

Preventing Sexual Violence Perpetration

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The findings and conclusions of this presentation are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



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Overview

- Public health approach to sexual violence prevention
- Risk and protective factors for sexual violence
- Evaluation and effectiveness
- What works (and what doesn't) in sexual violence prevention
- Pulling it all together: Comprehensive approaches

One Problem, Many Perspectives

- ❑ Violence prevention is multidisciplinary
- ❑ Approach to violence prevention influenced by perspective
- ❑ Public health is one perspective to prevent violence



Defining Issues as Public Health Problems

- ❑ **Defines target population:**
 - The public (population-level)
- ❑ **Emphasizes partnerships:**
 - Multi-sectoral
 - Multi-level
- ❑ **Shapes approach:**
 - Applies public health science
 - Uses data to drive decisions

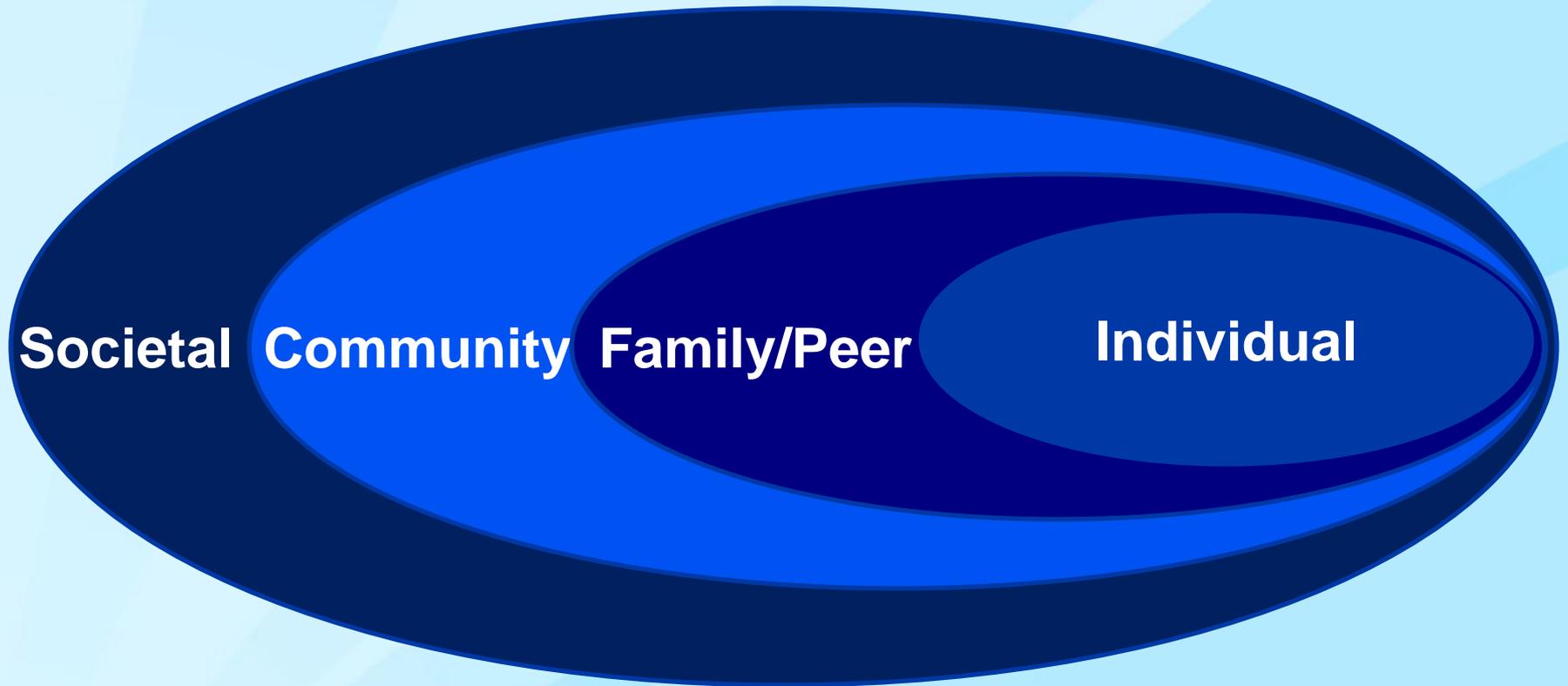
Public Health Approach to Violence Prevention

