other professionals who do prevention work.
- **Emphasizing primary prevention can further the argument for the cost benefit of allocating funds to prevention work.** The cost of sexual violence against adult women in the U.S. has been estimated at \$127 billion (Miller, Cohen & Wiersma, 1996). In contrast, the 2005 Preventive Health and Health Services Block Grant set-aside for rape prevention was just over \$7.5 million (Centers for Disease Control and Prevention, 2006). Clearly, increasing funding for primary prevention is a reasonable economic, social and political move.

SUMMARY

Primary prevention is here to stay. Many federal and state resources are being put into it. While change raises questions and is cause for some trepidation, the emphasis on primary prevention is not something to be afraid of. **It is what the movement to end sexual violence has always been about.** So you might see it as funders getting on board with the movement. In the past, program staff often talked about how they were frustrated with not being able to address the root causes of sexual violence, their social action and social change agendas not being fundable and connections to other forms of oppression being overlooked. It is now possible to use prevention funds to carry out those bigger ideas.

While more intensive work than raising awareness, primary prevention may actually increase the resources available for prevention programs.

Are there enough resources available? Not yet. Does emphasizing primary prevention require that we shift resources away from crisis services and other core activities of sexual violence crisis programs? No.

Addressing the connections between sexual violence and other forms of oppression and forming more active alliances in the community can actually increase the resources available to prevention programs and magnify the impact of prevention activities. By shifting our efforts to primary prevention there is the potential to have far greater impact using the resources we have.

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Rather than creating communities that are simply *more aware* of sexual violence, we can create communities that are successfully *working to end* sexual violence.

CHOOSING PRIMARY PREVENTION STRATEGIES

- What levels are targeted?
- What are the components?
- What is the evidence?
- Does it cross over?

CHOOSING PRIMARY PREVENTION STRATEGIES

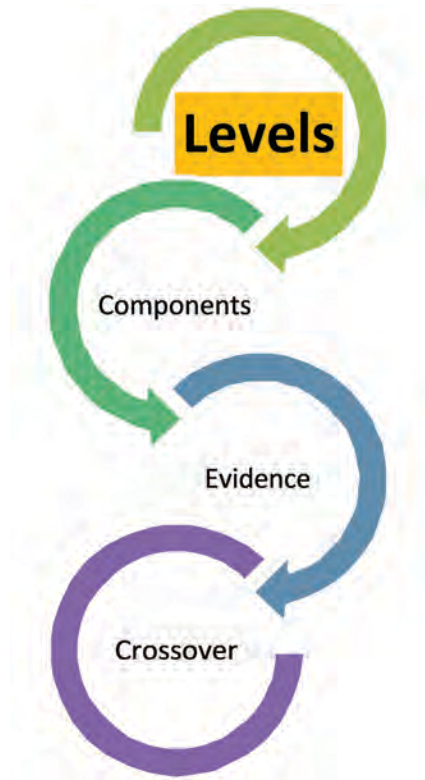
The strategies that can be used for primary prevention are limitless. While this provides much freedom of choice, it also can make it difficult to decide which strategies to choose. Critical reflection on the many options is a vital part of the planning process. There are four key areas that program staff should consider:



1. What level of the ecological model does the strategy target?
2. What are the components of the strategy?
3. What is the evidence base for the strategy?
4. If the strategy was designed for another social issue, does it cross over to the prevention of sexual violence?

This section will describe each of these four areas and issues program staff should consider when choosing a primary prevention strategy.

WHAT LEVELS OF THE ECOLOGICAL MODEL DOES THE STRATEGY TARGET?

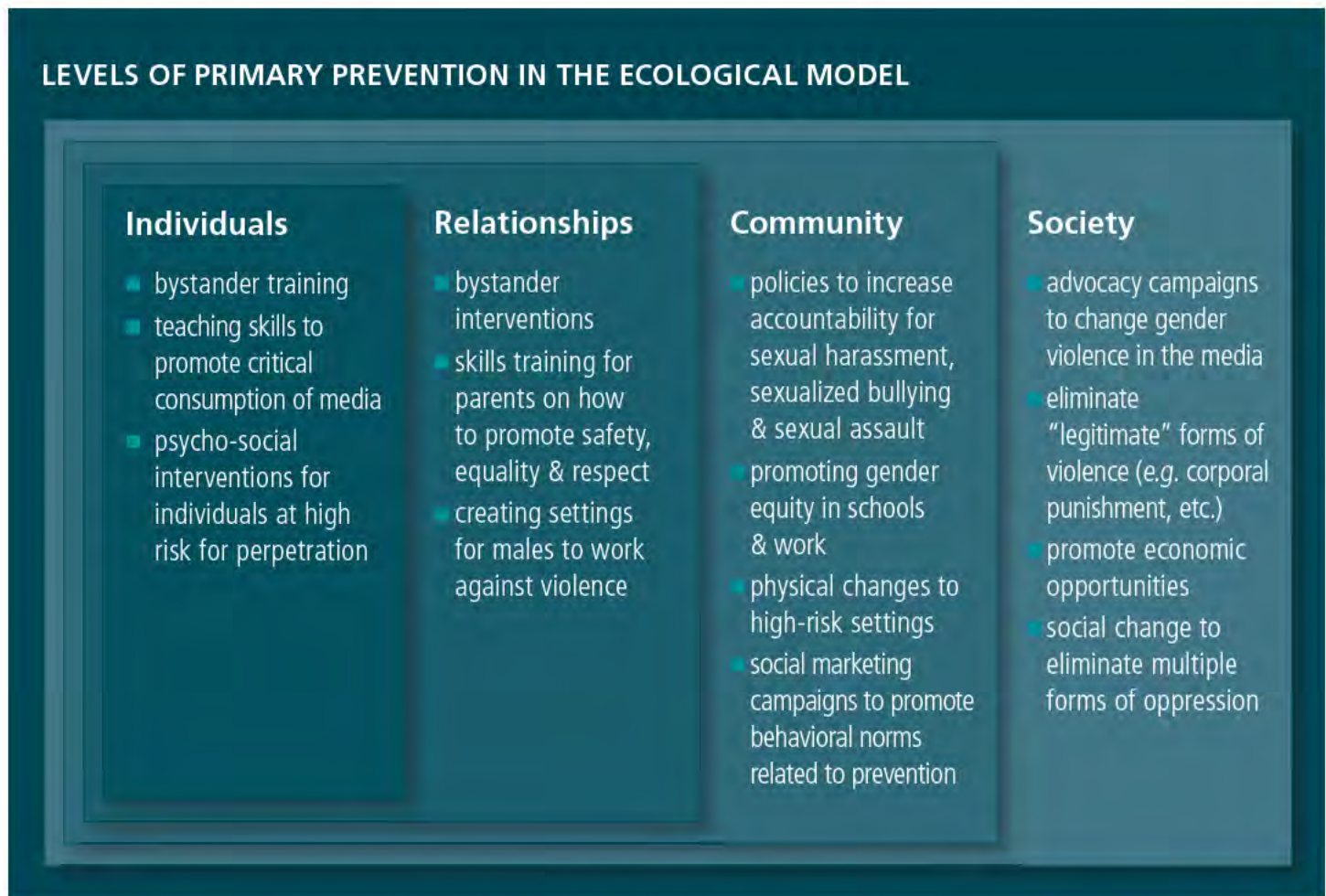


Primary prevention takes place before an act of sexual violence occurs. It aims to prevent violent behavior and it includes strategies that change the structures and norms in a particular setting or in our culture. The guiding principles of primary prevention of sexual violence are:

- Saturation of the community with prevention messages
- Creating new ways of putting out prevention messages
- Developing new skills
- Changing systems
- Engaging other community leaders and members in prevention work.

