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Primary Prevention and the Socioecological Model: An Integrated, Preventative Approach to Combat Sexual Violence

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Primary Prevention and the Socioecological Model: An Integrated, Preventative Approach to Combat Sexual Violence

Abstract

A growing body of research suggests that sex offense registries, though popular with politicians and the public, are ineffective at reducing victimization. Registries only address the individual who perpetrates after victimization occurs in an effort to prevent recidivism. They do not address the other, broader reasons that victimization transpires; they do not prevent sexual violence, and they do not improve communities' safety. Using the socioecological framework to design primary prevention practices accounts for the interplay between the individual, relationship, community, and societal factors that lead to perpetration and should be used in place of reactive measures that fail to effectively reduce sex offending.

Keywords

primary prevention, sex offense registries, sexual violence, socioecological model

Disciplines

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Comments

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Primary Prevention and the Socioecological Model: An Integrated, Preventative Approach to Combat Sexual Violence

Emma Padrick

A growing body of research suggests that sex offense registries, though popular with politicians and the public, are ineffective at reducing victimization. Registries only address the individual who perpetrates after victimization occurs in an effort to prevent recidivism. They do not address the other, broader reasons that victimization transpires; they do not prevent sexual violence, and they do not improve communities' safety. Using the socioecological framework to design primary prevention practices accounts for the interplay between the individual, relationship, community, and societal factors that lead to perpetration and should be used in place of reactive measures that fail to effectively reduce sex offending.

I. Introduction

Sexual violence is, at its core, a public health issue (CDC, 2004; Krug et al., 2002). It affects millions of individuals worldwide, both physically and emotionally, each year (DeGue et al., 2014; Vivolo et al., 2010). Because of the emotional and sensitive nature of sex crimes, society tends to use high-profile, reactive measures to punish those who commit sex offenses after perpetration. Policy and practice tend to focus less on attempting to prevent victimization before it occurs. A growing body of research suggests that these punitive measures, implemented through methods such as sex offense registries and community notification laws, are ineffective at reducing victimization as they fail to address the broader, societal reasons that victimization transpires. Moving forward, it is imperative that we use comprehensive primary prevention policies to address the public health issue of sexual violence.

II. Sexual Violence as a Public Health Issue

Sexual violence is defined as any sexual act committed against someone without consent (Vivolo et al., 2010). By nature, it is a complex issue rooted in social, structural, cultural, and individual factors that call for equally multifaceted prevention efforts embedded in society to enhance effectiveness (DeGue et al., 2014, p. 360). As sexual violence is a public health issue, it should be treated as such. The Centers for Disease Control and Prevention (CDC) applies the “moving upstream” public health analogy to sexual violence:

One day, a fisherman was fishing from a river bank when he saw someone being swept downstream, struggling to keep their head above water. The fisherman jumped in, grabbed the person, and helped them to shore. The survivor thanked the fisherman and left, and the hero dried himself off and continued fishing. Soon he heard another cry for help and saw someone else being swept downstream. He immediately jumped into the river again and saved that person as well. This scenario continued all afternoon. As soon as the fisherman returned to fishing, he would hear another cry for help and would wade in to rescue another wet and drowning person. Finally, the fisherman said to himself, “I can’t go on like this. I’d better go upstream and find out what is happening.” (CDC, 2004, p. 1).

The goal, ultimately, is to prevent sexual violence before it occurs (McMahon, 2000). By “moving upstream” to prevent sexual violence from occurring “downstream,” this can be achieved (CDC, 2004, p.1).

The public health approach places the issue of sexual violence squarely in the context of “scientific rigor, rational discourse, and multidisciplinary collaboration” to emphasize the importance of prevention (Letourneau et al., 2014, p. 227). To be effective, public health policies must limit reaction and focus on changing the causal factors while remaining “firmly grounded in science and attentive to unique community perceptions and conditions” (Mercy et al., 1993, p. 8). As defined and practiced by the CDC, these policies must address sexual violence through extensive surveillance, risk and protective factor research, the development and evaluation of programs, and the dissemination of information on what is effective (McMahon, 2000; Vivolo et al., 2010; Mercy et al., 1993).