- **Guiding frameworks**
 - Public health model
 - Social ecological model
- **Types of prevention**
 - Timing
 - Delivery
- **Principles of prevention**

The Public Health Approach to Prevention



Social Ecological Model

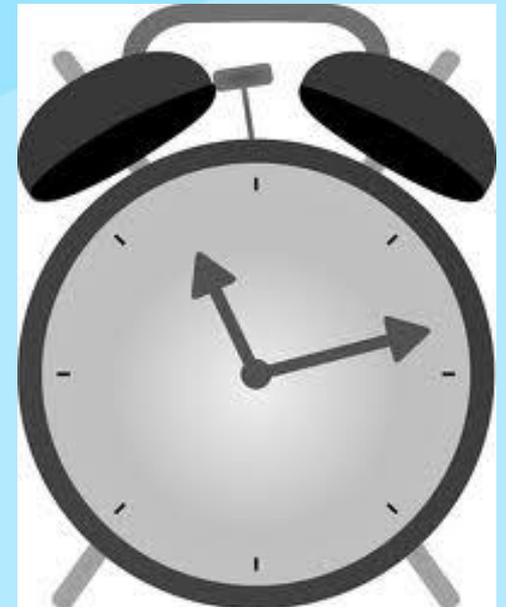


Risk factors can occur at each level

Comprehensive approaches consider risk factors at all levels

Levels of Prevention

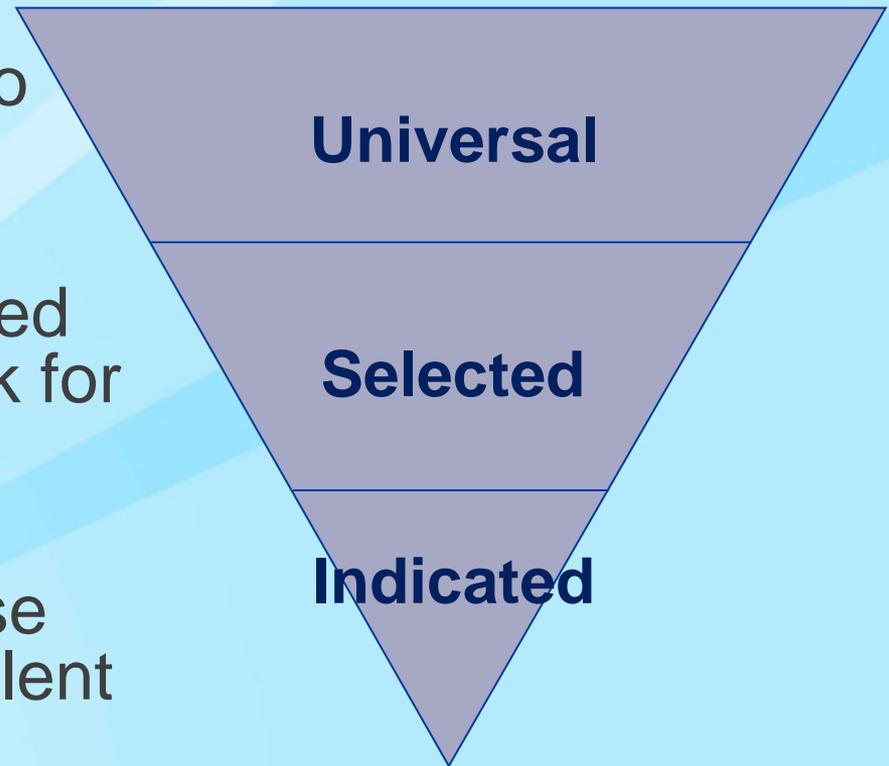
- **Based on the timing of the Strategy:**
 - **Primary:** Prevention of violence before it occurs
 - **Secondary:** Immediate response or prevention of recurrence
 - **Tertiary:** Longer-term response
 - Prevention of recidivism
 - Amelioration of negative consequences of violence



Delivery of Prevention

Based on the population targeted for the strategy:

- **Universal:** Applied to everyone without regard to risk
- **Selected/Targeted:** Applied to those at heightened risk for violence
- **Indicated:** Applied to those already demonstrating violent behavior