Note: These principles are discussed in more detail in *Primary Prevention of Sexual Violence: A Technical Assistance Guide for Planning and Evaluation*, available from the Pennsylvania Coalition Against Rape.

When thinking about specific activities that constitute primary prevention, we can divide them into different levels. These levels of primary prevention correspond with the different levels of the causes of sexual violence, as shown below.



This is not an exhaustive list of primary prevention activities. Rather, it is a sampling to illustrate the different levels of prevention strategies and to generate creative thought about the variety of strategies that constitute primary prevention.

Change at one level can be connected to change at other levels.

A key element of the ecological model is that change at one level can be connected to change at other levels. This occurs in two main ways.

1. Simultaneous Effects

Some strategies operate at more than one level simultaneously.

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CASE EXAMPLE

Bystander Empowerment

Bystander empowerment programs view participants not as potential perpetrators or victims, but rather as empowered bystanders who can take action when they see situations that reinforce rape culture or that may be leading to an assault. They build specific skills for identifying situations and for responding. They may also provide ongoing support and social reinforcement for taking action. This type of prevention strategy operates at three levels. At the *individual level*, it teaches the necessary skills for being empowered bystanders. When those individuals actually intervene, that creates changes at the *relationship level* by redefining social roles and creating new norms for what is acceptable behavior in those relationships. When bystander interventions repeatedly occur over time, the community may become saturated with empowered bystanders. This can lead to changes at the *community level* with new norms for behavior being established.

2. Foundational Strategies

The different levels of prevention may also be connected by one strategy laying the necessary foundation for subsequent work at a different level.

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CASE EXAMPLE

Media Education and Advocacy

Your program may want to do work at the *society level* to change the ways that gender and sexual violence are portrayed in the media. For example, you may plan boycotts of products that have rape-supportive images or messages in their advertising and of the magazines or shows that carry the ads. However, an effective campaign requires having enough people who recognize the problems with the ads and who are willing to take action in response to them. This means that at the *individual level* you need to teach skills for critically viewing messages about gender, gender roles and sexual violence. The individual level strategy will lay the foundation that is necessary for the *society level strategy* of a boycott to be successful.

When considering the different levels of primary prevention, the goal is that your program as a whole is targeting multiple levels of the ecological model and that at each level there is sufficient intensity and saturation of the community to bring about behavioral changes.

Looking at the levels of primary prevention that your strategies are targeting can help identify:

- Levels that have been overlooked
- Levels that are addressed but that lack sufficient intensity or saturation
- Whether your resources are being efficiently used across the levels
- How to better balance your activities and allocation of resources

WHAT ARE THE COMPONENTS OF THE STRATEGY?

The next consideration when selecting or developing primary prevention strategies is whether the main components of the strategy will meet the needs in the community(ies) you are working with and engaging. There are four main components you will want to consider:

1. Strategy goals and objectives
2. How the strategy works and options for implementing it
3. How intense the strategy is
4. Sample materials

Strategy Goals and Objectives

Strategy goals refer to the general effects you want the program to have. They are stated in broad terms. For example, one of the goals of the *Healthy Relationships* curriculum is “to increase students’ awareness of the media’s influence.” **Objectives** refer to the specific effects that the program will have on the participants or community. These are narrower statements of who and what will change. You can measure objectives. Corresponding objectives of the *Healthy Relationships* curriculum include that students will be able to identify male and female stereotypes, identify gender stereotypes in advertising and identify ways their own lives have been affected by gender stereotypes.

When considering the goals and objectives of a prevention strategy, it is important to evaluate them critically. Specifically:

- Are the objectives relevant to the goals?
- Are the goals and objectives realistic?
- Do the goals of the strategy match your program’s goals?

Are the Objectives Relevant to the Goals?

One mistake that is often made is to skim over the goals and objectives, see that each piece by itself sounds good and to assume that the goals and objectives are clearly connected to one another. However, this is not always the case. For example, the goal may be to reduce acts of perpetration committed by participants, but the objectives that are measured may be focused only on rape myth acceptance. Before adopting a strategy, you want to make sure that the goals and objectives are clearly stated and that they are logically connected. Otherwise, you may be adopting a strategy that has a shaky foundation.

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**Make sure the goals and objectives
are logically connected.**

Are the Goals and Objectives Realistic?

While the long-term impact we are striving for is the reduction and eventual elimination of sexual violence in our society, we know that is not a simple thing to achieve. The causes of sexual violence are complex. They occur at multiple levels of the ecological model, are deeply entrenched in culture and history and changing them requires a long-term, multi-faceted approach. Therefore, we need to be realistic about what any one strategy can achieve.

The shift toward primary prevention is itself a reality-check. It has shed light on the fact that a one- or two-hour presentation that dispels rape myths and educates people about the facts of sexual violence is not sufficient for changing actual behaviors. It may raise awareness and change attitudes. It may even mean that more survivors seek support and that when they disclose their experiences to others they receive more supportive responses. But expecting that someone who would otherwise commit a sexual assault will no longer do so is not realistic. Awareness education is an important component of the movement to end sexual violence, but it is not sufficient by itself. Therefore, strategies that build prevention-related skills, change norms and alter systems are now being emphasized as forms of primary prevention.

Examine the strategy closely. Compare what it actually does to its goals and objectives. Ask whether it is reasonable to expect that this strategy can have these stated outcomes. Your answer will depend in part on the goals and objectives as well as on the other program components discussed below. If the strategy has relevant and realistic goals and objectives, then you can include it in your list of possible strategies to use. If it does not have relevant and realistic goals and objectives, then you should probably not give it further consideration.



Do the Goals of the Strategy Match Your Goals?

When adopting a strategy or campaign developed by someone else, you also should check that their stated goals and objectives match your goals and objectives. Otherwise, you may be adopting a strategy that is effective for something other than what you want to achieve. Even if it is considered an “evidence-based practice,” it won’t do much good if it is designed to achieve something different than what you want to achieve.

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Make sure the strategy matches your own goals.

How the Strategy Works and Options for Implementing It

After determining that a strategy has relevant and realistic goals and objectives that match your own goals, you want to consider how the strategy works. Ask yourself and your prevention partners if the way the strategy works fits with the community(ies) where you will be using it. Strategies are only effective if they fit with the resources and culture of the community.

Resources are broader than your agency's budget or staffing. They also include:

- Support from formal and informal community leaders
- Availability of people in the community to help implement the strategy
- Access to physical locations
- Available time, enthusiasm and ideas from people in the community
- Enthusiasm from staff and volunteers
- Expertise required
- Materials

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Prevention strategies are only effective if they fit the community.

Additionally, the resources for any prevention strategy must be considered in light of other agency and community needs and priorities.

Culture does not refer only to ethnic groups. It also refers to:

- The ways we do things
- The kinds of activities that are valued within a community
- What makes people feel welcomed and valued
- What makes an organization look credible
- How willing people (staff, board, volunteers, community members and leaders) are to try new approaches

The question "How does this strategy work?" may seem like it has one answer. However, the way you actually implement the strategy — the who, what, when, where — may allow for different options. Practitioners in the anti-sexual violence movement can get stuck in thinking about only one way of doing prevention work, for example in thinking that strategies with youth can only be done in schools. This can be very limiting and may mean that viable (and perhaps even more effective) options are overlooked.



