

## Preventing sexual assaults: Sharing health strategies that work

*CDC strategies benefit schools, students*

### Campus sexual violence: Working to end it together

**A**S THE NATIONAL CONVERSATION on sexual violence amplifies, the public has become more aware of the scope of the problem and its detrimental toll on survivors.

While recent discussion has largely focused on issues of consent and accountability, it has also opened the door to envisioning a culture in which sexual violence is not committed in the first place — a goal that can be worked toward through principles of public health.

“The media coverage of this issue is really helpful because it reaches people with the idea that this is a large-scale public health problem, it affects everyone and that hopefully what the next message we can convey is it’s preventable,” Sarah DeGue, PhD, behavioral scientist in the Division of Violence Prevention at the Centers for Disease Control and Prevention, told *The Nation’s Health*.

Sexual violence can be reduced through primary prevention, which seeks to reduce risk factors and boost protective factors against harmful behaviors. And few settings are as suited to primary preven-

tion measures as higher education. According to the Rape, Abuse & Incest National Network, sexual violence is more prevalent in higher education, with about 11 percent of all students experiencing rape or sexual assault on campus. Among undergraduate women, the rate is about 23 percent, and among men, about 5 percent.

CDC offers resources specific to sexual violence prevention, including “Stop SV: A Technical Package to Prevent Sexual Violence” and “Sexual Violence on Campus: Strategies for Prevention.” Both resources highlight CDC’s evidence-based models for sexual violence prevention, which hinge on implementing broad, community-based strategies as well as developing a culture of safety and respect. Under CDC’s framework, prevention takes place throughout a social ecological model. In other words, there are actions that can be taken at the individual,

relationship, community and societal levels to stop sexual violence.

“Public health underscores the importance of primary prevention,” CDC said. “A comprehensive approach with preventive interventions at multiple levels of the social ecological model...is critical to having a population level impact on (sexual violence).”

CDC’s guidelines reflect an increasing shift in ideology that anti-sexual violence advocates have long promoted: moving past federal compliance in responding to campus sexual violence toward stamping it out altogether.

“Our goal is fundamentally not to reduce liability, but to create a healthy environment for all members of the university community,” David Lee, MPH, director of prevention at the California Coalition Against Sexual Assault and director of Prevent Connect, told *The Nation’s Health*.

In building such an environment, all campus community members need to consider the potentially harmful social and gender norms that have shaped their understanding of sexual violence. Students come to campus with a range of life experiences and ingrained beliefs, but colleges and universities can play an influential role in helping them reexamine the norms that foster a culture of sexual violence, Lee said.

“You have to be able to make people engage with you around this topic,” Drew Colling, MS, LCPC, director and campus assault prevention coordinator of the Student Advocacy Resource Center at the University of Montana, told *The Nation’s Health*. “For some people, it’s going to be the first time they’ve ever heard this information.”

It may also be the first

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Photo by FatCamera, courtesy iStockphoto

High school students are one audience targeted by projects that are funded through CDC’s Rape Prevention and Education Program, which funds 55 grantees around the nation.

### Funding benefits work in every state CDC rape prevention program brings health lens to violence

**F**OR DECADES, public health workers have been leading efforts to stop rape and sexual violence before it happens. Today, their successes offer unique insights into creating the conditions that make sexual violence less likely — a topic now at the forefront of national discussions.

“Our role in sexual violence prevention is unique because no other federal agency works to prevent sexual perpetration and victimization before it begins,” Gayle Payne, PhD, branch chief of the Prevention Practice and Translation Branch of the Division of Violence Prevention at the Centers for Disease Control and Prevention, told *The Nation’s Health*. “Creating safe, stable, nurturing environments and relationships early on in homes, schools and in communities — these are the protective factors for a healthy life moving forward.”

According to data published in 2014 in CDC’s *Morbidity and Mortality Weekly Report*, nearly 20 percent of women and 1.7 percent of men have been raped in their lifetimes, with most victims

first experiencing sexual violence before age 25. Beyond the initial violence and its harms, the consequences of rape have far-reaching health and social impacts. CDC reports that victims of rape experience thousands of unintended pregnancies each year, frequently struggle with chronic psychological problems and often report health-harming behaviors such as drug and alcohol misuse. A study

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sexual  
assaults

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Photo by Blue\_Cutler, courtesy iStockphoto

College students, faculty and community organizations can help end the culture of sexual assault and violence on campus, thanks to strategies and resources from CDC.



**Preventing sexual assaults: Sharing health strategies that work**

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Photo by JohnnyGreig, courtesy iStockphoto

Health workers, educators and other partners can use strategies identified by CDC to prevent sexual violence and lessen harms.

**CDC resource provides strategies for preventing sexual violence**

**W**ITH MILLIONS of people affected annually by sexual violence, preventing it is a public health priority. Communities, states and public health advocates can take action to stop sexual violence using evidence-based strategies compiled by the Centers for Disease Control and Prevention.

“Stop SV: A Technical Package to Prevent Sexual Violence,” shares strategies to prevent sexual violence and lessen its harms. The strategies promote social norms, teach sexual violence prevention skills, provide opportunities to empower women and girls, create protective environments and support survivors.

