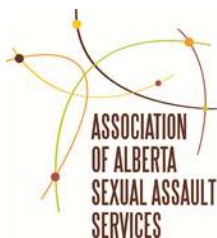


Primary Prevention of Sexual Violence: Preliminary Research

January 2013

Prepared in Partnership by:

The Brenda Strafford Chair in the Prevention of Domestic Violence; Shift:
The Project to End Domestic Violence; and the Association of Alberta Sexual
Assault Services



Contributors

Principle Investigators

- Lana Wells, the Brenda Strafford Chair in the Prevention of Domestic Violence, University of Calgary, Faculty of Social Work
- Caroline Claussen, Research Manager, Shift: The Project to End Domestic Violence
- Danielle Aubry, Chief Executive Officer, Association of Alberta Sexual Assault Services
- Jenny Ofrim, Operations Manager, Association of Alberta Sexual Assault Services

Research Support

Sarah Knight, Research Assistant
Elizabeth Dozois, Editing Support

Suggested Citation

Wells, L., Claussen, C., Aubry, D., & Ofrim, J. (2012). *Primary prevention of sexual violence: Preliminary research to support a provincial action plan*. Calgary, AB: The University of Calgary, Shift: The Project to End Domestic Violence

Contact

Lana Wells, Brenda Strafford Chair in the Prevention of Domestic Violence
2500 University Drive NW, Calgary, AB, Canada T2N 1N4
Phone: 403-220-6484
Email: lmwells@ucalgary.ca

Danielle Aubry, Chief Executive Officer
Association of Alberta Sexual Assault Services
Suite 700, 910 - 7th Avenue SW, Calgary, AB T2P 3N8
Phone: 403-237- 6905 ext 230
Email: danielleaubry@aasas.ca

Table of Contents

CONTRIBUTORS.....	2
TABLE OF CONTENTS.....	3
BACKGROUND.....	5
INTRODUCTION.....	7
METHODOLOGY.....	8
Limitations.....	9
PREVENTION OF VIOLENCE.....	10
SEXUAL VIOLENCE: SCOPE OF THE PROBLEM.....	12
International Context.....	12
Canadian Context.....	14
Alberta Context.....	15
Recommendations.....	16
RISK AND PROTECTIVE FACTORS.....	17
Risk Factors for Victimization.....	17
Risk Factors for Perpetration.....	20
Populations at Risk of Sexual Violence.....	24
Protective Factors.....	25
Recommendations.....	26
APPROACHES AND MODELS USED IN SEXUAL VIOLENCE PREVENTION.....	28
Approaches.....	28
Models of Sexual Violence Prevention.....	30
The Ecological Model.....	30
Spectrum of Prevention.....	33
Other Models for Consideration.....	35
Models: Discussion.....	36
Recommendations.....	37
REVIEWING THE EVIDENCE: WHAT WORKS IN PREVENTING SEXUAL VIOLENCE?.....	39
Elements of Effective and Promising Sexual Violence Prevention Programs.....	41
Sexual Violence Prevention Efforts: Best Available Research.....	43
Infancy and Childhood.....	44
Early Adolescence.....	47
Adolescence and Early Adulthood.....	49

Adulthood	53
Other Primary Prevention Opportunities	55
Recommendations	58
CONCLUSION.....	60
REFERENCES	61
APPENDIX A: DEFINITIONS	72
APPENDIX B: TABLE OF RECOMMENDATIONS BY SECTION	74

Background

Sexual violence is a hidden but pervasive social issue, causing untold pain and suffering not only to the children, women and men directly affected, but to whole communities. Sexual violence is often seen as a problem that is too big to solve, mainly because the level of commitment and attention required seems insurmountable. In fact, sexual violence is preventable, but requires an informed investment of resources, people, and leadership, and a strong commitment from stakeholders at multiple levels across many sectors. Primary prevention efforts must be evidence-based and seek to promote healthy relationships by reducing factors associated with violent behaviors and strengthening protective factors that support positive behaviors and resilience. It means moving from investments targeted at individual perpetrators and survivors to investments that target populations and communities to change attitudes, norms and behaviors.

While Alberta has already made significant gains by supporting a coordinated, justice and community response around family violence, it is time to take a leadership role in the prevention of sexual violence. Fortunately, areas of capacity exist across the province to support Alberta in emerging as a leader in the area of sexual violence prevention.

The Association of Alberta Sexual Assault Services (AASAS) is a provincial umbrella organization dedicated to creating awareness of issues involving sexual abuse and sexual assault, and striving to ensure that all Albertans have access to healing and recovery programs, services and supports. Part of AASAS' role is to work with the Government of Alberta to develop effective policies and sustainable program funding for sexual assault services across Alberta.

Shift: The Project to End Domestic Violence was initiated by the Brenda Strafford Chair in the Prevention of Domestic Violence, in the Faculty of Social Work, at the University of Calgary. Shift is aimed at significantly reducing domestic violence in Alberta using a primary prevention approach to stop first-time victimization and perpetration. In short, primary prevention means taking action to build resilience and prevent problems before they occur.

In 2011, AASAS and Shift leadership began discussing the importance of undertaking a similar, parallel process for addressing sexual violence in Alberta. Both organizations committed time and energy toward pursuing this goal and AASAS dedicated funds to move the work forward in partnership with Shift.

In 2012, Shift: The Project to End Domestic Violence supported the Government of Alberta in the development of its new strategic framework *Family Violence Hurts*

Everyone: A Framework to End Family Violence in Alberta. A key strategy identified within the framework was the development of a sexual violence action plan for Alberta.

This report was created in partnership by AASAS and Shift: The Project to End Domestic Violence to facilitate discussion with the Government of Alberta around the primary prevention of sexual violence, and to support the development of a sexual violence action plan for Alberta. Both organizations acknowledge that domestic violence and sexual violence are not entirely separate and independent issues. Both are serious social issues, often interconnected and requiring comprehensive prevention strategies. However, there are also highly specialized areas within each respective issue that must be acknowledged and responded to.

This report has several objectives:

1. To understand the scope of sexual violence both internationally, nationally and locally, as well as the factors that both prevent and contribute to sexual violence;
2. To identify theories and paradigms that are currently being used to understand sexual violence, as well as approaches and models used to develop sexual violence primary prevention strategies in other jurisdictions; and
3. To present the best available research evidence in the area of sexual violence primary prevention that makes sense in the Alberta context.

Introduction

Over the past several decades, societal attention to sexual violence has generated a number of effective methods to deal with this significant social issue. Sexual violence affects individuals, families and communities across all spectrums of society. The initial efforts of the anti-rape movement in the 1960's led to increased public awareness of the issue, better coordination of the criminal justice response and dedicated resources to address the long-term impacts of sexual violence. It also helped to bring forward the voices of survivors – a key development in a public issue that is often kept quiet.

Strategies to address the impacts of sexual violence are part of the important groundwork leading to recent emerging prevention strategies that focus on stopping sexual violence before it even starts (Lee, Guy, Perry, Sniffen, & Mixson, 2007; Davis, Parks, & Cohen, 2006; Parks, Cohen, & Kravitz-Wirth, 2007; VicHealth, 2007; World Health Organization [WHO], 2007; 2010). The primary prevention of sexual violence is particularly important, as it is one of the most difficult crimes to detect, deter and punish due to the stigma that is all too often associated with being a victim of sexual assault (Carmody, 2003; Hynes & Lopes Cardozo, 2000). With the commitment to address sexual violence comes the realization that prevention efforts must span a range of strategies – individuals, organizations, communities and governments must work together to significantly reduce the rates of sexual violence.

The following report focuses specifically on primary prevention strategies for sexual violence¹ (SV), with a particular focus on sexual assault (see Appendix A for a list of definitions). It includes limited information on childhood sexual abuse,² sexual trafficking³ and female genital mutilation⁴ and does not include information on other forms of violence such as community violence or street violence.

While acknowledging that primary prevention research in this area is still in its infancy and therefore very limited, this report pulls together the most current thinking from experts in this field. In addition to reviewing concepts of prevention, the report provides information on:

- the prevalence of sexual violence;
- risk and protective factors for sexual violence victimization and perpetration;

¹ While the scope of sexual violence also includes systematic rape during times of war, this review does not cover this issue as the prevention of this atrocity is outside the purview of the local context. However, there is a need for more research into effective interventions for newcomer populations that have experienced this kind of violence.

² A comprehensive literature review on the Prevention of Sexual Victimization of Children and Youth was completed in 2010 for Calgary Communities Against Sexual Abuse. Please see *Preventing Sexual Victimization of Children and Youth: A Review of the Literature*.

³ The buying and selling of people, mostly girls and women, into prostitution and sexual slavery (Basile & Smith, 2011).

⁴ The World Health Organization addresses female genital mutilation under the issue of sexual and reproductive health as opposed to sexual violence. See http://www.who.int/reproductivehealth/topics/fgm/health_consequences_fgm/en/index.html

- information on the approaches and models being used to implement sexual violence primary prevention strategies;
- an overview of the best available research in the primary prevention of sexual violence; and
- specific recommendations for the Government of Alberta to support the primary prevention of sexual violence.

Methodology

This paper provides information on the prevalence of sexual violence, risk and protective factors for sexual violence perpetration and victimization, approaches and models used to develop primary prevention strategies, and an overview of the best available research evidence in this area.

A review of both published and unpublished national and international reports, documents and articles was undertaken with the objectives of identifying:

- Prevalence and incidence of sexual violence internationally, nationally and provincially;
- Evidence of risk and protective factors for sexual violence;
- Existing approaches and models used for the primary prevention of sexual violence; and
- Best available research evidence for programs, strategies and policies in the primary prevention of sexual violence.

Two main search strategies were employed:

- Database searches employing particular search terms in this area from 2000 - 2011⁵. The databases searched included Sociological Abstracts, Social Work Abstracts, Social Services Abstracts, SocINDEX and Google Scholar. Search terms included *sexual violence primary prevention*, *sexual assault prevention*, *sexuality and prevention*, *sexual health and sexual violence*, and *models of sexual violence prevention*.
- Searches of more than 50 government, non-government and research institute websites for additional articles and reports.

Given the finite time and resources available and the large amount of relevant literature in this field, the review focused mainly (although not solely) on existing reviews (rather than literature reporting evidence from a single study or intervention). Reviews are defined as:

⁵ Sources in this report that were published before 2000 were not generated by the database searches: rather they were background documents provided to the authors from outside sources or those found through website searches.

- Papers and/or reports based on community/expert consultation;
- Policy/background papers and reports that synthesize approaches to primary prevention; and
- Publications that review the theory and/or evidence for specific determinants/prevention/intervention strategies.

Limitations

The scope of sexual violence is quite broad, as it not only encompasses a range of sexually violent acts, but also occurs both outside of intimate relationships and within the context of domestic violence. As most of the available prevention research in this area is focused specifically on sexual assault, this review provides only limited discussion on those forms of sexual violence other than sexual assault (for a listing of terms and definitions, see Appendix A).