9 Principles of Prevention

- **Based on theory and research:**
 - Have a scientific justification
 - Sometimes intuitive approaches are harmful
- **Promote positive relationships:**
 - Foster healthy, safe relationships
- **Appropriately timed in development:**
 - Implemented at a time (developmentally) that can have maximal impact in a participant's life
- **Comprehensive:**
 - Include multiple components and affect multiple settings to address a wide range of risk and protective factors

Principles of Prevention cont'd

- **Varied Teaching Methods:**
 - Use multiple teaching methods, including active, skills-based component
- **Reflect culture of participants:**
 - Take into account cultural beliefs and practices of specific groups as well as community norm
- **Use evaluation to assess impact and effects**
- **Employ well-trained staff**
- **Be of sufficient dosage**
 - Expose participants to enough of the activity for it to have an effect

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Definition and Magnitude

- Sexual violence (SV) includes any coercive sexual act that is committed or attempted by another person without freely given consent of the victim including when the victim is unable to consent or refuse. Includes:
 - Penetrative sexual acts that are forced or alcohol/drug facilitated
 - Penetrative acts in which the victim is pressured or threatened
 - Intentional sexual touching
 - Non-contact acts of a sexual nature
 - Can also occur when a perpetrator forces or coerces a victim to engage in sexual acts with a third party.
- Resources on prevalence
 - 2010 National Intimate Partner and Sexual Violence Survey
 - Civilian Sample (CDC website)
 - Military Sample (SAPRO website)

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Risk and Protective Factors

- Prevention strategies take into account risk and protective factors for the intended target of the strategy:
 - Victim
 - Perpetrator
 - Bystander (present)
 - Influencer/Gatekeeper (not present)
- Why focus on perpetration?

Risk and Protective Factors Defined

- **Risk Factor**
 - Increases the risk of violence
- **Protective Factor**
 - Decreases the risk of violence OR
 - Buffers the effect of a risk factors
- CDC reviewed 191 studies to identify factors at each level of the social ecology that were associated with SV

Examples of Individual and Relationship Level Risk Factors for SV

Gender-Based Cognitions

- Rape myth acceptance
- Hostility towards women

Sexual Behaviors

- Multiple sexual partners
- Impersonal sex
- Past SV perpetration
- Sexually explicit media

Aggressive Behavior

Alcohol Use

Violence-Related Cognitions

- Acceptance of violence

Interpersonal Factors

- Cue misinterpretation

Relationship-Level Factors

- History of child maltreatment
- Violence in the home
- Peer approval for forced sex and pressure to have sex
- Gang membership
- Relationship conflict

Domains of Risk Not Typically Targeted in Sexual Violence Prevention

- ❑ **Presence and acceptance of (general) violence**
 - Cross-cutting area: Youth violence
- ❑ **Unhealthy sexual behaviors, experiences, or attitudes**
 - Cross-cutting area: Sexual health

Gaps in Research

- Very few community and societal-level factors have been studied and only 2 have significant associations with SV (e.g., community homicide rate)
 - Opportunities still exist to address SV using community-level strategies that reflect individual/relationship-level risk behaviors through
 - Policy
 - Leadership
 - Other strategies that change the environment and culture

- Very few protective factors identified
 - Emotional health and connectedness
 - Empathy

Myths about SV Risk

- Sexually coercive acts are reported by 25% of men (across studies) (Spitzberg, 1999)
 - Myth: The majority of SV is perpetrated by few men.

- Risk factors demonstrate that SV perpetrators are heterogeneous. Popular “profiles” of perpetrators do not reflect the breadth of SV risk factors and may lead to insufficient prevention approaches
 - Myths:
 - SV perpetrators always engage in other types of violence.
 - All SV is premeditated.
 - All SV perpetrators re-perpetrate.

