PRIMARY PREVENTION

THE NEXT STEP IN SEXUAL VIOLENCE EDUCATION
Though changing social norms has been a part of the anti-sexual violence movement since its beginning in the 1970’s and 1980’s, the term “primary prevention” was not systematically integrated into the work until the nation’s largest public health agency, the United States Centers for Disease Control (CDC), began to address sexual violence in 2001. Thus, though the idea of addressing root causes is a fundamental component of our movement, the idea of addressing sexual violence as a public health issue through primary prevention is still a relatively new concept.

**WHAT IS PRIMARY PREVENTION?**

Sexual violence prevention is a systematic process that promotes healthy environments and behaviors, and reduces the likelihood or frequency of [sexual violence] occurrence. The CDC states that there are three categories of prevention:

- **Primary Prevention**: Activities that take place before sexual violence has occurred to prevent initial perpetration or victimization;
- **Secondary Prevention**: Immediate responses after sexual violence has occurred to deal with the short-term consequences; and
- **Tertiary Prevention**: Long-term responses after sexual violence has occurred to deal with the lasting consequences of violence for the victim/survivor, as well as sex offender treatment interventions.

Primary prevention efforts seek to bring about change in individuals, relationships, communities, and society through strategies that:

- Promote the factors associated with healthy relationships and healthy sexuality (protective factors);
- Counteract the factors associated with the initial perpetration of sexual violence (risk factors).

The phrase “public health model” is also often used to refer to this approach to prevention. According to the CDC, public health focuses on the health of a population (an entire group of people) rather than individuals. Therefore, a public health prevention strategy has benefits for the entire population instead of just potential victims, because the problem is widespread enough to affect the entire population, either directly or indirectly. The public health approach also depends upon community action, which shifts the burden of prevention from victims and advocate to everyone. As with the public health response to the flu, everyone is asked to wash their hands or stay home when sick—not just those at risk for illness.

Many activities which have been traditionally been labeled “prevention” within our field are really risk-reduction or awareness and outreach activities. These may be secondary or tertiary prevention, but they are not primary prevention. Awareness and outreach activities focus on increasing the understanding of sexual violence and its consequences—an important goal, but not one which creates the behavior change necessary to ensure that violence doesn’t occur in the first place. Risk reduction activities have the goal of helping potential victims protect themselves, and are intended to reduce the likelihood of sexual assault for one individual, but don’t lessen the frequency of occurrence on a community or societal level. Primary prevention activities acknowledge the current incidence of sexual violence, but seek to address the underlying problems that support it. In other words, primary prevention activities see sexual violence as the symptom, not the disease itself, and the activities are aimed at the root causes in order to ‘treat’ the disease.

Primary prevention programming addresses the underlying root causes which support sexual violence. The CDC refers to these as risk factors and protective factors. Risk factors are attributes, attitudes, situations, conditions, or environmental contexts that increase the likelihood of the occurrence of sexual violence. Protective factors are attributes, attitudes, situations, conditions, or environmental contexts that work to decrease the likelihood of the occurrence of sexual violence.\(^5\)

The goal of prevention programs is to provide the tools and resources to help reduce or diminish risk factors and to strengthen protective factors.

According to the CDC, comprehensive sexual violence prevention programming addresses risk and protective factors not just among individuals, but also within relationships, communities, and society as a whole. This approach is called the “Social Ecological Model” (SEM), and effective programming addresses all levels, in order to change the norms, beliefs, and social and economic systems that create the conditions for the occurrence of sexual violence. The model identifies four levels of human experience into which prevention strategies can be incorporated.\(^6\)

## The Social Ecological Model

<table>
<thead>
<tr>
<th>Individual</th>
<th>Relationship</th>
<th>Community</th>
<th>Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal knowledge, attitudes and skills influencing behavior.</td>
<td>Interactions with family, intimate partners, and peers.</td>
<td>Systems such as schools, workplaces, and neighborhoods.</td>
<td>&quot;Big picture&quot; factors that influence sexual violence such as gender inequality, religious or cultural belief systems, societal norms, and socio-economic factors such as forms of oppression.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prevention Strategy Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ongoing school group for boys to talk about masculinity and healthy sexuality.</td>
</tr>
<tr>
<td>Classes for parents and school professions that teach skills relating to talking about healthy sexuality and relationships with youth.</td>
</tr>
<tr>
<td>Holding a ‘Healthy Sexuality Week’ and promoting community activities like displaying youth art projects related to healthy sexuality.</td>
</tr>
<tr>
<td>Students are encouraged and supported to stay informed and take an active role in state and national systems, such as developing a public response to sexist and violent advertising messages.</td>
</tr>
</tbody>
</table>
Finally, effective primary prevention programming addresses Bloom’s Taxonomy by addressing different learning domains – knowing, feeling, and doing. It is not enough to instruct students about myths and facts relating to sexual violence, or to focus on content knowledge or attitudes. They must also have the opportunity to learn and practice skills related to the behavior change we wish to see (such as bystander behavior).

Prevention strategies will often include activities that focus on knowledge change, attitude change and behavior change. In these cases, knowledge and attitude change activities will precede behavior change activities as the knowledge and attitude activities provide the rationale/motivation for why the behavior change is needed.

What are some promising practices?

There is no one formula for creating a program which is guaranteed to reduce or end sexual violence. In fact, there are very few evidence-based programs specifically targeted toward sexual violence prevention – the field is in an ‘evidence-building’ period, and many practitioners are using the term ‘evidence-informed’ to refer to programs based on sound theories. The evidence is clear, however, that effective or promising practices share some common elements, referred to as the Nine Principles of Effective Prevention Programming. They include:

1. Comprehensive: Strategies should include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem.
2. Varied Teaching Methods: Strategies should include multiple teaching methods, including some type of active, skills-based component.
3. Sufficient Dosage: Participants need to be exposed to enough of the activity for it to have an effect.
4. Theory Driven: Preventive strategies should have a scientific justification or logical rationale.
5. Positive Relationships: Programs should foster strong, stable, positive relationships between children and adults.
6. Appropriately Timed: Program activities should happen at a time (developmentally) that can have maximal impact in a participant’s life.
7. Socio-Culturally Relevant: Programs should be tailored to fit within cultural beliefs and practices of specific groups as well as local community norms.
8. Outcome Evaluation: A systematic outcome evaluation is necessary to determine whether a program or strategy worked.
9. Well-Trained Staff: Programs need to be implemented by staff members who are sensitive, competent, and have received sufficient training, support, and supervision.

Understanding primary prevention and integrating it into a comprehensive program can be challenging. Yet the public health approach offers an opportunity to make real and meaningful change in how we understand sexual violence. It’s an exciting time to be moving this effort forward, and we hope that this toolkit and the many resources it includes is an important tool as you build your prevention program.

7. Ibid.