This review is also limited in its presentation of Canadian prevalence data, as comprehensive efforts to collect such information have not occurred in recent years. Furthermore, because Canada uses the term “sexual assault” as defined in the criminal code, comparisons with other jurisdictions, are difficult as different terminology and definitions may be used (i.e., the United States uses the term rape, and defines it somewhat differently than here in Canada). Furthermore, concepts such as sexual coercion and sexual harassment may or may not be accounted for in the available prevalence data, depending on the questions used to elicit such information. Most of the prevalence data available is from the United States (one of the countries which have made concentrated efforts to determine prevalence and incidence) and focuses specifically on rape (Basile & Smith, 2011).

Much of the literature in this area refers to “victimization”, “victims”, “perpetration” and “perpetrators.” This language is used throughout the body of the paper to be consistent with the findings from the literature; however, the authors are aware this kind of language is not preferentially used with sexual violence practitioners and survivors.⁶

Due to the relatively recent focus on primary prevention of sexual violence, limited evidence exists in this area, with a relatively small circle of authors disseminating information on this topic. Additionally, most of the evidence-base in this area pertains to effective sexual violence prevention programs. While policy and legislation do play an important role in prevention, this is less reflected in the literature. Presently, a scoping review of sexual violence action plans is underway by AASAS and the Brenda Strafford

⁶ Primary prevention of sexual violence is significantly influenced by the public health approach. As such, the literature in primary prevention of sexual violence consistently uses language such as “victim” and “perpetrators,” with a specific focus on how to reduce risk factors and enhance protective factors in order to stop first time perpetration. This paper was focused on bringing together the most current knowledge in the area of sexual violence primary prevention (as opposed to early intervention or crisis intervention) and as such, is reflecting the language found in the literature.

Chair in the Prevention of Domestic Violence. Preliminary analysis shows policy and legislative strategies are being used in jurisdictions around the world to prevent sexual violence, although no documentation regarding evaluation of such policies has been found.

As the discipline is in transition from creating awareness of sexual violence prevention to the “advancement of comprehensive primary prevention strategies for community change” (Lee et al., 2007, p. 19), it is likely that the available research in this area will grow significantly in the years to come.

Prevention of Violence

Generally, prevention is understood as a systematic process that promotes safe, healthy environments and behaviours, thereby reducing the likelihood (or frequency) of an incident, injury, or condition from occurring (Cohen, Davis, & Graffunder, 2006). Prevention is often viewed at three levels: primary, secondary and tertiary. The Centers for Disease Control defines sexual violence prevention and intervention activities based on where they occur in relation to the violence (Lee et al., 2007). Others, such as VicHealth, define these terms in more traditional terms such as prevention, early intervention and intervention (VicHealth, 2007). For the purpose of this paper, the following definitions are used:

Primary Prevention: Focuses on action *before* the condition of concern develops. In the area of sexual violence, it means reducing the number of new instances of sexual violence by intervening before any violence occurs (WHO, 2007). It is intended to prevent initial perpetration or victimization (Lee et al., 2007). Interventions can be delivered to the whole population or to particular groups at high risk of using or experiencing violence in the future. Primary prevention programs are often delivered to large groups to reach a cohort within a short time frame (Carmody, 2009). An example would be a sexual violence primary prevention education program delivered to grade 7 students that focuses on addressing attitudes about sexual assault, the impact of gender roles, healthy relationships, conflict resolution skills and respecting personal boundaries (Centers for Disease Control, 2004).

Secondary Prevention: There is some variance in the literature as to what secondary prevention is. According to the Centers for Disease Control (2004), secondary prevention is comprised of mediating responses immediately following sexual violence that are intended to address the short-term consequences of the violence (e.g., crisis counselling). VicHealth, on the other hand, views secondary prevention as approaches targeted at individuals and groups who exhibit early signs of perpetrating violent behaviour or of being subject to violence (this is also called ‘early intervention’ in some instances) (VicHealth, 2007). An example of this includes working with kids who have

witnessed or been exposed to domestic violence, as this is a significant risk factor for future perpetration and victimization of violence (both sexual and domestic).

Tertiary Prevention: These approaches focus on long-term care in the wake of violence, such as programs that address the trauma of the violent event (WHO, 2010). Sex offender treatment interventions are an example of a tertiary prevention strategy (Centers for Disease Control, 2004).

While primary prevention is the focus of this paper, it must be stressed it is not always possible to make clear distinctions between the three types of prevention, and most frameworks in this area contain elements of all three. For example, policy reform that mandates sexual violence perpetrators to treatment is a tertiary intervention which may also have a primary prevention effect by communicating to the larger community that violence against women is a serious issue (VicHealth, 2007).

Sexual Violence: Scope of the Problem

Sexual violence can occur at any age, particularly childhood and adolescence, and can be perpetrated by a variety of individuals, such as a parent, caregivers, acquaintances, strangers as well as intimate partners (WHO, 2010). In many jurisdictions, the issue of sexual violence is viewed as a public health issue that requires urgent and immediate attention (Graffunder, Noonan, Cox, & Wheaton, 2004; Parks, Davis, & Cohen, 2010; VicHealth, 2007; Vivolo, Holland, Teten, Holt, & the Sexual Violence Review Team, 2010; WHO, 2010). While victims of sexual violence cut across age, gender, race and culture, research shows that women and girls are disproportionately the victims of all types of sexual violence (Gorman, 2012; VicHealth, 2007; World Association for Sexual Health, 2008; WHO, 2010). While much media attention is given to sexual violence committed by strangers (i.e., rape), the sobering fact is that sexual violence by husbands, partners, friends and acquaintances make up the majority of sexual assault cases (Basile & Smith, 2011; Black et al., 2011; Brennan & Taylor-Butts, 2008; Russell, 2008).

Sexual violence has persistently been difficult to measure due to the silenced and privatized nature of the issue (Carmody, 2009). The consequence of this is an underestimation of the real level of harm caused, with the impacts of sexual violence greatly impacting physical, sexual and psychological health (Basile & Smith, 2011). What is known about the scope of sexual violence is clearly an underestimation of the real prevalence and incidence of this significant social issue.

International Context

In a comprehensive, multi-country study done by the WHO (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005), findings showed that six to 59 per cent of women under 50 experienced sexual violence by a partner at some point in their lives (depending on the country of study). Rates of sexual violence against women aged 15-49 perpetrated by a *non-partner* were significantly lower (0.3 – 11.5 per cent). Additionally, data from several countries indicate that “between one-thirds and two-thirds of all victims of sexual assault is aged 15 years or less” (Garcia-Moreno et al., 2005, p. 158).

In Europe, approximately one in 10 women experiences an incident of sexual violence in their lifetime (European Commission of Justice, 2010). Data from Australia show that one in 10 women aged 18 to 24 reported having experienced a sexual violence incident in the previous 12 months (Powell, 2007). A 2006 study done in Australia found that 78 per cent of women who had been sexually assaulted since the age of 15 knew their assailant (VicHealth, 2007).

Studies in the U.S. have shown varying rates of sexual violence, with earlier studies showing that approximately one in six women and one in 33 men have been victims of completed or attempted rape in their lifetime (Basile & Smith, 2011). A report released

in 2000 showed that approximately 26.4 per cent of women surveyed were victims of physical or sexual violence during their lifetime, and approximately 1.5 million women are raped and/or physically assaulted by an intimate partner each year (Graffunder et al., 2004). In a 2010 study, results showed that one in five women and one in 71 men had been raped at some point in their lifetime (Black et al., 2011). The majority of both females and males of rape knew their assailants. In fact, approximately half of female victims of rape (51 per cent) reported that their perpetrator was a former or current intimate partner.

The same study also captured data on types of sexual violence other than rape, with approximately one in eight women reporting an experience of sexual coercion in her lifetime (Black et al., 2011). Rates of unwanted sexual contact were high, with more than one-quarter experiencing some form in their lifetime.

Other studies have looked at sexual harassment, particularly in teenaged populations (Taylor, Stein & Burden, 2010). Data from grades 8-11 show that approximately 83 per cent of females experience sexual harassment from their male peers (AAUW, 2001). Male students also report high levels of sexual harassment, with the majority of perpetrators in both cases being male (AAUW, 2001; Taylor et al., 2010). More current studies show that while female students are still more likely than boys to be sexually harassed (56 per cent to 40 per cent respectively), rates are lower than what was found a decade ago (AAUW, 2011). In earlier studies, more than 80 per cent of students reported experiencing sexual harassment at least once in their school career (AAUW, 1993; AAUW, 2001). While seemingly positive, these lower rates may not be because rates of sexual harassment have actually dropped. According to researchers, sexual harassment is so pervasive and persistent, it has become a normalized part of many girl's and boy's school day, which may result in boys and girls not even acknowledging behaviours as harassing (Stein, Tolman, Porche, & Spencer, 2002).

It is estimated that 130-140 million girls and women in the world have undergone female genital mutilation (FGM)⁷. Even though the practice of FGM is declining, a 2011 study estimated that three million girls were at risk of being circumcised (WHO, 2011). FGM is predominantly practiced in Africa and the Middle East, but due to international migration, there are a growing number of women and girls in Europe, North America, Australia, New Zealand, and Britain who are circumcised each year (WHO, 2011; British Medical Association, 2011).

⁷ Many countries around the world try to estimate the number of women who have undergone FGM; in Europe, these estimates vary from approximately 6,700 in Switzerland (Jager, Schulze, & Hohlfeld, 2002), to between 13,000 and 27,000 in France, to 39,000 in Netherlands (Polderman, 2006). Estimates of those *at risk* of FGM in Europe include: 4,500 girls in France; 14,000 in Netherlands (Polderman, 2006); 21,000 in England and Wales (Dorkenoo, Morison, & Macfarlane, 2007); 5,000 in Sweden (Johnsdotter, 2003); and 1,975 in Belgium (Dubourg, Richard, Leye, Ndame, Rommens, & Maes, 2011). FGM is prohibited in many countries around the world; however, evidence suggests that parents take their children abroad to be mutilated - that is why understanding the prevalence of this violent practice is a first and crucial step for prevention.

Canadian Context

Within Canada, the most detailed information on sexual violence prevalence and incidence is from the Violence Against Women Survey, conducted in 1993. Although the data is almost 20 years old now, results showed that 39 per cent of Canadian women reported having had at least one experience of sexual assault since the age of 16 (Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002). More recent information from the General Social Survey (GSS) Victimization Surveys and Uniform Crime Reports shows that in just one year, close to half a million women (427,000) over the age of 15 reported they had been sexually assaulted (Brennan & Taylor-Butts, 2008). The research also indicates that only one in 10 sexual assaults is ever reported to the police, suggesting actual sexual assault rates may be significantly higher. Again, consistent with other literature in this area (Basile & Smith, 2011; Black et al, 2011; WHO, 2010; VicHealth, 2007), the results show that rates of sexual victimization are higher for females (Brennan & Taylor-Butts, 2008). As demonstrated in prevalence studies done in other jurisdictions, data show that sexual assault is most likely to occur when a victim and perpetrator are known to each other, with 2007 police-report data showing that “the victim and perpetrator were known to each other in 82 per cent of sexual assault incidences” in Canada (Brennan & Taylor-Butts, 2008, p. 13).