Sexual violence is highly prevalent, with 1 in 5 U.S. women experiencing rape or attempted rape during their lifetimes, according to CDC. Almost 40 percent of women have encountered other forms of sexual violence, such as unwanted sexual contact. Among men, almost 11 percent have experienced unwanted sexual contact, with about 47 percent of bisexual men and 40 percent of gay men experiencing some form of sexual violence other than rape, which can include sexual coercion or non-contact unwanted experiences.

To address sexual violence, the technical package calls on public health professionals and their partners to:

◆ **Promote social norms to protect against violence:** Using a bystander approach, such as encouraging young people to

speak up against sexist language and violence-promoting behaviors is advised, as are approaches that involve engaging men and boys as allies.

◆ **Teach skills to prevent sexual violence:** Helping teens learn healthy, safe dating and intimate relationship skills and providing comprehensive sex education, among other approaches, can be advantageous.

◆ **Provide opportunities to empower and support girls and women:** Strengthening economic support for women — such as equitable pay, affordable child care and paid leave — can help reduce sexual violence. Providing leadership skills for teen girls can help develop healthy relationships.

◆ **Create protective environments:** Environmental approaches to addressing sexual violence include improving school safety, establishing policies in the workplace and adopting community policies on excessive alcohol use.

◆ **Support victims and survivors:** Providing medical and legal services, psychological interventions and treatment for at-risk children and families can lessen harm, according to the technical package.

While the CDC technical package is especially useful to public health workers, other advocates will find it helpful as well. Educators, businesses, social services and government agencies are among the recommended audiences.

For more information on the resource, visit [bit.ly/technicalpackages](http://bit.ly/technicalpackages). ■

— Michele Late



**STOP Sexual Violence Before It Starts.**

About **1 in 5** women have experienced rape or attempted rape in their lifetime.

About **1 in 15** men have been made to penetrate someone else during their lifetime.

**Stopping before it happens is a CDC priority. It can be prevented.**

CDC has developed a **technical package** to help states and communities use the best available evidence to prevent sexual violence.

**STOP SV**

- Promote Social Norms that Protect Against Violence
- Teach Skills to Prevent Sexual Violence
- Support Victims / Survivors to Lessen Harms
- Create Protective Environments
- Provide Opportunities to Empower and Support Girls and Women

It is important to **monitor and evaluate** your efforts while the field of violence prevention **continues to evolve.**

**Be a part of the solution.**  
[www.cdc.gov/violenceprevention](http://www.cdc.gov/violenceprevention)

Your prevention efforts may involve **developing new partnerships** or **working across sectors**

**Including:**  
Public Health, Government, Health Care Services, Social Services, Education, Businesses, Justice, Housing, Non-Governmental Organizations, Foundations



## Victims of violence more likely to suffer, perpetuate violence

### Connecting the dots to break chain of violence

**A** GIRL WHO IS bullied gets into fights. A boy who is neglected tries to end his own life. A teen who was sexually abused becomes a victim of intimate partner violence.

From child maltreatment and bullying to suicidal behavior and elder abuse and neglect, research shows that violence is interconnected.

Most victims of violence do not act violently, according to “Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence,” a 2014 report from the Prevention Institute and the Centers for Disease Control and Prevention. But people who have experienced violence — who can suffer from physical, mental and or emotional health problems — are at increased risk of being victims of more violence and of behaving violently themselves.

“Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse,” Deborah Prothrow-Stith, MD, dean and professor at Charles R. Drew University College of Medicine, said in the report. “It’s all connected.”

Violence affects people of all ages. As many as 10 percent of seniors have experienced elder abuse. Annually, 10 million women and men experience intimate partner violence. And 1 in 5 U.S. women experience rape or attempted rape during their lifetimes.

In many cases, violence is first experienced in childhood, potentially leading to lifelong repercussions. Children who have adverse childhood experiences — such as abuse, neglect or other traumatic stressors — are at higher risk for health issues such as alcohol abuse, depression and intimate partner violence, according to CDC.

People who have six or more adverse childhood experiences live 20 years less than those with no such experiences, research shows.

“There are experiences,



Photo by Sladic, courtesy iStockphoto

*Healthy family dynamics help reduce the risk of kids being victims of violence, according to a CDC report.*

particularly early in childhood, that make it extremely predictable that individuals are at substantially higher risk for involvement with violence,” wrote APHA member Howard Spivak, MD, former director of CDC’s Division of Violence Prevention, in the report.

Such connections can also be found in the aftermath of sexual violence, the report found. For example, girls who are sexually abused are more likely to suffer physical violence, harm themselves and experience intimate partner violence as adults.

Researchers have worked to identify known risk factors for violence as well as those that can be protective. In the case of sexual violence, risk factors include a family environment with physical violence, a childhood history of abuse and poor parent-child relationships, according to CDC. Protective factors that can reduce the likelihood of sexual violence perpetration include connectedness, academic achievement and family conflict resolution.

Some states are using a shared risk and protective factor approach in their violence prevention work. In Wyoming, officials are promoting youth development to help communities make the link between

healthy relationships and healthy sexuality. In Maryland, which has one of the highest violent crime rates in the U.S., officials conducted a statewide scan to identify violence prevention programs and held a summit with partners to determine how local agencies can work together.