Risk Factor Take-Aways

- No single cause of violence and no single “profile” of a perpetrator exists
 - Multiple domains of risk exist
 - Violence is the result of factors interacting over time and across settings/relationships

- Effective primary prevention addresses risk factors to prevent subsequent violence
 - Risk factors can help determine:
 - What individuals or groups you target with prevention
 - Content of prevention programs

The Public Health Approach to Prevention



WHAT WORKS (AND DOESN'T) IN SEXUAL VIOLENCE PREVENTION

Continuum of Evidence of Effectiveness

	Well Supported	Supported	Promising Direction / Emerging / Undetermined More Research Needed			Unsupported	Harmful
Effect	Found to be effective		Some evidence of effectiveness	Expected preventive effect	Effect is undetermined	Ineffective	Practice constitutes risk of harm
Internal validity	True experimental design	Quasi experimental design	Non-experimental design	Sound theory only	No research No sound theory	True or quasi experimental design	Any design with results indicating negative effect
Type of evidence/research design	Randomized control trials and meta-analysis / systematic review	Quasi experimental design	Single group design	Exploratory study	Anecdotal / Needs assessment	Randomized control trials or quasi experimental design	Any design with results indicating negative effect
Independent replication	Program replication with evaluation replication		Program replication without evaluation replication	Partial program replication without evaluation replication		Program replication with evaluation replication	Possible program replication with/without evaluation replication
Implementation guidance	Comprehensive		Partial	None		Comprehensive	Comprehensive/partial
External and ecological validity	Applied studies—different settings (2+)	Applied studies—similar settings (2+)	Real-world informed	Somewhat real-world informed	Not real-world informed	Applied studies—same/different settings	Possible applied studies—similar/different settings

For more information:

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Violence Prevention

1-800-CDC-INFO • www.cdc.gov/violenceprevention • cdcinfo@cdc.gov



Identifying Effective Programs

- **Example criteria for identifying effective programs:**
 - Rigorous evaluation design that enables program effects to be attributed to the program rather than other factors
 - Evaluated for changes in behaviors (versus attitudes)
 - Behavioral effects sustained over time
- **Programs not meeting these criteria may be considered “promising” or “in need of more research” but not “effective”**
- **Using programs that are based on the best available evidence should be the first line of action**
 - Provides the greatest confidence that resources will yield results

Why Primary Prevention of Sexual Violence?

- Past SV is a strong predictor of future violence, but re-perpetration is only one pattern of violence
- In longitudinal studies we see those who:
 - Are Non-Aggressive (primary prevention)
 - Desist SV (secondary and tertiary prevention)
 - Initiate SV (primary and secondary prevention)
 - Persistently Perpetrate (tertiary prevention)

Abbey & McAuslan, (2004); Hall et al., (2006)

CDC's Review of SV Prevention Research

- ❑ Systematic review of 140 studies
- ❑ Includes evaluation literature on **primary prevention programs for male SV perpetration**
- ❑ To identify:
 - effective programs or strategies
 - components/characteristics of programs that increase or decrease effectiveness
 - promising approaches that require further research
 - gaps in the evaluation literature

What works?

- Only two programs have demonstrated evidence of effectiveness in reducing **SV behavior** using a rigorous evaluation design
- Both are developed and evaluated for middle/high school youth
 - Safe Dates
 - Shifting Boundaries (Building-level intervention)

Promising Approaches

- ❑ Multi-session programs with skill-building components
- ❑ Programs that utilize a **bystander approach**
- ❑ Programs that address SV in the **context of dating violence**

→ These approaches have some evidence of effects on risk factors for SV but not yet for behavior

- ❑ Other types of programs may also work but they haven't been tested yet.

Selected Promising Programs

Positive effects on risk factors in rigorous evaluation

- **Coaching Boys Into Men**
 - High school; + effects on bystander behavior, and dating violence perpetration (including SV) at 1 year follow-up
- **Bringing in the Bystander**
 - College; + effects on attitudes and bystander efficacy/intentions
 - Military; Mixed effects on bystander behavior
- **Green Dot**
 - College and high school; + effects on sexual harassment, stalking, SV perpetration, and victimization (not yet published)

What Doesn't Work?