Similar to results from other studies, Canadian data demonstrates that younger individuals are at higher risk of sexual assault than older individuals (Brennan & Taylor-Butts, 2008). In 2008, more than 11,000 sexual assaults of girls under the age of 18 were reported to police (Ogrodnik, 2010). Children and youth under the age of 18 were most likely to be assaulted by someone they know (approximately 85 per cent of incidences) (Statistics Canada, 2009). Studies show that among adult Canadians, 53 per cent of women and 31 per cent of men surveyed reported being sexually abused as children (Tutty et al., 2005).

Canadian information on other forms of sexual violence tends to be sparse: there are virtually no data on sexual trafficking or FGM, and the data on sexual harassment is limited. Studies conducted in Ontario show that almost half of Ontario high school girls (46 per cent) were victims of sexual harassment in the form of unwanted sexual comments or gestures (Girls Action Foundation, 2011). Other studies of elementary aged students showed that approximately 29 per cent of students reported at least one experience of sexual harassment experience in the past 30 days (Ashbaugh & Cornell, 2008).

The prevalence of human trafficking in Canada remains uncertain. The most recent RCMP estimates (2004) show there are 800-1,200 victims of trafficking in Canada each year (Barrett, 2010). Between 2005 and 2009, the RCMP (2010) conducted Canada’s first Human Trafficking Threat Assessment, analyzing approximately 275 cases. Unfortunately, however, this report does not contain information on prevalence. According to the United Nations Office on Drugs and Crime (2006), Canada scored low as a country of origin for trafficking, medium as a transit location, and high as a

destination country. Some data show that Alberta and Ontario have higher rates of human trafficking for forced labour (Government of Canada, 2012) but the data on sex trafficking is scarce. The RCMP estimates that “at least 600 foreign women and girls are coerced into joining the Canadian sex trade each year by human traffickers” (Bronskill, 2004, para. 1).

There is almost no information in regards to the prevalence of FGM in Canada. However, based on discussions with members of the communities at risk, there is some evidence to indicate FGM is practiced across Canada. Evidence suggests that in some cases, families from specific communities send their daughters out of Canada to have the operation performed (Poldermans, 2006). In Toronto, community groups have estimated there are 70,000 immigrants and refugees from Somalia and 10,000 from Nigeria, countries in which FGM is commonly practiced (Ontario Human Rights Commission, n.d).

Alberta Context

Data on the exact prevalence and incidence of sexual violence in the province is difficult to obtain. What is available indicates that in 2005, Alberta’s sexual assault rate declined by approximately 10 per cent, falling below the Canadian average for the first time in close to 10 years (Boyle & District Rural Crime Watch, 2011). This corresponds to police-reported data for 2007, which showed that rates of sexual offenses for Alberta were lower than the national average (Brennan & Taylor-Butts, 2008). According to Calgary Police reports, there were 765 police-reported sex offenses in 2011, which was down almost 9 per cent from the previous year (Calgary Police Service, 2011). However, research suggests that approximately 92 per cent of sexual assaults go unreported (Alberta Health Services, 2011). Calgary-specific data indicates that only 23 per cent to 29 per cent of cases actually result in sexual assault charges (Calgary Police Service, 2012).

There may be differences between rates of sexual assaults reported in Alberta urban centres versus those reported in rural centres. Data indicates that almost two-thirds (56 per cent) of sexual assaults were committed outside the major cities of Edmonton and Calgary (Boyle & District Rural Crime Watch, 2011).

There has been some speculation as to the variance in police-reported sexual assault across the country, with some of the proposed factors applicable to the variance for and within Alberta. Explanations include variations in public attitudes towards sexual assault, differences in age demographics, availability of victim services and police training (Brennan & Taylor-Butts, 2008).

Variance between rates of sexual assaults reported in urban centres versus rural centres within may be explained by the lack of sexual assault services available outside of Calgary and Edmonton, in conjunction with variation in RCMP training and protocols across the multiple jurisdictions.

Recommendations

- 1. The province should invest in conducting a province-wide prevalence and incidence survey on sexual violence** – The last comprehensive survey of sexual violence was conducted almost 20 years ago. A great deal more data are required in order to develop primary prevention strategies that address the issue, especially at the provincial and municipal level. Conducting a province-wide prevalence survey, such as the Violence Against Women survey conducted in 1993, would provide the data necessary to truly understand the breadth, depth and nature of sexual violence in Alberta.
- 2. Ensure the inclusion of sexual coercion and sexual harassment as concepts in such a prevalence and incidence study** – Because sexual coercion and sexual harassment tend to be more subtle in nature, data on these forms of sexual violence have tended to be ignored in more formal research. Including them in measurement efforts is critical to understanding a more fulsome scope of sexual violence than just rates of sexual assault.
- 3. Conduct further research to understand the scope of female genital mutilation in Alberta** – While there are some Canadian efforts to prevent and address this issue, more data is required, particularly in the Alberta context.
- 4. Conduct further research into the scope of sexual trafficking** – While some information is available on human trafficking for forced labour, much less is known about the prevalence and incidence of sexual trafficking. More research in this area is required before prevention strategies can be developed.

Risk and Protective Factors

Understanding who is likely to experience sexual violence and who is likely to perpetrate it allows practitioners, researchers and policy makers to better understand how to develop and implement prevention strategies. However, the risk and protective factors for sexual violence are not fully understood (WHO, 2007). While most sexual violence literature includes a review of known risk and protective factors, there is still a lack of knowledge about which risk factors are causal and which are correlational. This limited understanding impacts the effectiveness of any primary prevention effort. In addition to the lack of understanding around risk factors, there is even less known about protective factors (Russell, 2008; WHO, 2007; 2010).

Risk factors⁸ for sexual violence can be defined as attributes or exposures that increase the probability of the occurrence and apply to those at risk of perpetrating violence as well as those at risk of being a victim of violence (WHO, 2010). Reduction of risk factors should be the key target of sexual violence prevention efforts, in addition to being an integral concept in program monitoring efforts.

Risk factors are more than simply vulnerabilities at an individual level – these risk factors can be found at a variety of levels, including individual⁹, relationship¹⁰, community¹¹ and societal¹² levels (Carmody, 2009; Russell, 2008; WHO, 2010). Addressing risk factors in this way (in tandem) is particularly common to the ecological model of understanding violence, whereby violence is the result of the interaction between the factors at any of the different levels (Carmody, 2009).

Protective (or resilience) factors also play a role in influencing tendencies towards sexual violence. Generally, protective factors are those that influence the capacity of an individual to develop positively despite harmful environments and experiences (Edleson, 2000).

Risk Factors for Victimization

A number of factors may make a person more vulnerable to sexual violence victimization. Risk factors are distinct from victim blaming, which incorrectly assigns

⁸ While four levels of risk factors are presented, they are not discrete categories. There may be some overlap between levels, with some risk factors fitting into more than one category. For example, notions of family honour and sexual purity may be a relationship risk factor (family relationships), community (faith community), or societal (ideologies about traditional family norms and sexuality).

⁹ Individual level of influence include all the personal and biological attributes of an individual that increases the likelihood of being a perpetrator or victim of sexual violence (World Health Organization [WHO], 2010)

¹⁰ Relationship level of influence includes factors that increases risk as a result of the relationships with one's peers, family and extended family (WHO, 2010)

¹¹ Community level includes the overall community context where individuals and relationships are embedded, such as schools, workplaces and neighbourhoods. Community level factors seek to identify the characteristics of these settings associated with perpetration and victimization (WHO, 2010).

¹² Societal level of influence are the larger, macro-factors that influence sexual violence such as gender inequity, religious or cultural belief systems, or social policy that maintain gaps between people (WHO, 2010).

responsibility for sexual violence victimization to survivors (Basile & Smith, 2011). A number of individual risk factors for sexual violence victimization have been strongly and consistently reported across studies (Basile & Smith, 2011; Brennan & Taylor-Butts, 2008; Russell, 2008; WHO, 2010; VicHealth, 2007). These commonly found individual risk factors are indicated with an asterisk in the table below. To date, there are significantly fewer risk factors identified at the relationship, community and societal levels (WHO, 2010).

Table 1: Risk Factors for Sexual Violence Victimization

Risk Factor	Level
Gender*(female)	Individual
Age* (18-25)	Individual
Exposure to child maltreatment* (<i>sexual abuse and witnessing intra-parental violence</i>)	Individual
Prior sexual violence victimization*	Individual
Harmful use of alcohol and illicit drug use*	Individual
Depression	Individual
Early exposure to sexual activity	Individual
Acceptance of violence	Individual
Lower education	Individual
Separated/divorced and single women	Individual
Weak community sanctions	Community
Poverty	Community
Traditional gender and social norms supportive of violence	Societal
Ideologies of male sexual entitlement	Societal
Weak legal sanctions	Societal

*Indicates risk factors with the strongest reported effect or most consistently cited across studies

Gender

Studies have consistently found that victims of sexual violence are disproportionately female (Basile & Smith, 2011; Lee et al., 2007; VicHealth, 2007; WHO, 2010). The most recent Canadian data show there are notable differences between female and male victimization rates across all categories of sexual assault (Brennan & Taylor-Butts, 2008). Recent studies from the US estimate that 302,091 women experience rape or attempted rape each year (Basile & Smith, 2011).

Age

Young age is associated with increased risk of sexual violence victimization. The risk of sexual violence is higher for young women aged 18-25 years than for any other age grouping (WHO, 2007; WHO, 2010). Within Canada, women aged 15-24 had rates of sexual assault almost 18 times higher than their older counterparts (Brennan & Taylor-Butts, 2008). Lifestyle factors associated with young age tend to exacerbate the risk,

since going out in the evening socially and dating make up a large amount of recreational time (Brennan & Taylor-Butts, 2008; Russell, 2008). One hypothesis is that just the act of regular dating and sexual activity that occurs in this age group increases one's odds of coming into contact with someone who sees the use of sexual violence as justifiable (Cass, 2007; Russell, 2008).

Experiencing Child Abuse and Maltreatment (Including Witnessing Domestic Violence)

Child maltreatment has been consistently cited as a risk factor across countries for both victimization and perpetration of sexual violence (WHO, 2010). Child victimization, particularly childhood sexual abuse, is one of the most frequently cited individual risk factors for adult rape victimization (Basile & Smith, 2011). Child sexual abuse survivors are three to five times more likely to experience subsequent adult sexual victimization than those who have not experienced child sexual abuse (Basile & Smith, 2011; Walsh, Blaustein, Grant Knight, Spinazzola, & van der Kolk, 2007). Childhood physical and sexual abuse survivors are also more likely to experience forced sex by a current intimate partner, and those who experienced prior unwanted sexual experiences before the age of 14 are more likely to be victims of marital rape (Basile & Smith, 2011).

There are many theories as to why experiencing child abuse and maltreatment may increase risk to sexual violence victimization. It may be that the likelihood of violence acceptance may be increased as a result of childhood exposure to violence (WHO, 2010). Other theories postulate that children who experienced repeated sexual victimization develop feelings of powerlessness (Reese-Weber & Smith, 2011; Walsh et al., 2007). This powerlessness in childhood may lead to lowered perceptions of control as an adult.