The approach is one that holds promise, as health workers, social services and

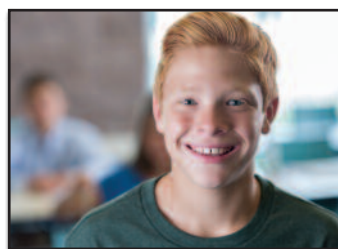


Photo by Steve Debenport, courtesy iStockphoto

*Kids’ experiences shape their physical and mental health as adults, according to CDC.*

community organizations can collaborate to break the chain of violence, the “Connecting the Dots” report said.

“For example, practitioners working with sur-

vivors of intimate partner violence may recognize that children in families experiencing conflict and violence are at higher risk of being victims of bullying, or becoming bullies themselves, and coordinate with schools to ensure that all members of the family are receiving the help and support they need to prevent future violence,” the report said.

Through its Veto Violence program, CDC offers a guided online training that highlights ways that shared risk and protective factors can prevent violence. To take part, visit [bit.ly/dotstraining](http://bit.ly/dotstraining).

For the “Connecting the Dots” report, visit [bit.ly/connectingthedotscdc](http://bit.ly/connectingthedotscdc). ■

— Michele Late

## Editorial: Using a public health approach to prevent sexual violence

**A**PRIL IS Sexual Assault Awareness Month, which serves as a time for us to reflect on this critical public health issue.

Although we pay special attention to the topic this month, we know that sexual assaults are a problem that deserves our attention 365 days a year. In the U.S., 1 in 3 women and 1 in 6 men have experienced some form of contact sexual violence in their lifetimes. Sexual violence affects well-being, and can also lead to physical and mental health complications. Victims of sexual assault are more likely to experience post-traumatic stress disorder, depression and physical injuries.

Individuals, families and even communities feel the ramifications of sexual assault. There isn’t a single cause and there certainly isn’t one solution. However, by using a public health approach, we can focus on the root causes of sexual assault and work to prevent this form of violence before it occurs.

Shared risk and protective factors for sexual violence are important for communities and practitioners to understand because they may cause a person to be more or less likely to perpetrate or be a victim of violence. By employing a comprehensive approach to prevention and addressing shared risk and protective factors, practitioners may have a greater impact.

There are programs and policies — such as those highlighted in the Center for Disease Control and Prevention’s “Stop SV: A Technical Package to Prevent Sexual Violence” — at the individual, relational, community and societal levels that address these factors and will help reduce sexual assault and other forms of violence.

To be violence-free, it’s

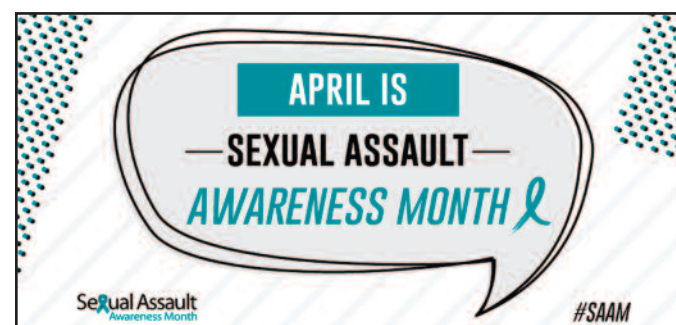
imperative to create a safe environment in which people are able to openly discuss sexual violence and ways to prevent it. And while prevention is important, we must foster a culture and social norms where survivors feel safe and supported enough to seek services and report this crime. Victim services and offender accountability have to be part of this conversation as well.

Unfortunately, there are myths that can stand in the way of people seeking help after a sexual assault. For example, some people believe that men don’t experience sexual assault. But the fact is that 1 in 6 men report that they experience contact sexual violence in their lifetimes. Sharing facts and accurate information can help victims and survivors.

As we work to address sexual assaults, we have to look beyond the numbers and remember that lives are being impacted. So, what can we do? CDC’s technical package outlines programs and policy efforts based on the best available evidence. The technical package, which is available online, is useful for workers in a variety of sectors and can facilitate collaboration.

We can also work with our rape crisis centers and state sexual assault coalitions to create policies that end barriers to reporting and advocate for victims and survivors. And, certainly, if you see something, say something. If you witness someone at risk of being assaulted, be an active bystander. Let’s change the culture together. ■

— Dawnovise Fowler, PhD, team lead at the Division of Violence Prevention at CDC’s National Center for Injury Prevention; and Denise Allen, MPH, CHES, fellow, Division of Violence Prevention





# Campus settings ideal for sexual violence interventions

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time that many students are interacting with people from such a wide range of backgrounds and identities. Colleges and universities must strive for inclusive programming that speaks to the many experiences of community members, Colling said. A comprehensive discussion of sexual violence also includes the ways that sexual violence disproportionately impacts certain groups, particularly women, LGBTQ people and racial and ethnic minorities.

Helping students understand the roots of sexual violence is integral to a campus culture that does not tolerate sexual violence and other harmful behaviors. In such a climate, students and other community members are taught to intervene when someone appears to be in a dangerous situation, practice healthy behaviors in relationships and call out language that makes light of or perpetuates sexual violence.

“Having community standards...that are consistently reinforcing the values of looking out for each other, respect, kindness even — those are all things that act in a protective way in terms of curbing perpetration behaviors,” Kristen Houser, MPA, chief public affairs officer at the National Sexual Violence Resource Center, told *The Nation's Health*.

Making such values commonplace requires a commitment beyond a one-time first-year orientation session on sexual violence. It is important to build an infrastructure that can support comprehensive strategies over the long-term, DeGue said. That way, “everyone thinks preventing sexual violence is part of their job.”