III. Prevention Efforts

Policymakers must move away from solely trying to understand when and where sexual violence occurs and towards determining effective ways to prevent it (Carmody et al., 2009). Primary, secondary, and tertiary prevention strategies are used in various ways to combat sexual violence. The following summarizes each approach.

Primary prevention strategies. Public health professionals employed primary prevention strategies as a response to sexual violence as early as 1985; in 2001, the CDC endorsed this method as well (Lee et al., 2007). Primary prevention strategies “seek to remove the causes or ‘determinants’ of sexual violence, to prevent the development of risk factors associated with violence, and/or to enhance the factors protective against violence” (Carmody et al., 2009, p. 17). This approach intervenes before a problem arises and is successful when

violence is averted prior to initial perpetration (Carmody et al., 2009, pp. 15-17; Lee et al., 2007, p. 15). Different primary prevention strategies target different populations for change (Carmody et al., 2009). Universal preventative measures are directed at everyone in an eligible population. Selective preventative measures are aimed at those in a population who are deemed to be at a higher risk for perpetration. Indicated preventative measures are implemented to focus on individuals who have already offended or who are predisposed to do so based on tangible, identified signs of an issue or potential issues (CDC, 2004).

Examples of primary prevention include formal or informal educational programs to help individuals identify facets of sexual violence and provide them with tools to prevent it from occurring (Finkelhor, 2009). Similar strategies involve identifying and encouraging potential perpetrators to seek help before committing a sexually violent crime (Beier et al. 2009). Conflict resolution trainings and bystander intervention programs empower individuals to prevent sexual violence in a variety of ways before it transpires (Mercy et al., 1993; Finkelhor, 2009).

Secondary prevention strategies. These approaches respond immediately after sexual violence occurs and deal with short-term consequences of victimization. In the past, these prevention methods often have been prioritized by professionals in order to provide services to victims and ensure accountability for perpetrators (CDC, 2004). Secondary prevention practices involve preventing sexual violence from progressing; examples include locating, containing, and assessing victims and perpetrators, providing counseling services to individuals affected by sexual violence, and identifying high-risk situations for perpetration to occur (Carmody et al., 2009; DeGue et al., 2014; Schewe, 2002).

Tertiary prevention strategies. These methods involve long-term responses to sexual violence that address lasting consequences after violence has occurred through the intention of

minimizing impact and preventing further victimization and recidivism (CDC, 2004; Carmody et al., 2009). Tertiary strategies targeting those who commit sex offenses often take the form of offender management, such as registering sex offenders, implementing community notification laws, conducting background employment checks, controlling where offenders can live, and imposing longer prison sentences. These policies incapacitate those who have offended instead of deterring perpetration (Finkelhor, 2009). Community notification laws, policies, and statutes have been implemented to prevent recidivism by notifying potential victims of the whereabouts of convicted sex offenders (Zevitz et al., 2000). These strategies are expensive and complex yet ineffective in meeting their well-intentioned goal of increasing public safety (Finkelhor, 2009).

Current trends in prevention. Primary, secondary, and tertiary prevention all have their respective places in combatting sexual violence but should be used at the appropriate time in a coordinated manner to address, deter, and prevent victimization before it transpires. Current policies addressing sexual violence are largely tertiary. The majority of funding from federal and state programs is designed for indicated approaches and tertiary prevention; priority is given to secondary and tertiary prevention because there is a direct need to provide services and accountability (CDC, 2004). These policies are reactive instead of proactive, in part due to the nature of the crimes and in part as a result of the inherent structure of the criminal justice system. As Henderson (2015) asserts, the criminal justice system is increasingly less rehabilitative and more punitive. The strategies utilized by the system are largely rooted in deterrence and are based in the hope that the threat of punishment and fear of consequences will increase compliance with policies and laws (Letourneau et al., 2010, p. 555).