Prior Sexual Violence Victimization

Survivors of childhood sexual abuse are two to three times more likely to be sexually assaulted in adolescence (Walsh et al., 2007), which then increases vulnerability to sexual violence in adulthood (Basile & Smith, 2011). Theories include poor coping skills and feelings that involve self-blame, leading to greater psychological distress, thereby increasing vulnerability to re-victimization (Walsh et al., 2007).

Alcohol and Illicit Drug Use

Questions remain on the relationship between sexual violence and alcohol and drug use (Basile & Smith, 2011). While numerous studies examined the relationship between alcohol use and sexual assault, many produced mixed results (Basile & Smith, 2011; WHO, 2010). However, alcohol and drug abuse have shown to contribute to victim vulnerability, with a sizeable percentage of sexual assaults involving the use of alcohol or other drugs by the perpetrator, victim or both (Krebs, Lindquist, Warner, Fisher, & Martin, 2009; Russell, 2008). Studies have also shown that women who consume more alcohol and get intoxicated more often are more likely to be victims of sexual assault (Krebs et al., 2009).

There has been some research into the types of sexual assault when examining risk factors (particularly alcohol) (Krebs et al., 2009). Some experts suggest that the use of alcohol may serve as a cue to the perpetrator (Basile & Smith, 2011), whereas other research suggests that engaging in alcohol or drug use may also put women in social settings where they are more likely to encounter a perpetrator (Brennan & Taylor-Butts, 2008).

Additional Individual Risk Factors

- Acceptance of violence - Men and women's attitude towards violence are strongly correlated with exposure to sexual violence victimization and perpetration (WHO, 2010);
- Lower education (WHO, 2010) – While the relationship between education and sexual violence is complex, research shows that women with low levels of education are at higher risk of experiencing sexual violence than those women with secondary levels of education or higher (WHO, 2010); and
- Being divorced or separated (Basile & Smith, 2011; WHO 2010) – Research shows that being divorced or separated puts women at an increased risk of experiencing sexual violence by a former partner (Basile & Smith, 2011).

Community-Level Risk Factors

- Weak community sanctions – Lack of family support, unwillingness of neighbours and community members to intervene and lack of services for women are all examples of weak community sanctions against sexual violence (WHO, 2010);
- Poverty – Poverty forces many women into social conditions that combine to increase the risk of sexual violence, such as working in the sex trade (WHO, 2010).

Societal-Level Risk Factors

- Traditional gender norms and social norms supportive of violence – Examples of this include societies where men dominate economic and decision-making power in the house, women lack access to divorce, and men are viewed as superior, and of higher social status, compared to women (VicHealth, 2007; WHO, 2010);
- Ideologies of male sexual entitlement – For example, where women have few legitimate options for refusing male sexual advances (VicHealth, 2007; WHO, 2010); and
- Weak legal sanctions – Laws and policies related to gender equality in general, as well as to sexual violence more specifically, are risk factors for sexual violence victimization (WHO, 2010).

Risk Factors for Perpetration

Many of the risk factors identified for sexual violence perpetration are shared with other negative health outcomes (Vivolo et al., 2010). Also, the same risk factors for victimization are also risk factors for perpetration of sexual violence, such as gender

(being male), young age, witnessing or experiencing family violence as a child, heavy alcohol and/or drug use, poverty, weak community sanctions, traditional gender norms, and ideologies of male entitlement (Russell, 2008; WHO, 2010). Research in this area demonstrates that many contributing risk factors for sexual violence perpetration are identified in childhood and adolescence (e.g., child maltreatment, substance abuse, peer relationships) (Wolfe & Jaffe, 2003).

All four of the individual risk factors (gender, young age, child maltreatment and alcohol use) are commonly found across studies, with some factors stronger than others. Those that are consistently found to be stronger and more often cited are indicated with an asterisk.

Table 2 Risk Factors for Sexual Violence Perpetration

Risk factor	Level
Gender* (male)	Individual
Age (younger)	Individual
Exposure to child maltreatment* (<i>sexual abuse and physical abuse</i>)	Individual
Exposure to child maltreatment (<i>witnessing intra-parental violence</i>)	Individual
Antisocial personality*	Individual
Hostility toward women	Individual
Early initiation to sexual intercourse	Individual
Preference for impersonal sex	Individual
Sexually aroused by deviant stimuli	Individual
Hypermasculinity	Individual
Harmful use of alcohol and illicit drug use*	Individual
Low socio-economic status/income	Individual
Gang membership	Individual
Multiple partners*	Relationship
Hostile family environment	Relationship
Low resistance to peer pressure	Relationship
Family economic stress	Relationship
Weak community sanctions	Community
Notions of family honour and sexual purity	Community
Poverty	Community
Lack of employment opportunities	Community
Traditional gender and social norms supportive of violence	Societal
Ideologies of male sexual entitlement	Societal
Weak legal sanctions	Societal

Gender

Being male increases the risk of perpetration, as men are more often the perpetrators of violence (Lee et al., 2007; Russell, 2008; VicHealth, 2007; WHO, 2010). Men are more likely than women to hold attitudes that support or are linked to the perpetration of violence, and social constructions of masculinity play a role in some men's perpetration of sexual assault (VicHealth, 2007). For example, in many cultures, societal norms uphold the belief that physical strength and sexual dominance are innate qualities of being male (WHO, 2010).

Age

Young age has been found to be a risk factor for sexual violence perpetration, although there is little consensus on this in the literature (WHO, 2010). According to Canadian police-reported data, the highest rates of sexual offences were among 12-17 year olds, while those in the 18-34 age grouping had the second highest rates of sexual offences (Brennan & Taylor Butts, 2008). Other international studies found that men between the ages of 20-40 were more likely to have perpetrated rape than younger or older men (WHO, 2010).

Experiencing Child Abuse and Maltreatment

Child maltreatment (particularly sexual abuse and physical abuse) stands out as a significant risk factor (WHO, 2010). A meta-study found that any childhood sexual abuse increased male perpetration of sexual violence towards women more than threefold (WHO, 2010), with other studies showing that even experiencing lesser forms of abuse (such as spanking) and hostile family relations increases risk of violence behaviour (Wolfe, Scott, Wekerle, & Pittman, 2001; Russell, 2008).

Alcohol and/or Illicit Drug Use

Alcohol and illicit drug use contributes to perpetrator aggression (Basile & Smith, 2011; Russell, 2008), although the exact influence of alcohol consumption on sexual assault is unclear (Basile & Smith, 2011). Some studies identified an association between harmful use of alcohol and perpetration of sexual violence (WHO, 2010). Other studies show that approximately three-quarters of offenders had been taking drugs or drinking before sexual violence occurred (Russell, 2008).

Antisocial Personality

Several studies have examined mental health characteristics, such as antisocial personality disorder, and the risk of perpetration for sexual violence (WHO 2007; WHO, 2010). While more studies are needed to further explore this risk factor, researchers are examining the antisocial personality in light of experiencing child maltreatment and perpetration of intimate partner violence and sexual violence in adulthood (Fang & Corso, 2008).

Other individual risk factors associated with perpetration differ from those identified for victimization. They are:

- Sexually aroused by deviant stimuli (i.e., depictions of rape) (Lee et al., 2007; Russell, 2008);
- Early initiation of sexual intercourse (Vivolo et al., 2010);
- Preference for impersonal sex (Centres for Disease Control and Prevention, 2009b);
- Hostility towards women (Lee et al., 2007);
- Hypermasculinity (Centres for Disease Control and Prevention, 2009; Parrott & Zeichner, 2003) – This personality trait is conceptualized by researchers as one that predisposes men to engage in behaviours that assert physical dominance and power in interpersonal interactions, particular those interactions with women (Parrott & Zeichner, 2003). This display of sexual dominance, power and aggression “serves to ‘uphold’ the macho personality” (Parrott & Zeichner, 2003, p. 70);
- Low income (Russell, 2008; WHO, 2010); and
- Poor educational attainment – low levels of education (Russell, 2008; WHO, 2010).

Relationship Risk Factors

- Multiple partners/infidelity – The hypothesis here is that men who report having multiple sexual partners do so as a source of peer status and increased self-esteem, viewing female partners as simple sexual conquests without appropriate emotional bonding (WHO, 2010);
- Economic stress – As a family’s economic situation deteriorates, violence against women increases (Russell, 2008; WHO, 2010);
- Low resistance to peer pressure (WHO, 2010);
- Association with sexually aggressive and delinquent peers (Centers for Disease Control and Prevention, 2009);
- Growing up in an emotionally unsupportive family environment (Lee et al., 2007) – This is characterized by harsh parenting practices, relationship problems with parents (particularly fathers), and/or emotionally unavailable parents (Russell, 2008).

Community Risk Factors

- Family honour and sexual purity – Family responses to sexual violence that blame women and condone men’s behaviour create an environment in which sexual violence (sexual assault) can occur (WHO, 2010);
- Weak community sanctions against sexual violence perpetration – Societies where there is a belief and tolerance for male entitlement to sex are less likely to have community support in taking action against perpetrators (Centers for Disease Control and Prevention, 2009; WHO, 2010);
- Poverty (Russell, 2008; WHO, 2010) – While sexual violence does cut across all socioeconomic groups, research shows that poverty increases the risk of sexual

violence perpetration (WHO, 2010). However, the reason why poverty increases the risk is unclear. It may be because of low-income in and of itself, or other factors associated with living in low-income situations, such as stress and frustration.

Societal Risk Factors

- Poverty (Centers for Disease Control and Prevention, 2009);
- Traditional gender norms and social norms supportive of sexual violence (Centers for Disease Control and Prevention, 2009; WHO, 2010);
- Societal norms that support male superiority and sexual entitlement (Centers for Disease Control and Prevention, 2009; WHO, 2010);
- Weak legal sanctions against sexual violence (WHO, 2010) – This includes a number of legal elements, such as: narrow legal definitions for what constitutes sexual violence, weak penalties for those convicted of sexual violence and where sexual assault survivors are strongly deterred from charging the perpetrator; and
- High tolerance for crime and other violence (Centers for Disease Control and Prevention, 2009).

Populations at Risk of Sexual Violence

In addition to the risk factors above, several population groups are at heightened risk for sexual violence perpetration and victimization (Ottawa Rape Crisis Centre, 2010; Russell, 2008; VicHealth, 2007).

Aboriginal Women

Aboriginal women are at greater risk of victimization, suffer more severe forms of abuse, and face increased barriers to addressing violence compared to non-Aboriginal women (Ottawa Rape Crisis Centre, 2010; VicHealth, 2007). Data from the 2004 General Social Survey (GSS) showed that 21 per cent of Aboriginal women experienced some form of physical or sexual violence in the five years preceding the survey, compared to 6 per cent of non-Aboriginal women in the same timeframe (Brzozowski, Taylor-Butts, & Johnson, 2006). While sample sizes from the Canadian 2004 GSS Victimization Survey are too low to produce a statistically reliable estimate of sexual assault against Aboriginal women specifically, police statistics from on- and off-reserve show that sexual assaults against Aboriginal women are more likely to occur on a reserve (Statistics Canada, 2006).