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CASE EXAMPLE

Parent Empowerment

Consider a prevention strategy that is focused on parents. The goal is to empower parents to teach their children about healthy dating. Objectives include that parents will: identify healthy versus abusive dating behaviors, be more comfortable talking with their children about healthy dating, acquire skills to talk with their children about dating, increase the frequency of those discussions and establish family rules that will promote safe dating (e.g., curfews, parental supervision at parties, consequences for alcohol use, dating rules, etc.).

How the strategy works is that six facilitated workshop sessions are held with parents. The first session consists mostly of presentation of information on healthy vs. abusive relationships among teens and discussion of parents' questions and concerns. The next sessions are more hands-on with parents practicing skills through role-plays. Sessions are designed to take place one to two weeks apart so that parents can use their new skills, talk about their experiences during the sessions and get feedback from other parents.

There are many different options for implementing this strategy. Workshops can be done in different locations, be facilitated by different people and be connected to different contexts.

The following table shows three different ways a multi-session parenting program could be implemented: as an agency-based program, a faith-based program, or a neighborhood-based program. It describes the resources and cultural contexts that might fit each type of implementation, as well as different ways for delivering the program in each of those settings.

	AGENCY-BASED	FAITH-BASED	NEIGHBORHOOD-BASED
RESOURCES	<ul style="list-style-type: none"> ■ Agency has a large pool of interns and volunteers who can facilitate sessions ■ Agency has comfortable meeting space ■ Agency location is well-known and is easy to access 	<ul style="list-style-type: none"> ■ Agency has one staff person for prevention and well-trained community education volunteers ■ Although agency has comfortable meeting space, it is serving many communities that are spread out geographically and/or that do not overlap socially 	<ul style="list-style-type: none"> ■ Agency has one staff person for prevention and no community education volunteers ■ The city the agency serves has a strong history of neighborhood associations; many are well-organized, active and have strong natural leaders
CULTURE	<ul style="list-style-type: none"> ■ Agency is seen as an integral and valuable asset in the community ■ There is a history of high attendance at agency-sponsored events 	<ul style="list-style-type: none"> ■ Faith communities are important institutions in the communities ■ There are some faith communities that provide a wide range of education and social services (e.g., tutoring, recreation programs, etc.) ■ Agency events that have gotten the most participation in the past have been those co-sponsored 	<ul style="list-style-type: none"> ■ Successful violence prevention efforts in the city have happened within neighborhoods ■ Agency is valued for its rape crisis and advocacy services, but community education efforts had low attendance ■ Agency staff are viewed as “outsiders” because most of them do not live in the city
IMPLEMENTATION	<ul style="list-style-type: none"> ■ Sessions are held at the agency and facilitated by agency interns and volunteers 	<ul style="list-style-type: none"> ■ Sessions are held at four faith communities and facilitated by agency volunteers who have been trained ■ Workshops are open to the public, although most participants come from the respective communities ■ In-between sessions the staff meets with the volunteer facilitators to debrief ■ The staff visits each site one time to monitor and provide feedback to facilitators 	<ul style="list-style-type: none"> ■ Prevention staff runs the sessions with interested neighborhood leaders and trains them on how to lead sessions ■ Leaders then take the program back to their own neighborhoods and facilitate sessions ■ Sessions take place in homes and other neighborhood settings where people naturally gather; leaders connect sessions to other community events such as association meetings, potlucks, health fairs, etc. ■ Staff checks in with leaders to assess progress

Sometimes a strategy, no matter how great it seems, will not be feasible or effective in your community(ies). For example, if an intervention uses television public service announcements but the stations in your area will not donate air time (or the only air time they will donate is at 2 a.m. when there are few viewers), it probably is not going to be a feasible or effective strategy and you will need to look for other strategies.

Think carefully and creatively about how to implement the prevention strategy.

In many cases, though, a strategy can be implemented. But you still need to think carefully, and sometimes creatively, about how to implement it. Some caution needs to be exerted, however. If creative implementation drastically changes the intervention strategy, then its effectiveness may be compromised. For example, if the neighborhood-based approach to the parenting workshops ends up with most parents only attending one of the six workshops, the six-session program has by default become a one-session program and will not have the same impact. It is important to remain true to the core elements of the strategy.

Intensity

The goal is that individuals will hear prevention messages repeatedly and everywhere in the community.

Related to how the strategy works is the question of how intense it is. There are two types of intensity we are looking for: individual exposure and community saturation. **Individual exposure refers to how many times an individual will be exposed to the prevention messages** and the level of skills they will develop. The goal is that individuals will be exposed to prevention messages and skills repeatedly over time. **Community saturation refers to how many different venues or settings** in the community the prevention messages be repeated. The goal is that everywhere you go in the community, you will hear prevention messages and prevention skills will be reinforced.

Sometimes the intensity of a strategy is determined by its design.

CASE EXAMPLE

Increasing the Intensity of a School-Based Curriculum

A prevention curriculum that relies on a single session in ninth grade health classes is, by design, low in its intensity. Students will only be exposed to the prevention messages one time. It is also low in community saturation because although all students participate in the program, the only place where they are exposed to prevention messages and skills is in health class.

The intensity of individual exposure can be increased by redesigning the curriculum to increase the number of sessions. Community saturation can be increased by adding additional prevention components in the school as part of the intervention. For example, the *Safe Dates* program includes four school-based activities: a 10-session interactive curriculum, a theater production presented by peers, a poster contest and training of the teachers who teach the curriculum. These additional components mean that students are receiving prevention messages in a variety of settings in the school. This sends the message that prevention is a school-wide value and not just something you talk about in health class. The additional components also increase individual exposure by increasing the number of times students will be exposed to the prevention messages.

Other times the intensity of a strategy is determined by how it is implemented.

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CASE EXAMPLE

Increasing the Intensity of a Social Marketing Campaign

The *Men of Strength* campaign provides radio announcements and images that can be printed as posters, billboards, on web sites and in print media. The posters redefine social norms for acceptable behaviors and emphasize behavioral skills that prevent sexual violence. For example, one poster has the message “My strength is not for hurting. So when I wasn’t sure how she felt, I asked.” With this strategy, the intensity depends on how it is implemented.

If posters are only put up in schools, then the strategy has low intensity because students will see the posters less frequently and the only setting in which they will see them is school. This sends the message that school personnel are the only ones who think sexual violence prevention is important.

In contrast, if posters are put up in schools, community centers, libraries, coffee shops, community gym locker rooms, church classrooms, skateboard shop bulletin boards, movie theater restrooms, etc., then youth will see the prevention messages more frequently (increased individual exposure) and they will also see them in many different settings (increased community saturation). This reinforces the idea that prevention is the norm in the community.

While strategies that are intense in terms of both individual exposure and community saturation are preferred, it is important to think about your prevention work as a whole. The goal is that the total of what you do is high in both types of intensity. However, you may have some strategies that are lower in individual exposure or community saturation but that still serve important functions.

Sample Materials

If you are considering the adoption of an existing prevention strategy, you want to take ample time to review any sample materials that are available to you. Preferably, you want access to all materials, but in the case of multi-session curricula sometimes free copies are only available of sample sessions.