CDC recommends consistent messaging throughout the higher education experience, delivered in multiple ways and across various platforms. That way, exposure to messaging about sexual violence becomes part of the campus mentality, with all community members

expected to contribute to a safe, healthy environment.

The Love Pono program at Leeward Community College in Honolulu brings together leaders throughout the campus community to integrate anti-violence messaging and programming in different facets of student life. Love Pono, whose mission is “to provide a safe environment to help the Leeward Community College community build and maintain healthy relationships through education, intervention, campus and community resources and counseling,” weaves anti-violence action into the backdrop of numerous campus activities.

And it is not just students doing the work. Faculty, staff and students all collaborate on initiatives to make their campus safer and educate community members.

“We need to know our part and we need to know our role and we need to be very supportive of our students,” Lexer Chou, MA, head of the Love Pono committee and student life coordinator at Leeward, told *The Nation's Health*.

Anti-violence messaging shows up in many creative ways on the Leeward campus. For Valentine's Day, Love Pono wrapped statements about healthy communication around large pillars on campus. The group also partnered with a creative writing class to offer extra credit to students who performed poems about healthy relationships. Guerilla marketing is another common strategy, allowing Love Pono to quickly disperse its anti-violence messaging to a wide audience. Even a short PSA or social media post can help reinforce the campus' commitment to safety and well-being.

Campus sexual violence is often viewed as the domain of traditional stakeholders such as a student advocacy resource center, women's center or rape crisis center. While

such entities have the expertise and resources to bolster sexual violence prevention efforts, they alone cannot solve the problem. CDC offers a list of potential partners, including alumni groups, athletic programs, sororities and fraternities.

And just as sexual violence does not occur solely on college and university campuses, “preventing sexual violence is not only the job of the campus community,” Houser said.

Under CDC's framework, the collaboration of organizations both on and off campus is vital to a comprehensive anti-sexual violence strategy. Local health departments are one such partner, serving as a link

between campuses and the larger community, DeGue said. She also noted that health departments can help colleges and universities take advantage of CDC's Rape Prevention and Education program, among other resources. Public health workers can help colleges and universities collect and analyze data to better understand trends in campus sexual violence as well as provide recommendations on prevention models. Experts in epidemiology may also be particularly useful as more colleges and universities use campus climate surveys to assess student health and wellness.

There are critical partners besides local health departments and survivor-centered organizations. Non-traditional community partners are not only influential in a campus' sexual violence prevention strategy, but also necessary for a comprehensive approach. The local cafe or movie theater may not be obvious choices for a public health partnership, but it is important to consider where students live, work and play off campus and how such factors are related to sexual violence.

Off-campus establishments such as bars and restaurants, for example, can take the lead on bystander intervention efforts and alcohol safety.

“What's happening on campus is not dissimilar from what's happening in the community,” Julie Patrick, national partners liaison for the Raliance anti-sexual violence coalition, told *The Nation's Health*. “Campuses need to be more engaged and aware of how they fit into this larger community.”

Involving the greater community beyond campus also underscores the notion that no single person or entity bears all the responsibility for preventing sexual violence. In addition, people who have experienced sexual violence need to know they have support available.

“Sexual (violence)...creates a sense of shame and stigma that results in isolation,” Houser said. “If we're not spreading the wealth around all the different kinds of places students are seeking support and communicating with others, we may be inadvertently adding to that isolation.”

There is no one-size-fits all approach to addressing sexual violence on campus. Strategies will inevitably differ based on factors such as student demographics, campus location and other characteristics of a college or university. A sexual violence prevention program would probably be applied in a different way at a four-year institution than it would at a two-year institution, or in a rural setting compared with an urban one.

However colleges and universities approach sexual violence prevention, it is imperative that they use evidence-based practices such as those illustrated in CDC's guidelines, DeGue said. While there are few evidence-based practices available to higher education institutions, the ones that do exist have a greater likelihood of effectiveness and can also be adapted based on the individual needs of the campus.

“On a college or university campus, it is important to implement strategies and approaches that have shown impact on risk and protective factors for sexual violence,” CDC said. “The approaches listed in the technical package may not have efficacy evidence in a campus context, but many approaches can be tailored for the setting and still be promising for sexual violence outcomes.”

CDC's framework serves as a starting point for institutions that want to make sexual violence prevention a priority on campus and shows what is possible through the lens of public health. It may seem overwhelming to create an entire cultural shift, but it can be done through the small, actionable pieces that CDC has outlined, Patrick noted.

“We have lots of opportunities to build the kind of culture of respect that we all want, and college campuses can play a huge role in the way that that gets created,” she said.

For more information and tools for preventing sexual violence on campus, visit [www.cdc.gov/violenceprevention/sexualviolence](http://www.cdc.gov/violenceprevention/sexualviolence). ■

— Julia Haskins



Photo by Skyneshner, courtesy iStockphoto

Faculty, staff and students are collaborating on initiatives to make their campuses safer and educate community members.



*'Sexual assault is never your fault,' help is available for survivors*

## Q&A with HHS' Office on Women's Health: Supporting women, preventing sexual assaults

The Office on Women's Health's coordinates women's health efforts across the U.S. Department of Health and Human Services, working collaboratively with other federal agencies and external partners to address crucial women's health topics, such as sexual assault prevention.