Women with Disabilities

Research shows that women with disabilities are at significantly greater risk of sexual violence victimization than women without disabilities (Russell, 2008; VicHealth, 2007). Those with developmental disabilities are at even greater risk: studies show that approximately 83 per cent are victims of sexual assault (Ottawa Rape Crisis Centre, 2010; VicHealth, 2007). There are a number of factors contributing to this:

- Lack of access to information about sexuality and sex education (Russell, 2008);
- Social and economic marginalization (VicHealth, 2007) – Women with disabilities are more likely to be socially isolated as well as face barriers to employment opportunities (this is especially true for those women with developmental disabilities (Russell, 2008); and
- Being less physically capable of resisting (Russell, 2008).

Gendered and Sexually Diverse Individuals

The literature is overwhelmingly focused on heterosexual sexual violence, although this is slowly starting to change. Risk of victimization includes both victimization from same sex partners and victimization that occurs as a result of homophobic sexual violence (Urbis Key Young, 2004). While there are no reliable Canadian statistics that clearly demonstrate violence in same-sex relationships, a 2011 systematic study of 75 research studies concluded that the lifetime prevalence rate of sexual assault for lesbian and bisexual females was between 16 per cent and 85 per cent (Rothman, Exner, & Baughman, 2011).

Sex Trade Workers

A small body of literature suggests that sex trade workers are at increased risk of sexual violence victimization (Du Mont & McGregor, 2004). There are a number of reasons why those in the sex trade are at increased risk for sexual violence:

- Men who engage with sex trade workers feel entitled to sex (Neame & Heenan, 2003);
- Type of sex work undertaken – Street work is inherently more dangerous than a brothel, which may offer some level of protection (Neame & Heenan, 2003).

Protective Factors

Much of the research in this area focuses almost exclusively on risk factors. For this reason, relatively little is known about protective factors for sexual violence (Russell, 2008; WHO, 2010). For example, the Centers for Disease Control and Prevention in the United States identify 22 risk factors for sexual violence perpetration; however, not a single protective factor for perpetration is identified (Centers for Disease Control and Prevention, 2009).

The limited research on protective factors identifies the following factors that may decrease or buffer against risk of experiencing sexual violence:

- Higher education for women - Several studies show that women who are more highly educated are less likely to be victims of sexual violence compared to less educated women (WHO, 2010);
- Experiencing healthy parenting as a child (WHO, 2010) – Children learn problem-solving skills, emotional management and social skills from the people around

- them. For these reasons, positive and healthy parenting is crucial to the development of positive skills that facilitate healthy relationships (WHO, 2007);
- Having participated in a school-based child sexual abuse prevention program (women) (Russell, 2008); and
 - High sense of self-efficacy.

While there is some good information on the risk factors for sexual violence, it is unclear how these factors interact with each other. For example, if a young woman is doing well academically, has a strong social network and is connected to her school, does this counteract the risk factors of living in poverty and experiencing childhood sexual abuse? More research is needed in this area in order to understand the etiology of this issue and develop effective primary prevention strategies.

In addition, it is important to remember that some macro-level risk factors, such as traditional gender and social norms, can play out at the community, relationship and individual level. For example, social norms that promote male sexual entitlement may promote or condone men to have multiple sexual partners (relationship risk factor), or individual acceptance in the use of violence (individual level risk factor).

Finally, much more research is needed to identify and understand what factors can buffer or protect against sexual violence. What is known about protective factors can provide a start to the development of effective prevention strategies, such as the development of positive parenting programs so that children experience healthy parenting. However, more research on protective factors is required in order to develop a full range of effective prevention strategies.

Recommendations

- 1. More research is required that explores how culture and religion informs and influences sexual violence and the contexts associated with sexual violence** – Understanding the sociocultural contexts that contribute to sexual violence, such as cultural beliefs that support ideologies of male superiority and sexual entitlement, are critical to understand in order to develop meaningful and effective sexual violence prevention strategies.
- 2. Strategies that target the most commonly cited risk factors should be included in any sexual violence action plan for Alberta** – Across the literature, child abuse and witnessing intra parental violence are two of the commonly cited risk factors for both future sexual violence perpetration and victimization. Any sexual violence action plan for Alberta would need to include strategies that addressed both of these significant risk factors.
- 3. Further research in the following areas is required:**
 - **Risk factors and how to modify them** – the identification of risk factors and how to modify them is critically important for informing strategies to prevent and address sexual violence. Obtaining a more nuanced

understanding would support the success of potential strategies. For example, alcohol has been mentioned several times in the literature as a risk factor, and many jurisdictions have developed alcohol moderation strategies in their domestic violence and sexual violence action plans (Wells, Esina, & Duzois, 2012). However, research tends to indicate that there is an uncertainty as to the role alcohol and/or drug use plays in sexual violence perpetration and victimization. Is it a risk factor in and of itself, or does it play a role in the characteristics of sexual violence?

- **Protective factors and targeted strategies in the area of sexual violence prevention** - if an asset-based model is to be considered (e.g., building healthy sexuality), then more research on protective factors is necessary in order to create strategies that promote healthy sexuality. There is simply not enough in the literature to begin building comprehensive prevention strategies to bolster protective factors.
- **Distinguishing between causal and correlational factors** - In order for primary prevention strategies to truly be effective, there needs to be an understanding of which risk factors are most important and amenable to change. Both age and gender were identified as significant risk factors, however, neither can be changed nor modified. Child maltreatment, on the other hand, is a powerful sexual violence risk factor that has been shown to be preventable.

Approaches and Models Used in Sexual Violence Prevention

In North America, the dominant approach over the past 30 years to understanding and preventing sexual violence is the feminist approach (Carmody, 2009; Lee et al., 2007). Initial efforts focused on bringing forward the seriousness and prevalence of the issue, ensuring that the voices of survivors were heard, as well as ensuring that appropriate support services were in place (Lee et al., 2007).

Since that time, numerous other approaches have been put forward as ways of preventing and addressing the issue of sexual violence. While different, many of them are largely complementary in their approach to understanding and preventing sexual violence (WHO, 2010).

Approaches

Five approaches¹³ to sexual violence prevention emerged in the course of reviewing the literature in this area (Carmody, 2009; Lee et al., 2007; WHO, 2010).

Feminist Approach

The past three decades have been dominated by the feminist approach (Carmody, 2009; Lee et al., 2007), which examines issues of patriarchy, power relations and constructions of masculinity and femininity as the primary drivers of the problem (WHO, 2010). The feminist approach understands sexual assault as a cultural phenomenon and situates sexual violence within the context of a “rape culture” (Lee et al., 2007, p. 15). This rape culture consists of a complex system of beliefs that encourages male sexual aggression and supports violence against women (Lee et al., 2007). As a result, prevention efforts have tended to be located within a broader feminist critique of society that challenges unequal and discriminatory legal and cultural practices (Carmody, 2009).

Human Rights Approach

The Human Rights approach views sexual violence as a violation of human rights and recognizes that it robs individuals of other human rights such as physical and mental health, security, equality in the family and equal protection of men and women under the law (Amnesty International, 2010). This approach sees the state as being obligated to respect, protect and fulfill human rights (WHO, 2010). Within the human rights approach, the state is often viewed as failing to take the necessary actions to combat such forms of violence. Amnesty International Australia presents a human rights approach for understanding and preventing sexual violence (Carmody, 2009).

¹³ While there are no real definitions provided for ‘approach,’ the literature tends to refer to them as a broader philosophical or ideological foundation, while the term ‘model’ captures functional dynamics in a way that supports planning and development. For the purposes of this report, we used “approaches” to best describe the broader ideological foundation, while the term model refers to that which supports planning and development.

Criminal Justice Approach

Another approach that has been used is the criminal justice approach. The main focus here is on responding to sexual violence after it has occurred by enforcing laws (WHO, 2010). This form of prevention seeks to provide restitution and reduce further long-term harm after a crime has been committed (Carmody, 2009). This approach relies mostly on incarceration, punishment and rehabilitation of the perpetrator (WHO, 2010). Both the U.K. and New Zealand are more oriented towards a criminal justice/crime prevention approach (Carmody, 2009).

Medico-Legal Approach

Using a blended model, the Medico-Legal approach (or modified public health for crime prevention approach) to sexual violence integrates both public health and criminal justice approaches (Russell, 2008). This model recognizes that many sectors and disciplines are required to prevent sexual violence and extend better care and safety to affected populations (Kearns, Coen & Canavan, 2008). Elements of both approaches are blended in order to create a model that utilizes rigor in defining and addressing a population health concern while simultaneously attempting to deter potentially violent behaviour at the individual level through the enforcement of laws against sexual violence.

Public Health Approach

At present, the public health approach to sexual violence prevention is most commonly used by major organizations globally, such as the U.S. Centers for Disease Control and Prevention, U.S. National Sexual Violence Resource Center, VicHealth, and the WHO (Carmody, 2009; Graffunder et al., 2004; VicHealth, 2007; WHO, 2010). This is a science-driven, population-based, interdisciplinary approach which seeks to provide the maximum benefit for the largest number of people while extending better care and safety to the entire population (WHO, 2010). This model is widely used, even if not specifically named (Carmody, 2009). The public health approach draws upon knowledge from a range of disciplines such as medicine, sociology, psychology, epidemiology, criminology, education and economics, making it a robust model for addressing sexual violence (WHO, 2010). Additionally, it suggests that sexual violence is not the result of any single factor, but rather an outcome of multiple risk factors and causes, thereby necessitating a multi-sectoral approach to prevention.

What is common to the approaches described above is that they assert that community attitudes and social norms are integral to the existence of sexual violence and that addressing both of these is a key strategy for prevention (Carmody, 2009).

Models of Sexual Violence Prevention

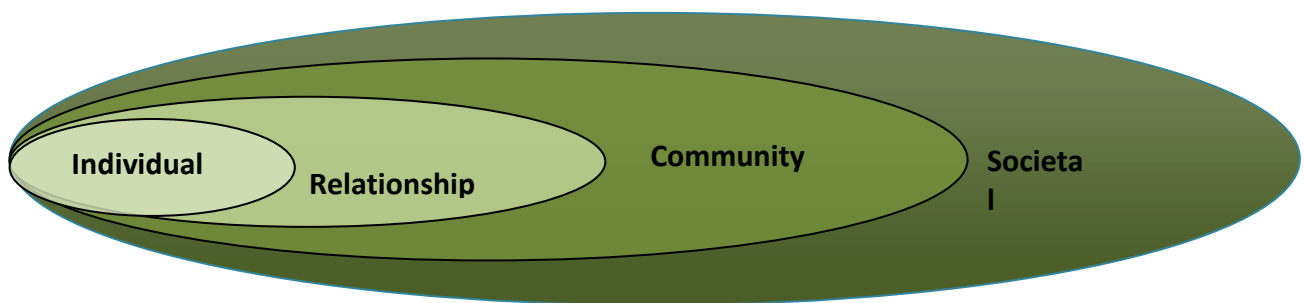
According to Lee et al. (2007), the Ecological Model and the Spectrum of Prevention are the two models most commonly applied to sexual violence prevention. Both models emphasize the importance of a multi-layered approach, with strategies targeting individuals, communities and society. Both recognize that efforts in addressing sexual violence must be implemented across jurisdictions, by multiple sectors and departments and at various levels of society (Carmody, 2009).