Issues to consider when reviewing sample materials include:

- **Clarity and Ease:** Are the materials clear or confusing? How easy would they be to use? Are key concepts and terms defined? How much specialized knowledge or expertise is needed to use the materials?
- **Comprehensive:** How comprehensive are the materials? Are they simply an outline of basic concepts and tips? Or are they fully developed curricula/resources/activities to be implemented?
- **Developmental Appropriateness:** Are the materials developmentally appropriate for the audience with which you will be using them? Are they literacy-based? If so, in what language(s) and at what grade level of reading? Are concepts and definitions explained in a way that your audience will be able to understand?
- **Culturally Relevant:** Are the materials culturally relevant for the audience you will be addressing? Do they use images/examples/behaviors that fit the culture? Do they reflect the audience's values? Do they address specific cultural issues that may be relevant, such as the impact of racism or economic status? Do you think your audience will relate to the materials?
- **Substantive:** Are the materials substantive? Do they rely on messages and slogans that are meaningful or ones that seem trite?
- **Causes of Sexual Violence:** Do the materials address the root causes of sexual violence? It is not necessary that they address all of the causes, but in reviewing them you should see how they relate to causes of sexual violence.
- **Skill-Building:** For strategies that operate at the individual-level or relationship-level, do they build skills that can be used in preventing sexual violence or in promoting safe, healthy and equitable relationships? How much do the materials promote action versus awareness?
- **Systems Change:** For strategies that operate at the community-level or society-level, does the strategy promote sustainable changes in systems?

Cost

Consider all costs of implementing the strategy and present those costs to potential funders.

In order to determine the true costs of implementing a strategy, you need to consider all costs associated with it:

- **Purchase and Use of Materials:** Are materials available for free or at a charge? How many copies of the materials will you need and can you copy them yourself or must you pay the publisher for additional copies? Are there any licensing or copyright fees? Are you required to attend any type of training before using the materials?
- **Start-up Costs:** How much staff time will it take to get necessary community stakeholders to support or participate in the prevention strategy? Will there be individual or community meetings that entail costs?
- **Direct Implementation Costs:** What printing or broadcast costs will there be? What materials will you need to have available (e.g., A/V systems, markers, white boards, paper, art supplies, etc.)? Will you need to rent space? Will you need to pay stipends to facilitators/speakers/consultants? Will there be any advertising or recruitment costs?
- **Auxiliary Implementation Costs:** What auxiliary expenses will there be? Do you need refreshments, thank-you gifts for participants, etc.?

Resources

Remember resources that you may have access to outside of your own program.

The final component you want to consider ahead of time is what resources are available to help you with implementing the strategy. Some resources you might want to look for include:

- **Trainers:** Does the developer of the strategy have trainers available? Are there other trainings available for similar types of strategies (e.g., If you are going to adopt a particular bystander empowerment curriculum there may not be trainings available on that particular curriculum, but perhaps there are state or regional trainings being offered by a coalition or health department on the general principles of bystander empowerment.)
- **Established Network:** Can the developer of the strategy connect you with other people using that specific strategy/materials? If there is not an ongoing network like a listserve, can they at least connect you with individual programs that may help you with troubleshooting and give you feedback based on their experiences?
- **State Network:** Are there other programs in your state using a similar strategy? Can you establish a network among yourselves or has PCAR already established a network?
- **Online Resources:** What online resources are available for this type of strategy? Is there a relevant clearinghouse? Are you seeing a lot of programs posting online about their experiences with similar approaches?
- **PCAR's Resource Library:** What resources are available through PCAR that might be helpful to you?
- **Evaluation / Research Resources:** Are there university researchers or program evaluators who have expertise in evaluating or researching this type of strategy? Are they available to assist you with information, developing evaluation plans, or doing an evaluation for you? Does the developer of the strategy have evaluation measures to use with the strategy? Are there other evaluation measures available that are relevant to this type of strategy?

WHAT IS THE EVIDENCE BASE FOR THE STRATEGY?



Evidence-Based Practice

Evidence-based practice presents particular challenges for sexual violence prevention because we have only a small body of emerging evidence.

There is a growing commitment to using evidence-based strategies in the prevention of sexual violence. This means agencies may be required by some funders to use strategies and programs that have been shown to have measurable and positive outcomes is an act of responsible public policy. However, it presents particular challenges for sexual violence prevention because so little research has been done. Consequently, most strategies do not yet have an evidence base. Unlike the prevention of substance abuse or HIV/AIDS where “best practices” have begun to be identified, we do not yet know what the best practices are for preventing sexual violence.

TYPES OF EVIDENCE

HIGHER QUALITY

Research:

- Focus On Specific Programs
- Measure Outcomes
- Are Published In Peer-Reviewed Research Journals

Published Data on:

- Internal Evaluations
- Prevalence
- Risk Groups
- Risk And Protective Factors

Locally Generated Data on:

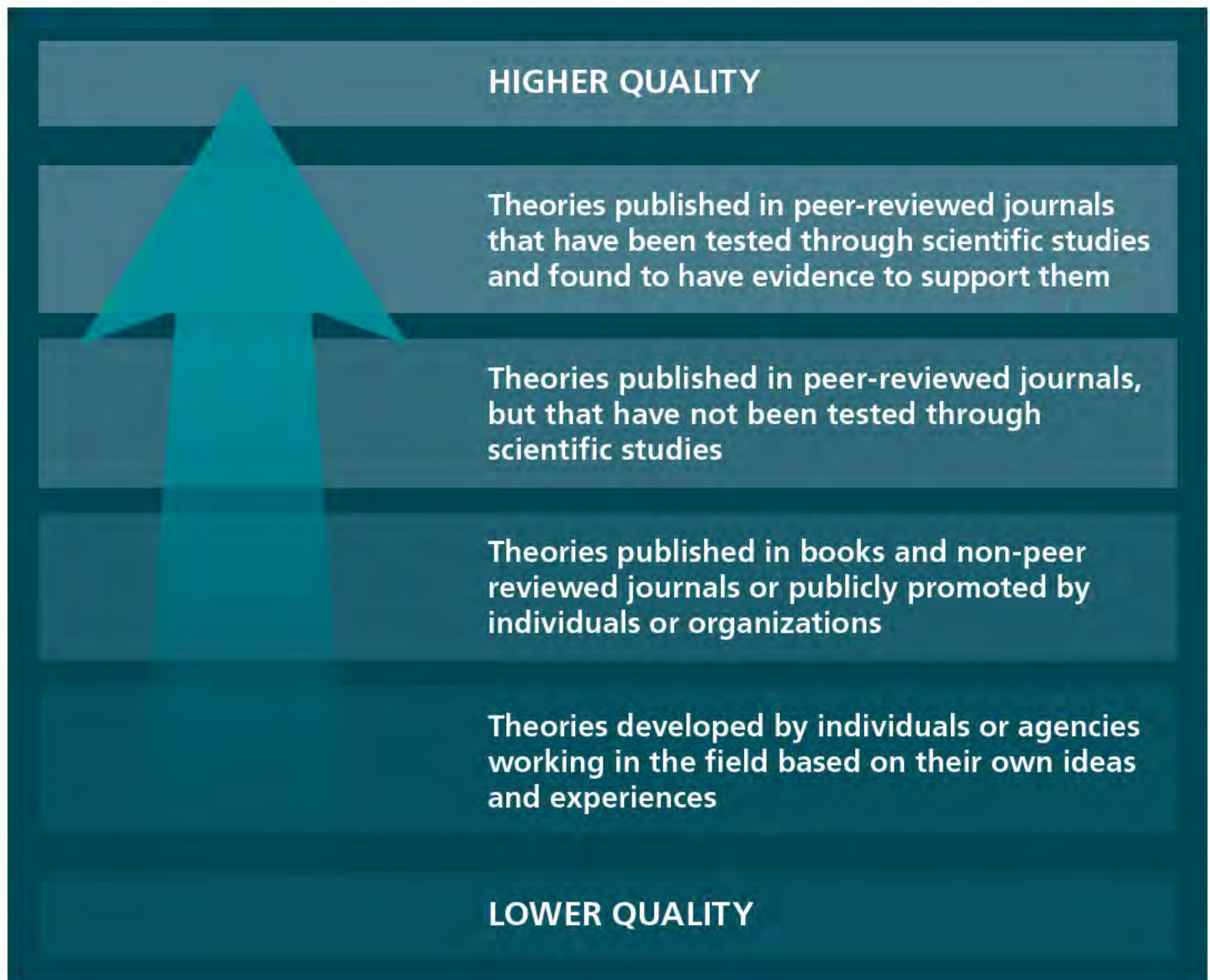
- Prevalence
- Risk Groups
- Risk And Protective Factors
- Attitudes
- Social Norms
- Pilot Testing Of Draft Materials
- Program Outcomes