### Tell us why the Office on Women's Health is involved in sexual assault prevention.

Sexual assault is a serious public health issue that is more likely to affect women. In addition, sexual assault can have profound and long-lasting negative health effects. OWH identifies violence against women in any form as one of our focus areas.

The Office on Women's Health believes that every woman has the right to live her life safely and free of violence. Yet in the United States, 1 in 3 women has experienced some type of sexual violence, most often from an intimate partner.

Among women who are raped, about half develop post-traumatic syndrome disorder. Women who have gone through trauma are more likely than men who've experienced trauma to develop PTSD.

People who have experienced sexual violence, physical violence or stalking also suffer serious side effects from it. They are more likely to experience headaches, long-term pain, trouble sleeping, asthma, irritable bowel syndrome, anxiety, depression, self-injury or suicide.

### What is the Office on Women's Health doing to address and prevent sexual assault?

In July 2016, the HHS OWH awarded nine cooperative agreements totaling approximately \$2 million to organizations that support colleges and universities in their efforts to prevent sexual assault on their campuses. The three-year College Sexual

Assault Policy and Prevention Initiative provides funding to increase awareness of sexual assault on college campuses and implement successful prevention policies.

Those awarded collaborate with and provide technical assistance to organizations in position to influence policy at post-secondary schools — colleges, universities, technical schools, community college and trade schools — across the U.S. and its territories.

### What is public health's role in sexual assault prevention?

As discussed in the Center for Disease Control and Prevention's "Sexual Violence Prevention: Beginning the Dialogue" report, the role of public health sexual assault prevention programs is to implement population, environmental and system-level strategies that prevent sexual assault from occurring.

The role of public health in sexual assault prevention is to address the "upstream" factors or circumstances that result in sexual assault. The public health approach is one that is community-oriented. It takes the responsibility for preventing sexual assault from victims and advocates, and involves the entire community — including women, men and youth — to prevent sexual violence

### What do we mean when

**"The Office on Women's Health believes that every woman has the right to live her life safely and free of violence."**

### we talk about "consent?"

Consent is a clear "yes" to sexual activity. This means that you know and understand what is going on — i.e., you are not unconscious, blacked out,

asleep or underage — know what you want to do, are able to say what you want to do and are not impaired by alcohol

or drugs.

Not saying "no" does not mean you have given consent. Sexual contact without consent is sexual assault or rape. Consent is an ongoing process, not a one-time question.

If you consent to sexual activity, you can change your mind and choose to stop at any time, even after sexual activity has started. Past consent does not mean future consent. Giving consent in the past to sexual activity does not mean your past consent applies now or in the future.

Saying "yes" to a sexual activity is not consent for all types of sexual activity. If you consent to sexual activity, it is only for types of sexual activities that you are comfortable with at that time with that partner. For example, giving consent for kissing does not mean you are giving consent for someone to remove your clothes.

### What should someone who has been sexually assaulted know?

◆ Sexual assault is never your fault. It may be frightening to think about talking about the assault,



Photo by Jacoblund, courtesy iStockphoto

*Sexual assault can have profound and long-lasting negative health effects. But professionals are available to help survivors.*

but it is important to get help. You can call the National Sexual Assault Hotline, at 800-656-4673, or the National Domestic Violence Hotline, at 800-799-7233, any time, day or night. The calls are free and confidential.

◆ If you are in immediate danger or need medical care, call 911.

◆ After a sexual assault, you may feel fear, shame, guilt or shock. All of these feelings are normal, and each survivor can feel a different

range of emotions at different times in the recovery process.

◆ If you are seen by a health professional, ask them about medication that can be used to prevent pregnancy and many sexually transmitted infections, including HIV.

◆ Ask if there is a sexual assault forensic examiner or a sexual assault nurse examiner. These experts have special training to help examine you and provide care after sexual assault. ■

Help **STOP**  
**VIOLENCE**  
**BEFORE**

it happens.

### COMMITTED TO STOPPING VIOLENCE BEFORE IT HAPPENS?

Use VetoViolence to help launch or enhance your local prevention efforts today.

This site offers training, tips and tools designed specifically for prevention practitioners.

**[vetoviolence.cdc.gov](http://vetoviolence.cdc.gov)**

### For more sexual assault resources from OWS, visit:

- ◆ [www.womenshealth.gov](http://www.womenshealth.gov)
- ◆ [www.womenshealth.gov/relationships-and-safety](http://www.womenshealth.gov/relationships-and-safety)
- ◆ [www.womenshealth.gov/about-us/what-we-do/programs-and-activities/college-sexual-assault-policy-and-prevention-initiative](http://www.womenshealth.gov/about-us/what-we-do/programs-and-activities/college-sexual-assault-policy-and-prevention-initiative)
- ◆ [www.womenshealth.gov/relationships-and-safety/sexual-assault-and-rape](http://www.womenshealth.gov/relationships-and-safety/sexual-assault-and-rape)
- ◆ [www.womenshealth.gov/a-z-topics/date-rape-drugs](http://www.womenshealth.gov/a-z-topics/date-rape-drugs)



## Prevention program aiding work in states

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published last year in the *American Journal of Preventive Medicine* estimated the lifetime cost of rape to society is more than \$122,000 per victim.