Both the Ecological Model and the Spectrum of Prevention are identified in the sexual violence prevention literature. A third model, the Risk and Protection Prevention Paradigm (O'Mahoney, 2009), will be explored in this section as it has been used throughout Alberta in the prevention of youth crime.

The Ecological Model

The Ecological model stems from the field of developmental psychology which suggests that behaviour is shaped through individual and societal interactions (Edleson, 2000). The Ecological model proposes that sexual violence is the result of interactions between factors at a range of levels (Carmody, 2009; Edleson, 2000; WHO, 2010). These levels are:

- Individual – personal and biological attributes;
- Relationship – peer relationships, household dynamics and extended family influences;
- Community – contexts in which people live, such as schools, workplaces and neighborhoods; and
- Societal – cultural norms, structures and processes, laws and policies.



The Ecological model proposes that primary prevention efforts must be present at all levels - hence the comprehensiveness of the model. The strength of such a model is that it provides multiple points of entry for prevention strategies (i.e., not just strategies aimed at the individual). For example, if there is evidence from psychological models about individual risk factors and from feminist models about societal risk factors, they can both be incorporated in the same Ecological model (Centers for Disease Control and Prevention, 2004). Additionally, it expands the concepts of risk and protective factors by

accounting for the role of larger political, social and cultural contexts in the formation and propagation of social ills (Chamberland et al., 2000).

Many advocates and organizations are using the Ecological model to develop their sexual violence primary prevention strategies. The following two examples illustrate the use of both a public health approach and use of the Ecological model by a public health funder as a basis for funding sexual violence primary prevention action plans in the United States. Through their Rape Prevention and Education (RPE) and EMPOWER initiatives, The Centers for Disease Control and Prevention has provided funding to approximately 15 states so they can develop comprehensive sexual violence prevention strategies and build individual and sexual violence prevention system capacity for evaluation and sustainability.

Example 1: Centers for Disease Control and Prevention – RPE and EMPOWER Programs

The Centers for Disease Control (CDC) and Prevention is a national public health entity in the United States dedicated to preventing and controlling infectious and chronic diseases, injuries, workplace hazards, disabilities and environmental health threats (Centers for Disease Control and Prevention, 2010a). The organization works with state health departments and other partners to implement disease prevention strategies and maintain national health statistics. The CDC views sexual violence as a significant public health problem in the United States, and as such, believes it to be preventable. The organization has two available funding streams that aim to build and support sexual violence prevention efforts in United States: the Rape Prevention and Education (RPE) Program and the Enhancing and Making Programs and Outcomes Work to End Rape (EMPOWER II) Program. Both programs are based on a public health approach and utilization of the Ecological model in developing sexual violence primary prevention strategies.

Rape Prevention and Education Program (RPE)

The Centers for Disease Control established the Rape Prevention and Education (RPE) Program to strengthen sexual violence prevention in all of the 50 U.S. states through encouraging the development of comprehensive prevention strategies (Centers for Disease Control and Prevention, 2010a; Cox, Lang, Townsend, & Campbell, 2010a).

The CDC defines sexual violence prevention for the RPE program as “population-based and/or environmental and system-level strategies, policies, and actions that prevent sexual violence from initially occurring” (Centers for Disease Control and Prevention, 2004, p. 1).

RPE grantees were required to use the public health approach and the Ecological model as a foundation for planning, implementing and evaluating prevention activities conducted with RPE funds (Centers for Disease Control and Prevention, 2004). Specifically, available funds were intended to:

- Implement a variety of evidence-informed and culturally-relevant prevention strategies at the four levels of the Ecological model. These strategies were often developed by state health departments, rape crisis centres and state sexual assault coalitions. Activities included educational seminars, professional training, coalition building, etc. (Centers for Disease Control and Prevention, 2010a); and
- Develop a comprehensive sexual violence primary prevention plan for their state based on the principles of the public health approach and the development of strategies addressing all levels of the Ecological model (Centers for Disease Control and Prevention, 2010a).

A 2004 assessment of the RPE program conducted by the Centers for Disease Control and Prevention indicated that the sexual violence prevention field had limited capacity to implement and evaluate individual level strategies that had a reasonable chance of preventing sexual violence (Cox et al., 2010a). This was further supported in the research literature. Challenges with implementing effective individual level strategies included the following: insufficient intensity and dosage; few opportunities for participants to build skills; limited or no theoretical base; and included audiences of mixed gender. As such, the early assessment showed that these activities were insufficient to achieve the sustained behavioural change needed to prevent first-time perpetration (Cox, Ortega, Cook-Craig, & Conway, 2010b).

In addition to the findings from the individual level strategies, the assessment also showed that no primary prevention social change strategies could be identified among the state and community organizations funded by the RPE program (Cox et al., 2010b). As such, the RPE program was modified to include a greater mixture of social change elements, specifically promoting social norms that reduce the risk of sexual violence, state and community strategic planning efforts, community mobilization efforts, coalition building and policy reform. They also realized they needed to build capacity for planning and evaluation among state and community organizations supported by RPE funds, and as such, created the EMPOWER Program (Cox et al., 2010a).

Enhancing and Making Programs and Outcomes Work to End Rape (EMPOWER) Program

The EMPOWER Program was initiated in 2005 by the Centers for Disease Control and Prevention in an effort to promote the primary prevention of sexual violence (Cox et al., 2010b). The purpose of the EMPOWER Program is to build individual and prevention system capacity for sexual violence prevention and program planning in a subset of RPE grantees (Centers for Disease Control and Prevention, 2010b). A prevention system refers to the network of individuals, groups and/or organizations that have the potential to enhance the primary prevention of sexual violence.

In the EMPOWER program, individual capacity includes the knowledge, skills, resources and motivation necessary to implement, evaluate and sustain strategies that are likely

to lead to a reduction in the incidence of sexual violence (Centers for Disease Control and Prevention, 2010b). System capacity includes dimensions such as: the overall operating environment, leadership, strategic planning, human resources, and results and outcomes from the system's efforts. The state health departments that have received funding from this program are:

- Working with diverse planning teams to develop evaluation and sustainability plans;
- Implementing sexual violence prevention system capacity goals and objectives identified in their state action plans;
- Building capacity of the state as well as individual RPE funded programs to collect and utilize data; and
- Supporting the evaluation capacity of non-Empower II RPE funded states (Centers for Disease Control and Prevention, 2010a).

Through the EMPOWER Program, it is intended that RPE grantees will be able to use their enhanced individual and system capacity to pursue more complex and comprehensive prevention solutions that are in tandem with the complex, socially entrenched nature of sexual violence (Cox et al., 2010a).

Spectrum of Prevention

Similar to the Ecological Model is the Spectrum of Prevention. The Spectrum of Prevention is a systematic tool that supports the conceptualization and implementation of comprehensive primary prevention strategies. It includes six levels that can assist in advancing a community solution to sexual violence and helps people move beyond the perception that prevention is merely education (Davis, Parks, & Cohen, 2006). As sexual violence originates out of a complex interaction between individual, relationship and environmental factors, prevention requires a comprehensive prevention strategy involving multiple sectors and stakeholders (Parks et al., 2010). The Spectrum of Prevention offers a model for developing effective and sustainable prevention initiatives that have the potential to influence not only individual and relationships factors, but community environments. All levels work in tandem to produce comprehensive sexual violence prevention strategies.

The six levels are:

Levels of the Spectrum	Description
Strengthening individual knowledge and skills	Enhancing an individual’s capability of preventing sexual violence (e.g., <i>Health care practitioners engaging patients to promote healthy sexuality</i>).
Promoting community education	Reaching groups of people with information and resources in order to promote health and safety (e.g., <i>Providing community groups with information and resources for improving safety and preventing sexual violence</i>).
Educating providers	Informing providers who will transmit skills and knowledge in others (e.g., <i>Training service providers about how to engage men and boys in sexual violence prevention</i>).
Fostering coalitions and networks	Bringing together groups and individuals for broader goals and greater impact (e.g., <i>Media outlets and community organizations coming together to engage in dialogue about sexism in advertising</i>).
Changing organizational practices	Adopting regulations and norms to improve health and safety; creating new models (e.g., <i>Sports organizations requiring athletes to participate in sexual violence prevention training</i>).
Influencing policy and legislation	Developing strategies to change laws and policies in order to influence outcomes in health, education and justice (e.g., <i>Advocating for implementing healthy relationship education into national curriculum</i>).

Essentially, the Spectrum of Prevention is a model that emphasizes the inter-relatedness between levels, thereby maximizing the results of each activity and creating a more transformative force (Parks, Cohen, & Kravitz-Wirtz, 2007). This enables advocates and practitioners to maximize the result of any one prevention activity (Davis et al., 2006). This model of primary prevention is being used by the National Sexual Violence Resource Centre, a non-profit information and resource hub relating to all aspects of sexual violence.

Example 1: National Sexual Violence Resource Center

The National Sexual Violence Resource Center (NSVRC) in the U.S. was developed as the principal information and resource centre regarding all aspects of sexual violence. It collects and disseminates a wide range of resources on sexual violence, including statistics, research, statutes, training curricula, prevention initiatives and program information (Davis et al., 2006). It provides national leadership within the United States and has become critical in providing technical assistance and professional consultation to sexual violence prevention programs and allied individuals.

In 2006, the NSVRC commissioned the report: *“Sexual Violence and the Spectrum of Prevention: Towards a Community Solution”* to outline a primary prevention approach to addressing sexual violence. The document provides examples of programs and interventions targeted at each level of the spectrum. For example, in the second level of “Promoting Community Education,” the document provides information on a number of activities that enhance the dissemination of sexual violence information and resources to members of the community.

As a national resource centre for all aspects of sexual violence, promoting the Spectrum of Prevention for addressing sexual violence supports other jurisdictions to use the model as a basis for their own local sexual violence prevention efforts.

Other Models for Consideration

While the above two models (i.e., Ecological and Spectrum of Prevention) have been consistently found in the literature as the primary models applied to sexual violence prevention, other prevention areas utilized different models to help design and implement prevention strategies. The section below explores one such model as a possible alternative to the two models found in the sexual violence prevention literature due to its current use in the Alberta context.

Risk and Protective Factors Model¹⁴

In recent years, many levels of government turned their attention towards prevention as a way of containing costs associated with addressing social problems (Cooper, 2009). This desire to find solutions that reduce costs and achieve better outcomes has grown into the development of major political initiatives in jurisdictions around the world (France & Utting, 2005). Within this context “prevention science” (France & Utting, 2005, p. 79) has emerged. This approach focuses on early intervention with children and youth who may be at risk of problems later in adulthood. This model has become the dominant discourse in the area of juvenile justice, exerting a powerful influence over policy and practice in that field (O’Mahony, 2009).

Essentially, the concept of prevention science draws upon a strong base of research that proposes that preventative programs should be implemented with aims of reducing risk factors (France & Utting, 2005). This viewpoint is similar to the public health approach, which also focuses on reduction of risk to reduce poor health outcomes in a population. The model acknowledges that risk can occur in a range of areas: individual characteristics, relationships, community and systems.