Locally Generated Service Utilization Data from sources such as:

- Rape Crisis Center Logs
- Hospital Emergency Room Data
- Police Reports
- Court Records

LOWER QUALITY

While *evidence-based* refers to evidence that is based on outcomes data, a strategy can also be *theory-based*. Theories can be used to provide guidance on how to bring about change and/or show the links between planned activities and expected outcomes. Similar to the evidence base, we can think of theories as ranging from higher to lower quality.



Given the small body of outcomes-based evidence available on sexual violence prevention, sexual violence prevention programs may have to rely more on a theoretical basis until primary prevention strategies can be formally tested. Four theories were used to develop the CDC's logic model for rape prevention. Those theories may be useful when considering or developing primary prevention strategies.

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You can also use theories as the basis for what you do.

1. The *Theory of Reasoned Action* (Ajzen & Fishbein, 1980) is used to predict behaviors that are under the voluntary control of the individual. The theory argues that in order to change behaviors you need to increase the belief that the behavior is negative and that others disapprove of it.
2. The *Theory of Planned Behavior* (Ajzen, 1991) focuses on how the environment affects our behavior. It argues that even if someone intends to behave in a certain way, they will not do so unless the environment (social and physical) facilitates the behavior and makes it seem easy to do.
3. The *Health Belief Model* (Becker, 1974) says that people will take preventive action if they think they are susceptible to a condition (in the case of sexual violence prevention, that they are susceptible to being assaulted or to committing assault). Additionally, it emphasizes that people must feel confident in their ability to take action or to change their behaviors.
4. *Diffusion of Innovation Theory* (Rogers, 1995) explains how innovations or programs can be spread throughout a community so that it becomes saturated with new ideas or principles. In the case of sexual violence prevention, we are focused on saturating communities with ideas, information and skills that lead to prevention. In applying the theory to prevention, the programs that increase saturation include those that:
 - Are perceived as better than existing alternatives
 - Are compatible with the intended audience and social setting
 - Are easy to use
 - Can be tried before being fully implemented
 - Have results that are easy to see
 - Cause little disruption to the social environment
 - Can be discontinued easily
 - Are easily understood
 - Do not require too much time investment
 - Have a low level of risk or uncertainty
 - Can be adopted with minimal commitment
 - Can be updated and modified over time

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CASE EXAMPLE

The Evidence Against Awareness Education as a Form of Primary Prevention

First, let us look at an example of how the evidence has shown that a common strategy is not effective for primary prevention. The most common type of prevention education in middle schools and high schools distinguishes between myths and facts, dispels victim-blaming attitudes, suggests ways to reduce risk of being assaulted, teaches what to do after an assault and how to be supportive of survivors and contrasts healthy and abusive relationships. These topics are typically covered in 30 minutes to three hours. This type of strategy has, in fact, been tested repeatedly through scientific research. When considering the evidence we see that:

Research in peer-reviewed journals has consistently found these programs increase knowledge about sexual assault and change victim-blaming attitudes. However, effects usually dissipate over time. More importantly, they do not change rates of perpetration or victimization. Theories about what changes behavior that have been tested scientifically indicate that changing attitudes does not change behavior.

Published data on risk and protective factors indicate that there are many factors other than attitudes that have equal or greater weight. The synthesized theory of rape prevention also indicates that changing behavior is more complex than attitudes and knowledge.

A local program may have evidence that many youth in the community hold rape-supportive or victim-blaming attitudes. They may also have internal evaluation data that show their education programs change those attitudes (at least in the short-term.)

A local program may have evidence that indicates sexual assault is a problem in their community. Accounts of assaults, court testimony and observations may indicate that youth do not have a clear understanding of consent, coercion or the definition of sexual assault.

Therefore, there is local evidence that rape-supportive and victim-blaming attitudes are a problem in the community **and** that the curriculum can change those attitudes. The knowledge and attitudes curriculum may need to be continued as a way of encouraging survivors to reach out for help and increasing the likelihood that peers will respond empathically. However, in terms of primary prevention, the research evidence demonstrates that changing attitudes will **not prevent acts of sexual violence**. Therefore, new strategies need to be developed that effectively change behaviors related to perpetration and prevention.

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CASE EXAMPLE

The Evidence For Bystander Empowerment as a Form of Primary Prevention

Let us now look at an example of evidence showing that a different strategy is effective for primary prevention. A type of education that is becoming more widespread with middle school, high school and college populations is bystander empowerment. These programs view participants not as potential perpetrators or victims, but rather as empowered bystanders who can intervene when they see situations that reinforce rape culture or that may be leading to an assault. They build specific skills for identifying situations and for responding in ways that prevent an assault from occurring and/or that change the social norms and challenge a rape culture.

The evidence for the effectiveness of these programs is beginning to appear in publications and the initial findings are promising.

A recently published study tested effects of a bystander empowerment program immediately following its completion and two, four and 12 months later. Compared with people who did not participate, participants showed significant positive changes in attitudes, knowledge, behavioral intents, bystander efficacy and bystander behaviors. Most effects were sustained over time.

Internal evaluations of another bystander empowerment program have also found significant effects on knowledge, attitudes and behavioral intent. Studies on risk and protective factors have found that social norms play an important role in perpetration. The bystander empowerment program is theorized to address not only individual behaviors, but also to change social norms when bystanders take action.

A local program may have evidence that indicates most youth in the community do not support rape, but that they fail to intervene when they witness rape-supportive attitudes or potential assault situations. They may also have evidence that most sexual assaults by youth in their community are associated with group social situations (e.g., assaults occurring at parties, group assaults, or the presence of others during the assault.)

In this case, there is local evidence that most assaults by youth are occurring in settings where there are bystanders, but that most youth do not intervene. Therefore, building skills and confidence around how to intervene may be an effective primary prevention strategy. Additionally, the research indicates that bystander empowerment programs that focus on practicing skills for how to intervene can increase the number of bystander interventions that occur. Therefore, this is a promising strategy to use.



Practice-Based Evidence

It is important not to limit ourselves to the small amount of research that has been published. This four-volume Resource Kit supports the development of practice-based evidence. This type of evidence comes from real-life community settings and reflects the values and practices in the movement.

Known in public health as effectiveness trials, practice-based evidence helps to identify strategies that can (Glasgow, Lichtenstein, & Marcus, 2003):

- Reach large audiences
- Be used in different community settings
- Be consistently implemented by facilitators
- Produce sufficient effects using available resources

Practice-based evidence often reflects a more relevant, useful and authentic expression of the practices used in the field. Practice-based evidence can only be generated through the leadership and involvement of the field. It may also be necessary to educate potential funders about the importance and validity of this type of evidence.

Practice-based evidence comes from real-life community settings and reflects the values and practices in the movement.

DOES THE STRATEGY CROSS OVER FROM OTHER SOCIAL ISSUES?