IV. Policy Failure of Sex Offense Registries and Other Tertiary Strategies

Sex offense registries (publicly accessible lists that contain the name, address, and photo of sex offenders) are the primary form of tertiary prevention for sexual violence (Agan, 2011).

Legislatures created these registries to increase awareness about sexual offenses, deter potential offenders, and discourage recidivism (Kernsmith et al., 2009). The information on sex offense registries have tangible implications; homes close to where a registered sex offender lives average at roughly \$5,500 less than a home further away (Agan, 2011, p. 207).

Pennsylvania complied with the federal Adam Walsh Child Protection and Safety Act (AWA) in December of 2012, which mandated that sex offense registries incorporate three registration levels. Prior to compliance, offenders in Pennsylvania were either held to 10 years or to life on the registry. After compliance, registered sex offenders remained on the list for either 10 years, 25 years, or for life. (Spraitz et al., 2015). Compliance with AWA resulted in SORNA: The Sex Offender Registration and Notification Act, established by Title 1 of AWA that created a standardized approach to those who committed sex offenses. This expanded the list of qualifying offenses, increased the amount and quality of information available to law enforcement across jurisdictions, and introduced more sanctions and punishments (Henderson, 2015).

Due to the nature of sexually violent crimes, these policies are popular with politicians and the public. Sexual violence, at its core, is a “policy resistant issue,” wherein the intervention method tends to be defeated by the response to the intervention itself (Letourneau et al., 2014, p. 223). This occurs when policies, though designed to address issues such as sexual violence, not only fail to accomplish their intended goal but make the targeted problem worse (Letourneau et al., 2014, p. 223). Sexual violence is a complex and poorly understood issue that creates a strong

emotional and defensive response, leading to ineffective policy that does not address the problem (Letourneau et al., 2014).

The nature of sexually violent crimes elicits strong emotional reactions that evade objective, rational discussions of prevention, causes, and consequences (Letourneau et al., 2014, p. 224). This is partly attributed to the media's framing of sexual violence, especially when it relates to children. There are two main ways of framing such crimes. One is the promotion of victim blaming, in which blame is shifted to the victim and ignores the problem. The other is the advocacy for angry and fearful responses, either by presenting rare or extreme cases as commonplace, or suggesting that sexual assault is random and easily occurring. This creates a perception that all perpetrators are monsters and unlike the average person through misperceptions and the manipulation of statistics (Letourneau et al., 2014). The media's portrayal of child sexual assault often paints all offenders as pedophiles who use public spaces to identify and attack victims. In reality, 86% of victims know the perpetrator and roughly one-third of victims are compliant (Finkelhor, 2009, p. 172). This misrepresentation of the issue contributes to inaccurate policy that places emphasis on the wrong needs.

Specifically, this emotional framing results in reactive legislation, based in the inaccurate impression that sexual violence results from forces beyond our control that are unpredictable and unrelated to societal factors. Politicians and policy makers are expected to solve this issue of sexual violence and protect their constituents, which leads to legislation that is increasingly punitive and resistant to addressing the root of the problem (Letourneau et al., 2014). Experts do not support tertiary policies such as sex offense registries, but politicians feel they must vote for them because if they do not they will appear as "soft on crime" and "soft on sex offenders" (Henderson, 2015, p. 122)

Quinn et al. (2004) argue that, based on historical analysis and past and current policies, legal attempts to punish and control sex offenders are rooted in emotion, fear, and misunderstanding rather than empirical, data-driven conclusions. They state:

Societal reactions to sex offenses emerge from a complex interaction of the typical citizen's felt need for safety, political pressure to meet these needs through easily understood legislation, increasingly sensational media news coverage, distorted reports of re-offense rates, and the venting of parental anxieties for their children in a world perceived as ever more dangerous and unpredictable (Quinn et al., 2004, p. 218).