While reducing risk factors is the aim of this model, it also embraces the concept of enhancing protective factors in the lives of children and youth, asserting that these must be considered in any assessment of risk (France & Utting, 2005). Protective factors are

¹⁴ In some bodies of literature, this model is also referred to as the “risk and protective factors paradigm.” (O’Mahoney, 2009).

those that influence the capacity of an individual to develop positively despite harmful environments and experiences (Edleson, 2000).

The Risk and Protective Factors Model offers itself as a practical prevention tool because risk and protection can be assessed for individuals as well as whole communities. This model is also appealing because it asserts there are many different pathways to criminality and it avoids the pitfalls of narrowly drawn theories focused solely on blaming the individual (O'Mahony, 2009).

However, this model is not without its critics. There is the argument that risk factors can be difficult to identify and measure (France & Utting, 2005). Causation among risk factors is not well understood, and there may be the possibility of stigmatization if knowledge of relevant risk factors is used to target individuals and label them as potential offenders. In addition, there is even less evidence available about protective factors and the way they mitigate social problems than there is for risk factors.

As mentioned, this model tends to be used almost exclusively within the domain of juvenile justice (O'Mahoney, 2009). No examples were found to illustrate the usage of this approach within the prevention of sexual violence. However, there are two examples within the province of Alberta where this model can be seen. The first example is the City of Calgary Family and Community Support Services (FCSS). The organization has embedded a risk and protection paradigm within its social sustainability framework (Cooper, 2009).

The second example is the Government of Alberta's Safe Communities Initiative. Through this initiative, Alberta has addressed crime reduction through a prevention, intervention and enforcement approach (Government of Alberta, 2012). In May 2011, Alberta released *The Alberta Crime Prevention Framework* (Government of Alberta, 2012, para. 4). Two main outcomes of the framework are: 1) ensuring that risk factors for criminality are reduced, and 2) strengthening protective factors to reduce/prevent criminality.

Models: Discussion

While three models were presented (Ecological Model, Spectrum of Prevention and Risk and Protective Factors Model), only two are cited in the context of primary prevention in the sexual assault literature. While the Ecological Model is referenced more frequently in the literature, the Spectrum of Prevention has been in existence for more than 30 years and has been used in many large-scale prevention efforts.

Both the Ecological Model and Spectrum of Prevention are comprehensive and frame primary prevention efforts outside the context of individual interventions. Both models also identify potential areas for primary prevention activities and emphasize the critical nature of data and evaluation. Either one of these frameworks could serve as a

foundational base for developing a comprehensive primary prevention strategy for sexual violence.

While the two models share many similarities, there are some slight differences worth mentioning. Both models emphasize the importance of data and evaluation, but the Spectrum of Prevention stresses drawing on the experience and wisdom of survivors, advocates, educators and practitioners as key data sources in the development of prevention strategies (National Sexual Violence Resource Center, 2006). It also emphasizes that, as an initiative is shaped, it is essential to identify ways of measuring and gathering input from participants and the community. In fact, the Spectrum of Prevention stresses the necessity of communities in violence prevention strategies and acknowledges that local initiatives are best positioned to respond to the needs of a specific community.

The two models also differ in the way each frames the entry points for prevention: the Spectrum of Prevention frames “norms” as the starting point for prevention activities, while the ecological model uses known risk and protective factors as the starting point. This is a subtle difference, but one that is important to note as it has implications for framing any subsequent strategy.

Researchers in sexual violence prevention have noted that “the best sexual violence prevention strategies are those that combine the socio-political analysis of the feminist anti-rape movement with the systematic approach to promoting healthy behaviour” (Lee et al., 2007, p. 15). Part of this systematic approach to promoting healthy behaviour is the emphasis on collecting and obtaining appropriate and meaningful data to inform program planning (Centers for Disease Control and Prevention, 2004). Certainly the Ecological model and public health approach to sexual violence prevention strongly promotes gathering appropriate data to fully understand the issue, as well as rigorously monitoring and assessing the effectiveness of prevention strategies through evaluation. This emphasis on data collection and rigorous evaluation is emphasized less in the Spectrum of Prevention model.

Recommendations

- 1. Ensure that any sexual violence action plan for Alberta addresses multiple points of prevention** - Regardless of which model is utilized, having prevention efforts that address individual, organizational, policy and systems levels is essential to getting at population change. No one ‘stand-alone’ strategy will achieve the kind of transformational change required.
- 2. Ensure community participation and consultation when designing a sexual violence action plan for Alberta** - The Spectrum of Prevention appears to be more aligned with participatory approaches and community building. If an ecological framework is chosen, consider employing participatory approaches

and principles for implementation. Current Centers for Disease Control and Prevention grantees are encouraged to employ an empowerment evaluation model, allowing for enhanced community participation.

- 3. Consider targeted investments to build the capacity of those entities and organizations working in the sexual violence prevention field within Alberta –** As mentioned in the overview of the Spectrum of Prevention, groups may find it difficult to apply the model without knowledge of primary prevention and environmental change concepts. Additionally, the Centers for Disease Control and Prevention found that lack of capacity was a major issue for many of its RPE funded grantees. Building the capacity of those individuals and organizations interested in undertaking sexual violence prevention work is a critical step towards achieving any kind of success.
- 4. Ensure that any sexual violence action plan for Alberta includes strategies that address societal norms in regards to sexual violence -** Norms play an important part of sexual violence prevention. Regardless of which model is applied, the importance of norms in the proliferation of sexual violence cannot be understated. Addressing norms must play a central role in any primary prevention framework.
- 5. Consider using a combination of models when developing a sexual violence action plan for Alberta -** There are strengths in both models. Using the ecological model's emphasis on data collection, addressing risk factors as the starting points for strategies, and rigorous evaluation combined with the Spectrum's emphasis on education, resources and community capacity building would allow for a greater flexibility in design.

Reviewing the Evidence: What Works in Preventing Sexual Violence?

Sexual violence prevention efforts refer to programs, strategies and policies that are implemented in order to prevent or decrease sexual violence perpetration and victimization (Pentz, 2003). One of the most pressing questions in regards to prevention efforts is, “does sexual violence prevention work?”

The literature is clear - little is known about effective primary prevention efforts. There are several reasons for this, such as the relative newness of primary prevention efforts for sexual violence, incomplete information on risk factors and associated causal pathways, the lack of adequately evaluated programs and interventions, and the overall difficulty in evaluating prevention efforts (Moloughney, 2007; WHO, 2010).

Currently, the overwhelming majority of data is from the United States (WHO, 2010). On the one hand, the lack of evidence in all countries means that the generation of research evidence and well-designed outcome evaluation procedures are not top priorities. On the other hand, prevention efforts are notoriously difficult to evaluate as longitudinal studies are required and these are difficult and costly. There is also difficulty in attributing an intervention directly to long-term change, as many factors can impact an individual over his or her life-course.

Current research suggests there are few effective sexual violence prevention efforts able to address multiple risk factors, especially those that exist at multiple levels of social ecology (i.e., individual, relationship, community and societal) (Vivolo et al., 2010). The most common prevention efforts focus on the victim, the perpetrator or the bystanders (Centers for Disease Control and Prevention, 2012). Strategies that target the victim aim to equip her/him with knowledge, awareness, or self-defence skills and are deemed “risk reduction techniques” (Centers for Disease Control and Prevention, 2012, para. 3). Strategies that target the perpetrator aim to reduce risk and enhance protective factors, reducing the likelihood that an individual will engage in sexually violent behaviour (Centers for Disease Control and Prevention, 2012). Bystander prevention strategies aim to change the social norms that support sexual violence, empowering men and women to intervene to prevent sexual violence and change the behaviours of their peers (Lee et al., 2007).

Efforts to identify common components in multilevel prevention efforts using an ecological model resulted in the identification of six components of effective multilevel prevention efforts (Casey & Lindhorst, 2009). These components are:

- **Comprehensiveness:** This is the most commonly cited requirement for successful prevention preventions, as change strategies are implemented at multiple levels of the Ecological model (Casey & Lindhorst, 2009).
- **Community engagement:** Community members (both traditional service providers and other community stakeholders) are partners in the process of identifying targets for change, as well as designing change strategies (Casey & Lindhorst, 2009).
- **Contextualized programming:** The most effective multi-level preventions account for, and emerge from, a holistic analysis of the array of community factors contributing to the issue of sexual violence (e.g., understanding the community's historical relationship to the issue, knowing the stakeholders who attempted to address the issue in the past, employing the language used by the community in reference to the issue, etc.) (Casey & Lindhorst, 2009).
- **Theory-based:** While this aspect of effective prevention is not unique to the Ecological model, most effective prevention efforts are based on a strong theoretical rationale (Casey & Lindhorst, 2009). Effective preventions are able to articulate how or why the strategy is likely to change behaviour (Nation, Keener, Wandersman & Dubois, 2005). When theory is utilized to create a prevention strategy, it requires both connecting the prevention activities to the theory about the causes or origins of the problem (Casey & Lindhorst, 2009).
- **Strength-based health promotion:** Multilevel sexual violence preventions include a dual focus on reducing risk factors as well as promoting healthy attitudes and behaviours (Casey & Lindhorst, 2009).
- **Addressing structural factors:** Multilevel sexual violence prevention efforts require attention to the underlying causes of social problems, such as social norms regarding women, violence and power, as opposed to individual behaviours (Casey & Lindhorst, 2009).

Ecological prevention models have been successfully applied in the HIV, bullying and alcohol prevention arenas (Casey & Lindhorst, 2009; Hays, Rebchook, & Kegeles, 2003; Sanchez et al., 2001). Within these fields, there is also evidence of effective multilevel prevention programs, such as Expect Respect and the MPowerment Project (Hays et al., 2003; Sanchez et al., 2001). There are opportunities to apply the learning from these fields to sexual violence prevention efforts, especially as the sexual violence field moves towards adopting multi-levelled approaches (Casey & Lindhorst, 2009; Vivolo et al., 2010).

The concept of “**best available research**” (McCall, 2009, p. 6 emphasis) means acknowledging the research that exists in a given area, regardless of the methodological limitations, and relative certainty of the available evidence. There are several reasons why utilizing the concept of best available research makes an appealing alternative to more traditional approaches of viewing preventions as either evidence-based or not. These reasons include:

1. Experts in a subject area are not always in agreement with each other on the 'evidence' (Elliott & Mihalic, 2004);
2. Policy makers often need to decide immediately on which strategies to invest in, and cannot wait for consensus (McCall, 2009); and
3. Even those preventions that demonstrate high effectiveness and have rigorous research designs are often not prepared to be delivered on a wide scale (Elliott & Mihalic, 2004).

Best available research essentially means exploring and presenting alternative approaches to summarizing actionable knowledge from research for use by policymakers and practitioners (McCall, 2009). Within the sexual violence prevention field, the concept of best available research is extremely useful, as many prevention efforts (such as community-based prevention) lack the body of evidence demonstrating "evidence." What does exist, however, are community evaluations and research reports demonstrating their potential as future effective sexual violence prevention. As sexual violence prevention is just beginning to amass evidence on effective prevention efforts, practitioners and policy makers need the best available research in order to support developing and implementing sexual violence prevention.