For both practical and theoretical reasons, preventionists sometimes turn to prevention strategies that address other social issues and use them or adapt them to sexual violence. While this type of crossover may be effective, it should be done with thoughtful intention.

In some cases crossover makes sense from a theoretical perspective. For example, the prevention of physical abuse in dating relationships has much in common with the prevention of sexual violence. Among youth, both occur most often in dating relationships or among acquaintances. Whether they are perpetrated against women or men, the roots of both types of violence are found in gender roles, gender inequity, patriarchy and misogyny. Because many of the causes of dating and sexual violence are the same, the strategies to prevent them may be the same.

Close attention should still be paid so that both forms of violence are explicitly addressed and any unique dynamics are explored. If this attention is not paid then necessary skills may be overlooked.

For example, bystander empowerment is an important element of preventing both physical and sexual violence. However, using intervention skills requires first that the bystander recognize sexual violence and rape culture for what they are. A skills training program that only uses examples of physical violence may leave participants unable to recognize sexual coercion or expressions of rape culture.

Additionally, sexual violence also occurs outside of dating and intimate relationships. A skills training program that only talks about violence in dating relationships may leave participants unprepared to prevent sexual violence that is perpetrated by acquaintances, classmates, co-workers, teammates, family, neighbors, etc.

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**Make sure the unique dynamics
of sexual violence are addressed.**

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CASE EXAMPLE

Healthy Relationships: A Violence-Prevention Curriculum

Healthy Relationships: A Violence-Prevention Curriculum (published by Men for Change) is a three-year curriculum for middle school and/or high school students. Each year of the curriculum consists of at least four to five sessions (or more depending on the number of activities done and how they are spread out). The first year focuses on dealing with aggression, the second year on gender stereotypes and media awareness and the third year on building healthy relationships.

Most of the curriculum relates to both sexual and physical violence in relationships. For example, the activities on gender stereotypes expose the ways that women and men are socialized to take on certain roles, how those roles reflect notions of power, and the ways that conforming to stereotyped roles contributes to perpetration and victimization. These activities target social dynamics that contribute to both physical and sexual violence.

However, each type of violence is also addressed separately. There are activities that specifically address acquaintance rape, sexual harassment and intergenerational domestic violence.

Crossover from other social issues may also be done for practical reasons. A prime example of this is preventionists' interest in bullying prevention as a way to get into or expand their programs in elementary or middle schools. There may be some overlap in the causes of both bullying and sexual violence (e.g., an ethos of violence, desire for power). However, many of the gender-based causes of sexual violence are absent from the theories about the causes of bullying (e.g., sexual behaviors, homophobia, alcohol use, misperception of cues, hostility toward women, rigid gender roles and gender inequality).

There may be some overlap in the skills needed to prevent both forms of violence. For example, assertiveness and intervention by bystanders can be important skills to develop in prevention programs for both bullying and sexual violence. However, recognizing when to use those skills is not interchangeable. Students may be able to recognize acts of bullying without recognizing expressions of rape culture or sexual coercion. The social norms, sanctions and rewards around bullying and sexual violence are also different. Therefore, it is questionable whether a bullying prevention program can crossover into sexual violence prevention without major additions to the program.

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Sexual violence prevention is not interchangeable with other issues, even if the skills may cross over.

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CASE EXAMPLE

Olweus Bullying Prevention Program

A program that is growing in popularity is the Olweus Bullying Prevention Program. The program is a multi-level strategy that includes:

■ *School-level components:*

- Formation of a Bullying Prevention Coordination Committee
- Anonymous student survey
- Staff training
- Implementation of school policies
- Consequences for positive and negative behaviors

■ *Classroom-level components:*

- Reinforcement of school policies
- Classroom meetings

■ *Individual-level components:*

- Interventions with students (aggressors and victims)
- Discussions with parents of students involved in bullying

Evaluations of the program are finding that it significantly reduces bullying in schools (Limber, 2011; Olweus, 2005). As such, schools may be well-advised to use it to address bullying.

However, its ability to impact sexual violence is questionable. The program's goals and objectives are about bullying, not about sexual violence. Sexualized forms of bullying, homophobia and other roots of sexual violence are not part of this program.

The developers of the program make no claims about its effects on sexual violence prevention. Therefore, although this is an evidence-based program for bullying, that evidence cannot be used to support this program as sexual violence prevention.

CHECKLIST

Levels of Primary Prevention

- Multiple strategies are used that target multiple levels of the social-ecological model
- New strategies target levels that are currently not addressed or need strengthening

Goals and Objectives

- Goals and objectives of the strategy are clearly stated
- Objectives are relevant to the goals
- Goals and objectives are realistic
- Goals and objectives focus on building skills or creating new settings with non-violent and prevention norms
- The skills and settings directly contribute to primary prevention
- The goals of the strategy match the goals of your program

How the Strategy Works

- The form the strategy takes (e.g., workshops, posters, policies, etc.) fits the culture and values of your community(ies)
- The strategy will seem credible to your community(ies)
- The intended recipients of the strategy can easily access the program/materials
- There are no physical access barriers (e.g., location, transportation, etc.)
- There are no other constraints that would keep people from participating OR you can adapt the strategy to overcome those constraints (e.g., child care, work schedules, etc.)
- Written materials are in a language and at a reading level that most people can understand
- The images are culturally relevant to the community(ies)
- The community(ies) will trust you to carry out the strategy and/or you can get endorsements or participation from community leaders

The strategy can be implemented in multiple settings in the community(ies):

- Head Start programs, preschools, daycare centers
- K-12 schools (public and private)
- Technical schools, community colleges, colleges, universities
- Athletic associations
- Scouting organizations

- Parent-teacher organizations
- Cultural groups
- Community service groups
- Social clubs
- Professional and business organizations
- Businesses
- Churches and other faith communities
- Social service organizations (government and community-based)
- Other prevention programs (drug abuse, child abuse, etc.)
- Neighborhood associations
- Volunteer organizations
- Community centers/recreation centers
- Parks departments
- Public libraries
- Gyms / athletic centers / fitness centers / yoga studios

Intensity

- The strategy is more than a one-time event OR it works in combination with other strategies and results in multiple exposures to the messages and skills
- You can achieve the levels of individual exposure and community saturation necessary for achieving the intended outcomes

Materials

The materials are:

- Clear
- Comprehensive
- Developmentally appropriate
- Culturally relevant
- Substantive
- Able to address the causes of sexual violence
- Oriented toward building skills
- Promoting systems change

Resources/Cost

You have the resources it takes to implement the strategy, including:

- Staff/volunteer time
- Necessary expertise
- Financial costs
- Materials
- Location
- Media access
- Recruitment costs
- Access to intended audience

Evidence Base for the Strategy

There is some type of evidence OR clear theoretical basis for the strategy:

- Studies on outcomes of this strategy published in peer-reviewed research journals
- Published evaluation data in other venues
- Published data on prevalence, risk groups, or risk and protective factors that support the strategy
- Locally generated data that supports the strategy
- Theories that have been tested through scientific study
- Theories that have been published in peer-reviewed journals
- Theories that have been published in books or generated in the field
- Strategy has been tested and found effective for a related issue