Guided by a combination of education, engagement and evaluation, CDC's Rape Prevention and Education Program is working to bring those statistics down. Established in 1994 with passage of the Violence Against Women Act, the program provides funding to all 50 states, Washington, D.C., and a number of territories. Its work zeros in on advancing and integrating primary prevention strategies through a network of collaborative, multi-sector partners. Community partnerships are "how this works gets accomplished," Payne noted, adding that the program's 55 grantees report partnering with more than 450 implementing organizations.

Program grantees organize and employ a variety

of interventions, including healthy relationship education in schools, youth and college-age bystander training and mentorship programs for young boys that address social attitudes that can normalize sexual violence. For example, one popular strategy is known as Green Dot, which engages entire communities in violence prevention and norm change through activities such as bystander training and raising awareness. According to CDC's "Stop SV: A Technical Package to Prevention Sexual Violence," released in 2016, an evaluation of Green Dot among college students found that campuses with the intervention experienced a 19 percent lower rate of sexual harassment and stalking perpetration than campuses without it; high schools using Green Dot reported decreased rates of sexual and dating violence.

As of 2016, across all of CDC's Rape Prevention and Education grantees, Payne reported 469 unique prevention strategies and more

than 1,300 strategy implementations. The program's current five-year cooperative agreement wraps at the end of 2018, Payne said, and the hope is to begin new agreements in 2019.

"So many of the risk factors for sexual violence are intertwined with risk factors for other health problems," Payne said. "We see it all being connected."

While CDC guides the program at the federal level, it is the state health agencies and their community partners that bring prevention to life at the local level.

"Our primary focus is building community connectedness," Kathleen Palmer, health program manager for sexual violence prevention at the Idaho Department of Health and Welfare, told *The Nation's Health*. "If we're more connected to one another, we're more likely to recognize that violence is not okay."

In Idaho, Palmer reported, Green Dot is one of the main strategies taking root, now reaching about 10 high schools, two four-year universities and one community college. The program, which is designed to leverage peer and cultural influences to change social norms, equips young people with the education and skills to become proactive and reactive bystanders. Many of the participating schools have seen success with Green Dot, Palmer said, but it is not always enough to reach the entire student population. In particular, she said community colleges, which serve greater numbers of nontraditional students, wanted interventions better tailored to their environments.

In turn, the state health department, in partnership with North Idaho College and Safe Passage, a local sexual assault and intimate partner violence resource agency, hosted a summit last year with representatives from five northern Idaho counties to identify gaps in existing prevention efforts and develop new strategies. Palmer said the new workgroup will continue meeting, with an ultimate goal of developing evidence-based strategies that can be replicated



Photo by Gawrav Sinha, courtesy iStockphoto

Grantees who receive funding via CDC's Rape Prevention and Education Program conduct outreach on sexual violence prevention in settings such as high schools and colleges.

throughout the state.

At the high school level, Palmer said recent work is focused on keeping Green Dot education fresh and relevant. For example, one of the health department's partners reported that high school students seemed burned out on the typical Green Dot curriculum, so they introduced new youth empowerment and peer-to-peer exchange components. The result, Palmer said, helped reinforce the Green Dot mission of building strong coalitions of young people committed to violence prevention.

Palmer noted that while "it's really hard to move the needle on sexual violence," data from partner schools finds that participating students report higher levels of concern and awareness about sexual violence and feel more confident in their ability to intervene.

"What's interesting about this work is it's not just preventing the root causes, but interrupting what can become a generational cycle (of sexual violence)," she said.

To the east in Rhode Island, CDC-supported sexual violence prevention is reaching about 1,500 students in high schools and middle schools each year, according to Sandra Malone, director of prevention and training at Day One, a nonprofit focused on sexual assault that partners with the Rhode Island Department of Health in implementing CDC's prevention-focused strategy.

A top goal, Malone said, is changing norms and attitudes around healthy relationships. Using a program known as "Your Voice, Your View," facilitators guide students through a

series of discussions on violence misperceptions, boundaries and consent, gender-related issues and how to become an active bystander. The nonprofit is also piloting a new mentorship program for middle-school boys aimed at turning young men into prevention allies.

Malone said students reported positive changes in knowledge and attitudes on sexual violence.

At the college level, CDC funds support the Rhode Island Cross-Campus Learning Collaborative for Sexual Violence Prevention, a group of representatives from 11 colleges and universities that began in 2015 and meets monthly to discuss and swap best practices, said Jolayemi Ilori, MPH, violence and injury prevention project coordinator at the Rhode Island health department.

While the campus collaborative is more focused on learning, Ilori said, the Rhode Island Student Collaborative is focused on action. For example, last April, students organized a "Day of Accountability: Students for Violence Free Campuses," in which students and college staff raised awareness around sexual violence prevention.

Ilori said she and her partners are working to understand what works best to engage communities on preventing sexual prevention.

"Students want this education," Ilori told *The Nation's Health*. "They want to be part of the solution."

For more on CDC's Rape Prevention and Education Program, visit [www.cdc.gov/violenceprevention/rpe/index.html](http://www.cdc.gov/violenceprevention/rpe/index.html). ■

— Kim Krisberg

**PreventConnect** is a national online project dedicated to the primary prevention of sexual assault & domestic violence.

Check out **PreventConnect.org** for the latest resources and e-learning modules.