Freeman-Longo (1996) agrees, and declares that these policies are "feel good" legislation that result in long-term unintended and negative consequences because

...the public is so angry at the nation's level of [...] sex crimes, that the response is often more emotional than logical. The result of this emotional reaction has been a wave of law-making efforts to stiffen penalties, increase sentence lengths, and, most recently, require registration and public notification of sex offenders released into the community (Freeman-Longo, 1996, p. 96)

Especially in terms of the victimization of children, communities overestimate the prevalence of "stranger danger". This leads to widespread support for these policies when, in reality, most perpetrators know their victim. These "feel good policies" create a false sense of security that sex offenders are under control and therefore that the community is protected, even though the root of the problem, and therefore the problem itself, remain unaddressed (Schivone & Jeglic, 2009, p. 692).

Sex offense registries – and other forms of tertiary prevention reacting to sexual violence – are ineffective. Although intended to deter perpetration and decrease recidivism, there is little evidence that they achieve either goal. Proponents of sex offense registration argue that these policies are effective because they notify the public about sex offenders in their community and therefore danger; this, then, reduces sex crimes because community members are more vigilant and alert (Vazquez et al., 2008). Such policies "enjoy widespread support despite the absence of

evidence indicating that they achieve their stated goal” (Levenson et al., 2007, p. 599). There is little empirical research, however, on the effects of sex offense registries despite the controversy that surrounds them (Again, 2011, p. 209).

What research does exist demonstrates that these sex offense registries and other forms of tertiary prevention are ineffective at preventing sexual violence. Using national data, Agan (2011) discovered that sex offense registries were ineffective because there was not a significant decrease in the rate of sexually violent crimes after the implementation of registries. Letourneau et al. (2010) noted that the threat of lifetime registration and public notification of crimes does not deter potential juvenile sex offenders from perpetrating. Further, Prescott and Rockoff (2008) found that notification laws actually increase recidivism because they impose high social costs and financial burdens on registered sex offenders and decrease access to success in non-criminal ways. In the words of Zevitz et al. (2000), “public notification invades the privacy of the offender who has “served his sentence” and paid his debt to society” (p. 376).

As mentioned by Prescott and Rockoff (2008), these policies have negative, collateral consequences that stem from punitive intentions and stigmatization. Residence restrictions are prevalent in 33 states and, as a form of tertiary prevention, aim to prevent recidivism based in the idea that offenders choose their victims from those nearest to them in their community. This is based in the assumption that sex offenders will choose to live near “easy” targets, such as schools or parks. These theories have been widely untested but largely accepted; the few scholars that have conducted research on the accuracy of these theories have found that they are overall untrue or mixed at best (Huebner et al., 2014). In fact, housing restrictions not only increased isolation, financial, and emotional stress, but in some cases triggered re-offense (Levenson and Cotter, 2005; Frenzel et al., 2014; Tewksbury, 2005).

A survey of 239 registered sex offenders in Indiana and Connecticut detail the tangible consequences of public notification laws and explore the impact of the requirement to register on individuals. The authors found that registries were widely supported by the public because they were seen as an effective way to maintain public safety. This overall trend was influenced by inaccurate impressions of those who have committed sex offenses that contribute to the population of registered individuals. The study found that the majority of respondents reported having negative psychosocial consequences such as stress, isolation, fear, shame, and hopelessness following their required registration. Additionally, roughly 25% of the respondents reported physical consequences such as job loss, eviction, and harassment (Levenson et al., 2007).