Crossover

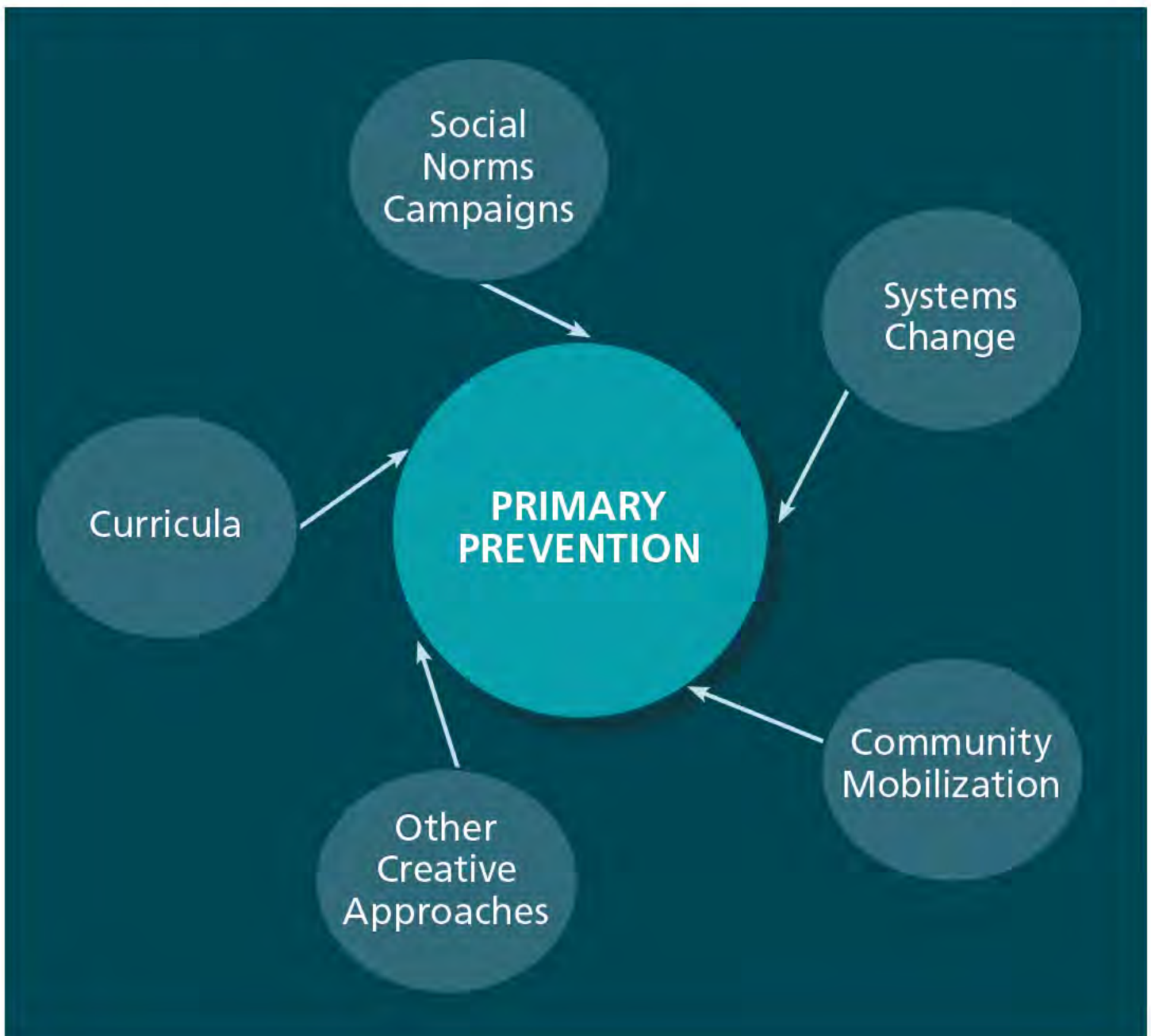
- Crossover between issues makes sense theoretically
- The strategy develops the necessary skills for sexual violence prevention
- Unique issues related to sexual violence are adequately addressed

INNOVATIVE STRATEGIES

- Types of Prevention Strategies
- Examples of Innovations

TYPES OF PREVENTION STRATEGIES

There are many types of prevention strategies. The following are brief descriptions of some types of prevention strategies that programs throughout the nation are using. Like with the levels of prevention, any one curriculum or initiative may fit into more than one category.



Primary prevention curricula build skills that challenge the causes of sexual violence.

Curricula are structured or semi-structured sessions that aim to bring about specific changes in knowledge, attitudes, skills and behaviors related to sexual violence prevention. To be primary prevention strategies, curricula must build skills that, when used, challenge or change the causes of sexual violence.

Primary prevention curricula are usually most effective when they involve multiple sessions over a short period of time. Single-session programs are generally less effective at changing behaviors.

There is a wide range of specific skills that are a part of prevention curricula. Some common areas of focus include: bystander empowerment, gender stereotypes, media literacy, healthy relationships, asking for and respecting others' consent and healthy sexuality.

Primary prevention curricula build skills that challenge the root causes of sexual violence.

Again, it is important to remember that primary prevention curricula (as opposed to awareness raising or risk reduction curricula) **must build skills that challenge the causes of sexual violence**. As such, the most effective curricula may be those that have the greatest degree of interactive activities where participants practice the skills and then reflect on that experience. It is important to remember that **interaction by itself does not build skills**. For example, playing a Jeopardy-style game that reviews myths and facts about sexual violence may be fun and interactive, but it is still merely a review of information and, therefore, raises awareness but does not build prevention skills. In contrast, roleplaying bystander scenarios, critically analyzing advertisements for their messages about sexual violence, problem-solving situations participants are facing in their real lives, practicing conversations adults might have with youth, etc. build prevention skills.

Curricula may be used with a wide variety of audiences. This may include working with youth, college students, teachers, athletic coaches, social service providers, youth-serving organizations, leaders of faith communities, community groups, social organizations, parent groups and law enforcement, among others.

It is important that curricula be evaluated for their impact on participants. Of particular interest to primary prevention is how participants change in their use of prevention skills. This may include their confidence at using the skills, likelihood of using them, demonstrated ability to use skills in simulated situations and actual use in real-life situations.

Social norms campaigns correct misperceptions about what most people do and reinforce preventive behaviors.

Social norms campaigns are based on the idea that people often have mistaken beliefs about what other people actually do. They then adjust their own behaviors to be similar to that mistaken belief. For example, high school students may think that most boys their age would have sex with a girl when she is passed out. So when they are in that situation, they are more likely to perpetrate sexual violence because that is what they think is expected. Similarly, athletic coaches may think that locker room jokes that sexually objectify women are the norm and, therefore, be less likely to intervene when they hear their athletes making those jokes.

Social norms campaigns try to correct those misperceptions by exposing people to the actual, positive norms in their communities. The idea is that this will lead people to act in those positive ways because they will see the positive actions as normative. Therefore, a social norms campaign might educate high school boys that the majority of boys their age would not have sex with a girl when she is passed out (or even



that they would take action to keep her safe). Or a campaign aimed at athletic coaches might educate them that most coaches find sexually objectifying jokes offensive.

In their “truest” form, social norms campaigns are based on locally collected data about the community’s own norms. This usually involves surveying community members about their own beliefs, attitudes and behaviors. The survey responses are then analyzed to see what the community’s norms actually are. That information is then developed into some type of education campaign (e.g., posters, public service announcements, buttons, etc.).

However, doing this requires at least basic skills in assessment and excellent marketing skills. Therefore, more generic and carefully designed campaigns are sometimes used and referred to as social marketing campaigns. Instead of presenting data on normative behaviors in the local community, these campaigns depict specific, preventive behaviors as if they are normative.