*Male commitment is needed for success*

## Men, boys can work to help prevent, end sexual violence

**G**ENDER-BASED violence, including sexual violence, disproportionately affects women and girls. According to the Centers for Disease Control and Prevention, nearly 1 in 3 women experience sexual violence in their lifetimes, with generally higher rates among people who are LGBTQ and racial and ethnic minorities.

Most sexual violence is committed by male perpetrators, a fact that has complicated the role of men and boys in resisting sexual violence.

Involving men and boys in prevention efforts requires holding them accountable for the ways that they contribute to sexual violence, whether inadvertently or not. Creating a culture free from gender-based violence means treating men and boys as part of the solution.

Eradicating gender-based violence begins with addressing the ways that men are conditioned to interact with and view women, which often begins at a young age. Alicia Gill, MSW, director of research and program evaluation at YWCA USA, noted that young girls are often told that boys who hurt them like them.

Men and boys need to unlearn harmful social and gender norms and replace them with concepts such as affirmative consent, in which all physical contact is freely given and enthusiastic, she said.

It may not be that men

and boys do not want to engage in sexual violence prevention efforts, but that they lack the tools necessary to be strong allies.

“What’s sometimes missing in the conversation is skills and strategies that actually promote consent and healthy relationships,” Virginia Duplessis, MSW, program director for public health and domestic violence partnerships at Futures Without Violence, told *The Nation’s Health*.

The conversation does not have to be entirely negative, she said. It is important to discuss the consequences of sexual violence, but also to help men and boys understand what constitutes healthy and safe behavior and how to be a good partner.

One such learning opportunity is Futures Without Violence’s Coaching Boys Into Men program, one of the few programs deemed a promising approach to preventing sexual violence by CDC. Coaching Boys Into Men equips high school coaches with resources to teach male athletes healthy, respectful behaviors and curb gender-based violence.

“Athletic coaches play an extremely influential and unique role in the lives of young men, often serving as a parent or mentor to the boys they coach,” according to Futures Without Violence. “Because of these special relationships, coaches are uniquely poised to posi-

tively influence how young men think and behave.”

Empowering men and boys to help prevent gender-based violence also requires a critical look at masculinity, and how it can be harmful to people across the gender spectrum. Men and boys are not immune to sexual violence, but social norms can perpetuate the idea that men cannot be victims or show emotion. Such notions constitute toxic masculinity, or the behaviors and attitudes that skew masculinity to embody aggression, violence and cruelty, particularly toward people who do not identify as men.

Da’Shaun Harrison, a student and activist at Morehouse College, works to address the intersections of oppression and sexual violence. Harrison created a campus climate task force to combat sexual violence and antagonism toward women and LGBTQ people.

“Anti-queerness and sexual violence go hand in hand,” they told *The Nation’s Health*.



Photo by Steve Debenport, courtesy iStockphoto

*Coaches can play an important role in shaping young men’s attitudes toward sexual violence and consent. Most sexual violence is committed by male perpetrators, research finds.*

Hostility toward sexual and gender minorities makes it especially difficult for men and masculine people to show vulnerability and for male survivors to come forward, Harrison said. But male survivors who are able to share their experiences can help break down the toxic masculinity that contributes to gender-based violence as a whole. That is why Harrison is vocal about being a survivor, in the hope of

creating more awareness and understanding. They ask for men to commit to rejecting the homophobia and toxic masculinity that have caused others harm.

Even with obstacles to overcome, the participation of men and boys is vital to making inroads on gender-based violence.

For more on gender norms, visit [www.futureswithoutviolence.org/engaging-men/coaching-boys-into-men](http://www.futureswithoutviolence.org/engaging-men/coaching-boys-into-men). ■

— Julia Haskins



Photo by Kall9, courtesy iStockphoto

*LGBTQ people are more likely to be victims of sexual violence. Men can help craft violence prevention messages for their peers.*

## CONNECTING the DOTS

CDC’s Connecting the Dots is a free, online training that helps users explore shared risk and protective factors across multiple forms of violence.

**Different types of violence share risks and causes**  
Discover the connections and what they mean for stopping violence before it starts.

[vetoviolence.cdc.gov/connecting-dots](http://vetoviolence.cdc.gov/connecting-dots)



## Integrating gender norm change in sexual violence prevention

**W**ITH A significant body of research showing restrictive gender norms help increase and normalize sexual violence, many public health advocates and researchers are tapping those norms as key intervention points for curbing violence.

Gender norms are a set of societal expectations or ideas that can govern how men and women behave and present themselves, often perpetuating harmful stereotypes and discrimination.

“One of the important lenses that public health brings is this notion of understanding what the underlying contributors are,” said APHA member Rachel Davis, MSW, managing director at the Prevention Institute. “Public health is already in a position to engage multiple sectors, and that lets us move forward in changing norms and environments.”

Both the Centers for

Disease Control and Prevention and the World Health Organization call for promoting healthy social norms as a means of preventing violence. In CDC’s 2016 report “Stop SV: A Technical Package to Prevent Sexual Violence,” the agency noted that “studies show that individuals and communities adhering to restrictive and harmful social norms are more likely to perpetrate physical, sexual and emotional violence against women.” Many of the programs and practices that public health workers use to prevent sexual violence, such as bystander training, can also help change and shape gender attitudes that normalize violence.

“Dramatic change is possible,” Davis told *The Nation’s Health*. “(Look) at how norms have changed around breastfeeding and family planning.”