Similarly, residence restrictions and public notification laws have been proven to negatively affect employment, housing, and social relationships. These tertiary prevention efforts increase homelessness or housing insecurity which moves offenders away from supportive, healthy environments and employment opportunities. Subsequently, the areas in which registered offenders are permitted to live are often isolated and significantly lacking in services, employment, and social support, which creates an environment ripe for recidivism (Mercado et al., 2008). Stigmatization of those who are required to register as sex offenders leads to societal responses intended to shame offenders and discourage recidivism instead of addressing the problem of perpetration. These reactions, based on emotional responses and misperceptions rather than data and facts, lead to punitive and ineffective policy (Tewksbury, 2005, p. 68).

V. Primary Prevention of Sexual Violence

Since reactive measures are ineffective, proactive policy is necessary to combat sexual violence and reduce both victimization and perpetration. Victimization rates have remained constant since

the 1990s in the United States, demonstrating that current tertiary prevention policies are unsuccessful. The emphasis of prevention efforts must be shifted to primary prevention of sexual violence (Basile et al., 2007). Although the CDC and independent experts promote primary prevention as the most effective strategy, the majority of policies regarding sexual violence remain rooted in tertiary methods. The Department of Violence Prevention, a division of the CDC, has recently shifted its approach from prevention of victimization to prevention of perpetration. Previously, the opposite was true, as advocates were mostly concerned with victim services and support, thus utilizing victimization prevention strategies. However, these strategies place the burden of prevention solely on the victim and do not reduce perpetration potential or address the social norms that support the culture of sexual violence (DeGue et al., 2012).

Experts assert that one of the many benefits of primary prevention is that it is more humane to prevent sexual violence than to address it after it has occurred (Letourneau et al., 2014). The goal of primary prevention is to prevent negative outcomes before occurrence rather than “seeking to ameliorate the effects or prevent recurrence” (DeGue et al., 2012, p. 1213). Additionally, it costs less and is more effective than tertiary prevention (Freeman-Longo, 1996, p. 98). As evidenced by empirical data, violence has historically been successfully reduced through preventative measures (Mercy et al., 1993). Finally, sexual violence is a continuum of behavior, not a one-time occurrence; it can be prevented by changing behavior and norms (Lee et al., 2007).

VI. The Socioecological Framework

The most effective way to address sexual violence through primary prevention is with the guidance of the socioecological framework. This policy theory is an integrated, comprehensive framework with which to guide primary prevention efforts and address the systemic, social roots

of sexual violence. The model is comprised of four levels: individual, relationship, community, and society. The intersection of primary prevention at each level of the framework with each prevention intensity (universal, selected, and indicated) provides a proactive, intentional approach to sexual violence that aims to prevent victimization before it occurs at every possible stage.

Human behavior is shaped and reinforced at every level of the socioecological framework (Casey and Lindhorst, 2009). Further, no one thing leads to victimization or perpetration (Becker and Murphy, 1998). There are “multiple and heterogeneous trajectories toward perpetration”, and so subsequently there must be “diversity in interventive and preventative approaches” (Casey and Lindhorst, 2009, p. 94). Tharp et al. (2012) state that

...comprehensive prevention must consider risk and protective factors at the individual, relationship, community, and societal levels of the social ecology and factors for sexual violence that influence perpetration independently or by interacting with other factors (p. 134).

Sexual violence itself is a “multifaceted phenomenon grounded in interplay among personal, situational, and sociocultural factors” that operate on multiple levels simultaneously (Heise, 1998, p. 262). Isolated individual-level interventions do not have a broad public health impact because they are not comprehensive or extensive enough and do not target risk factors across the socioecological model (Tharp et al., 2012). Subsequently, individual, peer, and community-based strategies must be used in order to “sustain and support lasting behavioral change” (Casey and Lindhorst, 2009, p. 97).

The CDC and the World Health Organization (WHO) both suggest that this is the framework that best addresses sexual violence and that prevention measures should be structured intentionally at each level (CDC, 2004; Krug et al., 2002). The individual level represents the immediate context where abuse takes place and involves biological and physical factors that

place an individual at an elevated risk of perpetration or a victim at a high risk of victimization. Factors can include demographics (age, gender, education, income), personality disorders, substance abuse, and/or history of violence. The relationship level involves the interactions and relationships with peers, family, or intimate partners that may influence behavior (CDC, 2004; Krug et al., 2002; Heise, 1998).