- ❑ **One-session educational/awareness programs**
 - Reviewed 93 one-session programs (most < 1 hr)
 - No studies found effects on behavioral outcomes
 - Effects on attitudes/knowledge typically did not persist to follow-up
 - Why?
 - Insufficient “dose” to compete with other influences and change behavior
 - Usually involved passive audience
 - Skills-based components are needed to change behavior
 - Do not address other, stronger risk factors

Lessons from the Evaluation Literature

- ❑ One-session programs likely insufficient to change behavior
- ❑ Programs with multiple sessions that focused on skill-building and active participation were more likely to have effects that persisted
- ❑ Bystander, dating violence, and social-emotional skills-based programs look promising
 - More research is needed

Evidence-Informed Prevention

- In the absence of a broad array of evidence-based interventions, decisions for prevention planning should be guided by:
 - **Known risk and protective factors for SV**
 - **Principles of prevention** (Nation et al., 2003)
 - **Best available research evidence**

Opportunities for Innovation

- Target risk factors for SV using effective strategies from other areas of public health
- Most promising domains:
 - **Youth violence**
 - Sexual health
 - **Alcohol policy**

Potential Youth Violence Programs for Adaptation

- Universal approaches, such as Life Skills Training
 - Teach skills that address a variety of risk behaviors including risk factors for SV

- Resources on other evidence-based youth violence programs, searchable by risk factor:
 - Blueprints for Healthy Youth Development: <http://www.colorado.edu/cspv/blueprints/>
 - Crime Solutions: <https://www.crimesolutions.gov/>

Contextual/Situational Prevention

- Community/Problem-Oriented Policing
- Place-Based Initiatives
- Alcohol Policy



Why alcohol policies?

Impact on other forms of violence

- Delinquency
- Physical assault
- Intimate partner violence
- Homicide

Strong relationship between alcohol and sexual violence

- ~ 1/2 of sexual assaults involve consumption of alcohol
- 34-74% of SV perpetrators used alcohol at time of the assault
- Men who drink heavily more likely to report committing sexual assault

Overview of Opportunities for SV Prevention Using Alcohol Policies

- **Areas with encouraging evidence; may be ripe for future evaluations:**
 - Pricing strategies
 - Outlet density
 - College policies

- **Areas with some evidence; more research needed to understand SV prevention potential**
 - Sale time
 - Drinking Environment

Evidence-Based Pricing Strategies

- ❑ **Increasing Price → Decreased Consumption**
- ❑ **Demonstrated effects on SV**
 - ↑ beer cost associated with ↓ rape and sexual assault crime data
- ❑ **Demonstrated effects on wide range of risk factors and related outcomes**
 - Violent crime, self-reported violence perpetration, self-reported STIs, self-reported risky sexual behaviors

Outlet Density Policies

- **Density → access → consumption**
- **Cross-sectional evidence on SV**
 - Density associated with self- and police reported SV
 - No effects for sexual forms of intimate partner violence (IPV)
- **Evidence on risk factors and related outcomes**
 - IPV, violent assaults, hostility and aggression, gonorrhoea rates

College Policies

- ❑ **Dorm/campus alcohol bans → Decreased Consumption**
 - Strong evidence for substance-free dorms
- ❑ **Some evidence on SV:**
 - Substance free dorms and campus bans: unwanted sexual advances
 - Substance free dorms: date rape/sexual assault
- ❑ **Limited evidence on risk factors and related outcomes**
 - Substance free dorms: reductions in delinquency
 - Campus bans : delinquency and injury

Pulling it All Together

- **Principle of Prevention:** Comprehensive strategies include multiple components and affect multiple settings to address a wide range of risk and protective factors of the target problem

- **Considerations**
 - Build on best-available science
 - Identify key messages and weave throughout
 - Identify and build capacity of implementation system
 - Leverage partnerships for multi-sectoral engagement
 - Integrate evaluation design into implementation planning

Social-
Emotional
Skills

Promising
Bystander
Intervention

Leadership
engagement and
support

Social Norms Campaign and
Monitoring High Risk Areas

Alcohol Policy

Strengthen and Support Enforcement,
Response, and Reporting Policies

Considerations for Developing a Comprehensive Approach

- Be strategic and use partnerships (multi-sector prevention)
- Ensure cohesive and complementary skills and messages
 - Each component should build on or reinforce the others
- Don't sacrifice depth for breadth
 - Implementing multiple low dose interventions may be insufficient to change behavior but may take as many resources as one effective strategy
 - Targeting too many risk factors briefly may result in failing to reduce any
- If using evidence-informed strategies, evaluate for effectiveness

Questions?

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