Keys to successful social norms and social marketing campaigns include presenting the normative behavior in a way that is appealing and impactful. This requires skills in messaging and graphic design, among others. These skills may be outside the skillset of most sexual violence programs. However, it is an excellent opportunity to work with communications and graphic artist interns and pro bono professional services. Success also requires saturation of the community with the messages. The more settings in which the messages appear, the better. This is an excellent opportunity to engage new community partners. For example, sexual violence prevention programs have reported working with bars and restaurants, barber shops and salons, motorcycle clubs, truck stops and community health centers.

Evaluating social norms campaigns can be tricky due to their community-wide implementation. Some approaches include pilot testing focus groups to measure changes in knowledge and behavioral intents, community polling to measure exposure to the campaign and informal interviews at venues where the campaign is in use to measure perceived impact.

Systems change supersedes individuals and changes the “way of doing business.”

Systems change is a broad category that refers to any strategy that changes the way a system works. These changes supersede individuals working in the system so that the change endures over time and becomes a part of the “way of doing business.”

Systems change may include strategies such as writing new policies, changing procedures for how policies are implemented, creating new communication structures, instituting new staff positions, establishing mandatory trainings, creating new settings where prevention work is done and forming prevention coalitions.

One key element of effective systems change is that the changes must foster action that supports prevention goals. For example, a common pitfall is seen when a prevention coalition is formed in a community. Members may come together on a regular basis to talk. During these meetings they share updates on what their respective organizations are doing and challenges they encounter. They may do some networking and offer one another suggestions. However, there is no real new action that takes place. There are no protocols established for cross-organizational service delivery, no joint campaigns embarked upon, and no real change that occurs in their respective organizations as a result of participating in the coalition. The coalition is not an action-oriented coalition. Rather, it is merely a venue for sharing news and updates. This type of coalition would not be an example of effective primary prevention.

Evaluating systems change is often a matter of documenting changes in settings, policies and procedures. This may be done through observation, reviewing archival materials and interviewing community leaders and systems personnel.

Community mobilization supports other people as they engage in prevention in their own ways.

Community mobilization is another broad category of prevention that can manifest in many different ways. Common to all mobilization efforts is the goal of infusing prevention work throughout the community by mobilizing others to engage in prevention work. While the sexual violence prevention program may be a catalyst and even an ongoing partner, the key here is that community mobilization prompts other people and organizations to actively engage in prevention in their own ways, in their own communities and in their own roles.

Community mobilization can be done with many different groups and settings in the community. For example, mobilization efforts have been described in working with youth, men and boys groups, girls and young women’s groups, athletic coaches, college students and community coalitions. The key element that cuts across all of these mobilization efforts is that people are empowered and supported to engage in prevention work in their own ways and guided by their own leadership.

Related to community mobilization is the idea of increasing community readiness for prevention. Community readiness involves the community’s interest, willingness and skills for engaging in prevention work. Readiness includes the community’s knowledge of the issues, knowledge of prevention efforts, leadership on prevention, resources allocated to prevention, implementation of

prevention efforts and community climate around the issue. By increasing a community's readiness, they will be more able to engage in prevention work collaboratively with and independent of the sexual violence prevention program.

Mobilization requires, above all, a willingness to let go and to trust the community. It also requires entering into new settings and relationships. This may mean entering unfamiliar territory, learning to communicate with people who think about the issues in different ways and supporting the work others are doing on related issues where sexual violence may not be the primary focus. It may also require that the sexual violence program redefine its own role and identity to include being a participant and supporter of others' work, adopting a listening role and considering new approaches.

Community mobilization is perhaps one of the most challenging areas to evaluate. A good evaluation begins with identifying the community outcomes that are of greatest relevance and interest. This may include measuring changes in community readiness for prevention work, implementation of prevention initiatives and behavioral impacts in the community.

The ways we can do primary prevention are limited only by our imaginations.

There are also other creative approaches that may be used. The possibilities for primary prevention are limitless. Regardless of the strategy used, the key questions are:

- Does the strategy impact the underlying causes of sexual violence?
- Does it change behaviors?

While increasing knowledge and changing attitudes is important, we must always remember that those two things by themselves will not change behaviors and, therefore, will not reduce the incidence of sexual violence in our communities nor increase the ways in which safety, equality and respect are promoted and enacted. Therefore, we must look closely at any prevention strategy and honestly examine it for how it changes behaviors and societal conditions.

INNOVATIVE STRATEGIES

To learn about a variety of strategies that can be used for the primary prevention of sexual violence, go to the PCAR website (www.pcar.org) and prevention page. This site provides summaries of numerous strategies that are examples of primary prevention.

The summary for each strategy includes:

- Level(s) of primary prevention targeted by the strategy
- Goals and objectives of the strategy
- How the strategy works and considerations for implementing it
- Intensity of the strategy
- Summary of the evidence base
- Suggestions for evaluating the strategy's impact in your own community(ies)
- How to obtain sample materials and/or the complete materials
- Cost

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A strategy that works for another community
may not work for your community.

You must choose strategies that fit the culture,
history and way of doing things in your community.

For most of these strategies the evaluation of outcomes is just beginning. None of these strategies has enough evidence yet to be labeled a *best practice* in the sense of there being multiple, well-designed studies demonstrating effective outcomes that have been published in peer-reviewed journals. However, they are worth considering given what we know about prevention and practice.

REFERENCES

- Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior*. Englewood Cliffs, NJ: Prentice Hall.
- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50, 179–211.
- Becker, M. H. (1974). The health belief model and personal health behavior. *Health Education Monographs*, 2, entire issue.
- Centers for Disease Control and Prevention (2006). National allocation of funds by Healthy People 2010. Atlanta: Centers for Disease Control and Prevention.
- Centers for Disease Control and Prevention (under review). Creating safer communities: Rape prevention education model of community change. Atlanta: Centers for Disease Control and Prevention.
- Donnermeyer, J. F., Plested, B. A., Edwards, R. W., Oetting, E. R., & Littlethunder, L. (1997). Community readiness and prevention programs. *Journal of the Community Development Society*, 28, 65–83.
- Glasgow, R. E., Lichtenstein, E., & Marcus, A. C. (2003). Why don't we see more translation of health promotion research to practice? Rethinking the efficacy-to-effectiveness transition. *American Journal of Public Health*, 93, 1261–1267.
- Limber, S. P. (2011). Development, evaluation and future directions of the Olweus Bullying Prevention Program. *Journal of School Violence*, 10, 71–87.
- Miller, T., Cohen, M., & Wiersma, B. (1996). *Victims Cost & Consequences: A New Look*. Washington, D. C.: U.S. Department of Justice.
- Oetting, E. R., Donnermeyer, J. F., Plested, B. A., Edwards, R. W., Kelly, K., & Beauvais, F. (1995). Assessing community readiness for prevention. *International Journal of the Addictions*, 30, 659–683.
- Offord, D. R. (2000). Selection of levels of prevention. *Addictive Behaviors*, 25, 833–842.
- Olweus, D. (2005). A useful evaluation design and effects of the Olweus Bullying Prevention Program. *Psychology, Criminology, & Law*, 11, 389–402.
- Plested, B. A., Smithman, D. M., Jumper Thurman, P., Oetting, E. R., & Edwards, R. W. (1999). Readiness for drug abuse prevention in rural minority communities. *Substance Use & Misuse*, 34, 521–544.
- Rogers, E. M. (1995). *Diffusion of innovations (4th ed.)*. New York: Free Press.
- Townsend, S. M., & Campbell, R. (2008). Identifying common practices in community based rape prevention programs. *Journal of Prevention and Intervention in the Community*, 36, 121–135.
- U.S. Preventive Services Task Force (1996). *Guide to clinical preventive services (2nd edition)*. Washington, DC: U.S. Department of Health and Human Services.



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