The community level represents institutions and social structures, whether informal or formal, within which the individual and their relationships exist. These communities can be environments such as schools, workplaces, or neighborhoods. Ultimately, the societal level represents the general beliefs and attitudes of culture and society that influence factors and structures throughout the system by creating a climate in which violence is encouraged, tolerated, or inhibited. These societal environments include, but are not limited to, criminal justice systems, norms regarding gender and identity structures and dynamics, attitudes toward violence, and/or culture of hypermasculinity (CDC, 2004; Krug et al., 2002; Heise, 1998).

The intersection of primary prevention and the socioecological framework provides an explicit direction for policies combatting sexual violence. Effective policy can be designed by utilizing risk factors to identify targeted audiences and implementing appropriate, targeted preventative strategies. Certain factors have been identified as contributing to both victimization and perpetration at each level of the model; using this information specific prevention measures have been utilized with varying degrees of success (Lee et al., 2007).

VII. Risk Factors and Prevention Efforts within the Framework

At the individual level, personal history and experience plays a large role in both perpetration and victimization. Past experiences, especially in childhood, of physical and/or sexual abuse have a strong correlation with perpetration (Casey and Lindhorst, 2009; Casey, 2009; Lee et al.,

2007; Hsieh, 1998). The individual endorsement of rape myths, hostile and hyper masculinity, and adherence to traditional gender roles also coincide with higher rates of perpetration (Casey and Lindhorst, 2009; Casey, 2009; Tharp et al., 2012). Further, an impersonal, non-intimate approach to sex and distorted thinking patterns about gender, sex, and sexual violence demonstrate strong correlation with perpetration (Casey and Lindhorst, 2009). Interpersonal skills are also risk factors, as an inability to negotiate social relationships leads to the development of maladaptive or coercive strategies to satisfy a need for intimacy (Tharp et al., 2012, p. 140).

In terms of prevention, Finkelhor (2009) asserts that school-based educational programs are key to identify and remedy these individual risk factors during adolescence. These programs are proactive at promoting disclosure, decreasing self-blame for victims, and mobilizing bystanders (Finkelhor, 2009, p. 169). By giving youth tools, such as how to identify danger, how to refuse unwanted advances, and how to get help, the goal is to prevent victimization before it occurs. However, complex topics such as sexual violence are challenging for children to grasp and can cause anxiety and a lack of trust in adults. Further, children should not be expected to stop attacks (Finkelhor, 2009). Similarly, Mercy et al. (1993) suggest an approach to target individuals with the goal of increasing knowledge around sexual violence and developing prosocial attitudes through methods such as

...conflict resolution education, social skills training, job skills training, parenting education, public information and education campaigns, training of health care professionals in identification and referral of family violence victims, mandatory sentences for crimes with guns, etc. (Mercy et al., 1993, p. 14).

Relationships and peer contexts are crucial in determining risk factors for perpetration. Relationships with peers in groups characterized by support for sexually violent behavior strongly correlates to increased risk of perpetration, specifically among men (Casey and

Lindhorst, 2009, p. 95). Peer attitudes and behaviors within groups where one or more individuals actively supports or engages in sexual violence creates the perception of a social norm surrounding perpetration, which can lead to the normalization and justification of such behaviors. Especially in adolescence, the pressure from peers to engage in sexual activity may lead to individuals perceiving sexual violence as having social benefits that outweigh the potential costs. Further, in groups that reinforce and provide support or ambivalence towards sexual violence and the objectification of and hostile attitudes towards women there is significant pressure to engage in similar behaviors (Tharp et al., 2012, p. 138).