In 2006, Davis co-authored “Sexual Violence and the Spectrum of Pre-

vention: Towards a Community Solution,” a CDC-funded report that identified norms that perpetuate sexual violence risk, such as norms that limit women’s opportunities, and highlighted a spectrum of prevention efforts that positively impact norms, from healthy relationship education for youth to programs that engage men and boys in discussions on masculinity and violence.

Davis and her colleague Lisa Fujie Parks, MPH, associate program director at the Prevention Institute and a co-author of the 2006 report, both noted that public health has decades of experience in the kind of cross-sector partnership-building that leads to widespread norm change. The drastic change in norms around cigarette smoking are one such example, they said.

“We do see norms shift at a population level when a public health approach is applied,” said Parks, who added that the role of harmful gender norms is increasingly being acknowledged in violence prevention efforts. For example, she highlighted the city of Milwaukee’s new “Blueprint for Peace,” released in November,



Photo courtesy Laikwunfai, iStockphoto

Parents shape kids’ gender norm ideas from an early age.

which specifically calls out “harmful norms about masculinity and femininity” and their association with sexual and domestic violence.

Shifting harmful gender norms, however, needs to start early and focus on parents too, said APHA member Kristen Mmari, DrPH, an associate professor at Johns Hopkins Bloomberg School of Public Health. Mmari is a lead researcher with the Global Early Adolescent

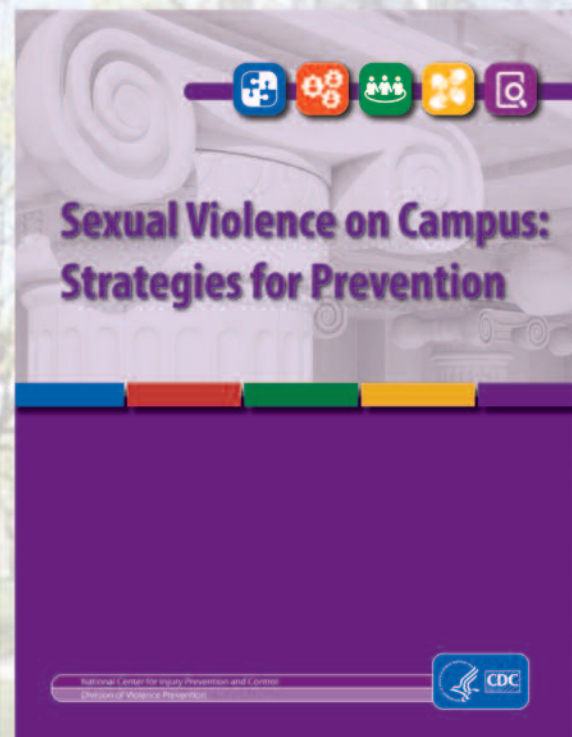
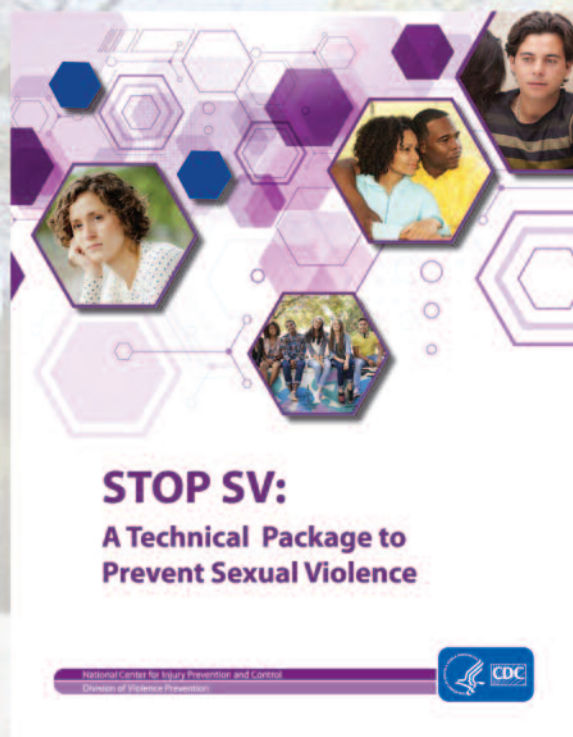
Study, findings from which were published last year in the *Journal of Adolescent Health*. She and fellow researchers spent years surveying young people ages 10 to 14 and their parents in 15 countries, including the U.S. They found that across countries, boys and girls are internalizing gender norms that position girls as vulnerable and needing protection and boys as strong and independent at fairly young ages. And the main enforcers of those norms, they found, are parents.

“What we learned is that these norms are being solidified much earlier than we thought,” Mmari told *The Nation’s Health*. “So in terms of public health practice, we need to think about targeting and talking about gender norms at a much earlier age and we really have to start with parents.”

For more on gender norms and sexual violence, visit [www.preventioninstitute.org](http://www.preventioninstitute.org) or [www.cdc.gov/violenceprevention/sexualviolence/](http://www.cdc.gov/violenceprevention/sexualviolence/).

— Kim Krisberg

**The Centers for Disease Control and Prevention has a wealth of resources on sexual violence prevention. You can find information on effective and promising practices as well as tools and resources. Check it out today.**



[www.cdc.gov/violenceprevention/sexualviolence/prevention.html](http://www.cdc.gov/violenceprevention/sexualviolence/prevention.html)