Family relationships are equally important at this level, as exposure to conflict and violence within the family unit increase the likelihood that an individual will become a perpetrator. Conversely, exposure to the use of reasoning and discussion to resolve conflict within familial relationships has been proven to be a protective factor against perpetration of sexual violence (Tharp et al., 2012). The characteristics of intimate partner relationships and conflict within such partnerships is also an indicator of relationship risk factors. Individuals who use physical or verbal ways to resolve relationship conflicts have the potential to use such tactics with an unwilling sexual partner (Tharp et al., 2012, p. 139).

Peer education is vital to combat such factors that may lead to perpetration. This occurs when individuals of the same group or social status communicate and disseminate information among members (Parkin and McKeganey, 2000, p. 295). Integral to this is that peers must truly be peers and share common characteristics. This education can be formal or informal, depending on the goal and delivery method of the program. Peer education has positive, proven impacts on targeted audiences, and is a relatively inexpensive method that empowers communities and peer groups (Parker and McKeganey, 2000, p. 303).

Community conditions can also support rape culture (Casey and Lindhorst, 2009, 95). In a comparative study of social conditions, Casey and Lindhorst (2009) found that communities with evidence of significant levels of sexual violence were characterized by deeply-entrenched patriarchal social structures, higher tolerance of violence, and a distinct separation between men and women in social, economic, and political institutions (p. 95). Further, community culture is directly correlated with attitudes towards sexual violence; the authors found that communities with high tolerance for violence, poverty, and rape-supportive norms led to high rates of victimization and lack of accountability for perpetrators (Casey and Lindhorst, 2009, p. 95).

In terms of prevention at the community level, community buy-in is an imperative component (Mercy et al., 1993; Morrissey et al., 1997; Walker and Avis, 1999; Casey and Lindhorst, 2009). Without buy-in, sustained change will not last, especially after the end of formal support (Casey and Lindhorst, 2009, p. 98). By partnering with community members in the process of identifying issues and creating preventative policy to address such factors, the process of combatting sexual violence becomes a partnership that ensures priorities and relevance to the needs of members (Casey and Lindhorst, 2009, p. 97-99). The CDC recommends that intervention should simultaneously promote community education to reinforce and promote community norms. Further, through fostering prevention policy within coalitions and networks, lasting change can be sustained through partnerships between organizations, businesses, and other groups. Finally, by changing organizational practices, communities can adopt regulations that contribute to changing norms surrounding sexual violence and hold individuals, groups, and communities accountable (CDC, 2004).

At the societal level, social norms and structures provide the largest risk factors. These standards are understood by society, guide behavior, and, when directly or indirectly supportive

of sexual violence, create an environment that is conducive to perpetration and victimization (Cialdini and Trost, 1998, p. 152). These social norms contribute to cognitive, implicit theories about sexual violence. For example, a study by Polaschek and Gannon (2004) identified shared beliefs among convicted male rapists that identified how social norms can present as risk factors. The individuals studied demonstrated several shared attitudes, including that women are different than men and therefore cannot be understood; women must be controlled, and this can be achieved when men impose their sexual desire on them (p. 301).

The study identified another perception: one in which men understand women and their sexual desire better than women do themselves. This contributes to sexually violent tendencies, furthered by the belief that male sex drive is uncontrollable and that women must provide men with reasonable amounts of sexual activity. This places the blame squarely on women if things “get out of hand” (Polaschek and Gannon, 2004, p. 301). Male entitlement, rooted firmly in the patriarchal societal structures and norms, is a significant risk factor for sexual violence. The idea that men are in charge of women because they are perceived to be more mature and sophisticated, both sexually and psychologically, contributes to the idea that men are justified for acting in order to “punish” a woman who is not “performing her duty in the perceived societal structure” (p. 302).

Changing the social environment is the remedy for sexual violence at this level of the socioecological model. One method is to alter the way that people interact by improving their socioeconomic circumstances. Examples include mentoring youth, creating jobs, instituting women’s shelters, and implementing antidiscrimination laws (Mercy et al., 1993, p. 14). Overall, it is imperative to target the structural and underlying causes of sexual violence, rather than targeting only the “symptoms” of these fundamental issues (Casey and Lindhorts, 2009, p. 97).

These root problems, such as poverty, racism, gender norms, violence, power, and environmental structures are the key to primary prevention at the societal level (Casey and Lindhorst, 2009, p. 103-104).

VIII. Program Evaluation of Primary Prevention Policies

Primary prevention policies are not enough; effective programs must undergo rigorous and continuous evaluation. In a rush to effect change, most primary prevention programs do not face sufficient evaluation (Tharp et al., 2010). Researchers and policymakers must ensure that programs are evaluated, and practitioners must be informed consumers when implementing programming in order to create effective and lasting change. DeGue et al. (2014) and Nation et al. (2003) identify specific facets of effective prevention programming in their extensive research.

First, programs must be comprehensive and use diverse interventions in multiple settings to address behavior (Nation et al., 2003). Programs must also be appropriately timed in order to target specific populations (DeGue et al., 2014). Adolescence is a key time to address behavior because individuals are still developing and maturing (Lee et al., 2007). Programs are frequently implemented when problematic or unwanted behavior is already being exhibited, or when the material is inappropriate for the stage of development. If implemented too early, the lessons learned will be forgotten; if implemented too late they will be less effective (Nation et al., 2003).

Further, programs must be varied in teaching method. Research demonstrates that it is more effective to utilize diverse types of teaching such as interactive activities paired with individual, reflective activities than to rely on one method of imparting information (Nation et al., 2003). Programs must also be given in a “sufficient dose”, as participants need to be exposed for longer periods of time to ensure effective participation (DeGue et al., 2014, p. 357). Those

conveying materials must be dedicated to fostering positive relationships, whether by facilitating new relationships or capitalizing on existing ones, which has been demonstrated to increase effectiveness (DeGue et al., 2014).

It is crucial that programs incorporate socio-culturally relevant programming as well, as programs are more effective when they reflect the beliefs and values of the targeted audiences' community and culture. Programs must also be facilitated by a well-trained staff of individuals who are committed and well-versed in the program and material. This will increase buy-in and connection with participants, enhance the delivery of material, and reinforce content (DeGue et al., 2014). Finally, theory-driven programs are essential. Programs must be built around a scientifically justifiable theory that provides a substantial framework that advances the goal of utilizing primary prevention to obstruct sexual violence before it transpires (Nation et al., 2003).

IX. Conclusion

In the words of Mercy et al. (1993), investing in primary prevention will “save the lives of potential perpetrators as well as potential victims” (p. 24). Violence costs society; consequences of the assault of children alone costs over 94 billion dollars each year. This cost is borne not just by individuals, but by society from the myriad of costs associated with treatment, victim care, policing, and other taxpayer expenses (Dodge, 2009, p. 194). Further, studies have demonstrated that American taxpayers are willing to pay large amounts of money if it results in prevention of “chronically violent outcomes” – provided that the policies are effective in reducing sexual violence (Dodge, 2009, p. 194). As detailed previously, the current reactionary measures are insufficient and, subsequently, a waste of taxpayer dollars.

To create effective, efficient, and equitable prevention measures that stop sexual violence before it transpires, policies must address the root causes and fundamental societal issues that

contribute to perpetration and victimization. Policies and programs must continuously adapt, coordinate intersectional action, and intervene early in order to shape the future. Prevention efforts must utilize an intersectoral and community-based approach that promotes collaboration and intersectionality to meet multiple goals, normalize conversations around sexual violence, and reduce the “stigma, fear, and discrimination” that accompanies such subjects (Ivankovich et al., 2013, p. 108). These goals will guide policy makers to create, implement, and evaluate strong and effective preventative measures to work towards a safe and just society for all.

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