Elements of Effective and Promising Sexual Violence Prevention Programs¹⁵

What makes a program effective? The WHO (2010) asserts that effectiveness can only be demonstrated by using rigorous research designs, most often in the form of a randomized-control trial or quasi-experimental design. Anything less, such as qualitative approaches, is considered interesting but not helpful in determining the effectiveness of a program.

Generally, **evidence-based programs** are those that are well-defined and have demonstrated their efficacy through rigorous, peer-reviewed evaluations and have been endorsed by government agencies and well-respected research organizations (Small, Cooney & O'Connor, 2009). This differs from **evidence-based practice**, which is generally understood to be the integration of the best available research evidence with clinical expertise and client values. They tend to be practices used with individual clients as opposed to being components of the larger program.

Promising practices have also been identified in the research, although the criteria for "promising" differs, based on the author(s). Generally, programs and initiatives are considered promising if there is emergent evidence of their effectiveness showing minimally positive changes in knowledge or attitudes (WHO, 2010). Other entities

¹⁵ For the purposes of this paper, programs refer to clinical and/or educational interventions that are provided to an individual(s). Initiatives refer to those interventions that utilize more than one form of intervention and work at practice, system and policy levels to achieve large scale change. Most of what is known about what works in sexual violence prevention refers to programs (not initiatives).

suggest a series of guiding principles for promising practices that include: being based on a gendered or human rights approach; having clear objectives and evaluation processes in place; being sustainable and replicable; and promoting community ownership and partnership (End Violence Against Women Coalition, 2011).

Researchers have begun to put forward elements that are perceived to make up successful sexual violence prevention programs (Casey & Lindhorst, 2009; Russell, 2008; Vivolo et al., 2010). In general, elements that are part of successful programs¹⁶:

1. Are based on an ecological model and are multileveled (Casey & Lindhorst, 2009; Russell, 2008);
2. Are theory-driven (Casey & Lindhorst, 2009; Russell, 2008; Vivolo et al., 2010);
3. Include research and evaluation (Russell, 2008; WHO, 2010);
4. Foster networks and partnerships (e.g., are linked with other programs and community activities that support the development and achievement of common goals) (Lee et al., 2007; Russell, 2008);
5. Have a community approach (Casey & Lindhorst, 2009; End Violence Against Women Coalition, 2011; Lee et al., 2007; Russell, 2008);
6. Are well resourced (Russell, 2008);
7. Are tailored to the specific audience (Casey & Lindhorst, 2009; Russell, 2008);
8. Are equipped to deal with disclosure (Russell, 2008; Urbis Keys and Young, 2004);
9. Promote healthy and positive behaviours (Keel, 2005; Russell, 2008);
10. Are comprehensive (Casey & Lindhorst, 2009; Russell, 2008); and
11. Challenge cultural norms (Parks et al., 2010; Russell, 2008).

In a 2004 review of evidence-based sexual assault prevention programs, authors found that the majority of the prevention programs reviewed did not clearly rely on a theory-based foundation (Morrison, Hardison, Mathew, & O'Neil, 2004). Furthermore, most reviewed programs had tremendous variability in the mode of presentation and length of intervention, included a wide range of curriculum components, tended to be out of date with current research, and over-emphasized content. These findings indicate that the need for proper program design and rigorous evaluation is critical if the sexual violence prevention field is to make inroads on preventing perpetration and reducing victimization.

¹⁶ While the literature cited above specifies 11 elements for effective *programs*, there is reason to believe that these same 11 criteria would also apply to initiatives.

Sexual Violence Prevention Efforts: Best Available Research

Most sexual violence prevention efforts have focused on secondary and tertiary prevention among victims, resulting in a limited evidence base to support an understanding of effective practices in sexual violence primary prevention (End Violence Against Women Coalition, 2011; Morrison et al., 2004; WHO, 2010). Most of what has been evaluated are preventions targeting proximal risk factors – primarily at the individual and relationship levels (WHO, 2010). Generally, primary prevention programs and initiatives are intended to introduce new values, thinking processes and relationship skills to particular population groups that are incompatible with violence and promote the concept of healthy non-violent relationships (Wolfe & Jaffe, 2003).

There have been efforts to identify large scale effective sexual violence prevention (WHO, 2010). These promising preventions include:

- Skill building through reproductive health promotion. This includes a gender-based approach and prevention of violence;
- Programs that work with families to positively support children’s developmental stages;
- Work at the community level with men to change concepts of masculinity; and
- Work in school environments to deliver education-based programs to school-aged children and youth.

Sexual violence prevention can occur across the life stages, from infancy through to late adulthood (WHO, 2010). A starting point for prevention is deciding on the target age and the best venue for delivering the preventions (Wolfe & Jaffe, 2003). For example, most child and adolescent programs are designed for a school (classroom) setting, whereas adult prevention efforts tend to utilize mass media through public awareness campaigns to challenge myths, attitudes and behaviours that support or condone sexual violence (End Violence Against Women Coalition, 2011; Wolfe & Jaffe, 2003).

Gender may be another consideration in sexual violence prevention strategies, as those that target men typically have different goals than those targeting women (Morrison et al., 2004; Wolfe & Jaffe, 2003). Strategies that target men typically strive to prevent perpetration, although more recent efforts have begun to engage men as allies (Morrison et al., 2004; Russell, 2008). Sexual violence prevention strategies that target women have tended to strive to reduce risk (Morrison et al., 2004).

Of the sparse evidence available in the field of sexual violence prevention, the vast majority supports programmatic preventions at the individual level (WHO, 2010). There is even less evidence that focuses on successful preventions that address peer and community-level risk factors (Casey & Lindhorst, 2009; WHO, 2010). Many organizations are attempting to disseminate the best available research from creative and innovative community practices that may, indeed, be promising in preventing sexual violence (End

Violence Against Women Coalition, 2011). Comprehensive community strategies are designed to effect social change by creating an enabling environment for changing individual attitudes and behaviour (WHO, 2007). Community mobilization emphasizes the role of individuals as agents of change, rather than as passive program recipients. The priority here is on community ownership and leadership of the change process.

In the review of the literature, the three most common sites for sexual violence prevention have been schools, the community and the media (through public awareness) (End Violence Against Women Coalition, 2011; WHO, 2010). School-based educational sessions are the most commonly recognized form of sexual violence prevention interventions, and there are a wide range of curricula used (Lee et al., 2007). There are many good reasons why school-based education is popular as a prevention intervention. Some of the reasons include:

- They generally have the strongest evidence of effectiveness (compared to the limited evidence seen with other types of prevention activities) (WHO, 2010);
- They target a population at the stage of the life cycle when the risk of perpetration or victimization is high (Wolfe & Jaffe, 2003); and
- They are part of the daily routines of most young people, enabling such programs to be delivered in a context in which the promotion of respectful, non-violent relationships can be normalized (VicHealth, 2007).

It is widely acknowledged that schools are an ideal place in which to introduce primary prevention programming. This allows for a wide range of children to be included and offers a stable environment for instruction (Wolfe & Jaffe, 2003). The goal of primary prevention school-based education sessions are to improve knowledge, attitudes and skills that correspond to the origins of sexual violence (i.e., social norms supportive of sexual violence), build skills for respectful interactions and empower participants to be change agents (Casey & Lindhorst, 2009).

Overall, education prevention activities tend to target children and youth, while community and media/public awareness prevention and intervention efforts tend to target adults. In some areas, policy and legislation have also been used to prevent sexual violence. Considering that sexual violence prevention occurs across the lifespan, the following section will explore effective and/or promising preventions within a lifespan approach. Table 3 on page 56 presents a summary of the prevention efforts at various stages in the lifespan.

Infancy and Childhood

The high rates of child sexual abuse for both males and females, including very young children, have resulted in a proliferation of sexual abuse prevention programs and initiatives (Tutty et al., 2005). Considering that childhood exposure to sexual abuse and other forms of maltreatment is a significant risk factor for both adult sexual violence perpetration and victimization, it is reasonable to assume the prevention of child sexual

abuse and maltreatment could potentially lead to a significant reduction in subsequent sexual violence (WHO, 2010).

Home-Based Preventions to Prevent Child Maltreatment and Abuse

Home visitation programs are presented here as being within the community site of delivery, as they occur within home settings by community professionals (i.e., nurses, social workers and paraprofessionals). Research has demonstrated the effectiveness of home visitation in the prevention of child abuse and neglect (Bilukha et al., 2005; Donelan-McCall, Eckenrode, & Olds, 2009; Howard & Brooks-Gunn, 2009), and has been cited as one of the most promising strategies for preventing child maltreatment and abuse (WHO, 2010).

Home visitation programming has been used to improve child development outcomes, and is most often used with high-risk families with children between ages 0-3 years (Cooper, 2009). Generally, home visitation refers to comprehensive, stand alone programs or to occasional, semi-structured visits to the homes of program participants to supplement other programming. Home visitation programs offer one-on-one support directly to the family via visits from a professional (such as a nurse or social worker), paraprofessional or lay visitor on the well-founded assumption that improvements in parenting and home life will contribute to better health and developmental outcomes for children (Bilukha et al., 2005).

The Nurse-Family Partnership Program is an example of an effective home visitation program that, through multiple randomized controlled trials, has proven effective in reducing child maltreatment and abuse (Olds et al., 2011). The Nurse-Family Partnership Program began in New York in 1977 (Donelan-McCall et al., 2009). It is considered to be the well-developed home visiting program in the United States (Howard & Brooks-Gunn, 2009). This is a voluntary program for pregnant, low-income women having first births, and enrolled before the 28th week of gestation. Home visits continue through the child's second birthday. Nurses are used to provide the services, due to their formal training in health care and their corresponding ability to address mothers' and family members' concerns about the complications of pregnancy, labour and delivery, as well as the physical health of the infant (Donelan-McCall et al., 2009).

This program is grounded in epidemiology and theories of human ecology and attachment (Donelan-McCall et al., 2009). This program has been well-evaluated, with three large randomized controlled trials conducted in addition to a 15-year follow-up to the original 1977 group of participants. In all studies, the program was found to positively affect a range of risk factors associated with child maltreatment and children's general health and well-being. In the 15-year follow-up study, a 48 per cent decline in rates of child abuse and neglect was found. Additionally, in a 2011 study, rates of domestic violence were found to be reduced by 37 per cent compared to the control group (Olds et al., 2011).

According to the Pew Center on the States (2010), evidence-based home visitation programs consist of the following:

- They employ professional staff such as nurses or social workers;
- They are associated with a national organization or institution of higher education that has comprehensive home visitation standards that ensure high quality service delivery and continuous program quality improvement; and
- They demonstrate fidelity to a home visitation model that:
 - Has been in existence for at least three years;
 - Has been evaluated using a well-designed and rigorous randomized controlled trial (RCT) that has been published in a peer-reviewed journal;
 - Has been shown in one or more RCT evaluations to have sustained outcomes related to a reduction in child abuse and intimate partner violence.

While there are many models of home visitation, they are not all equally effective. Unfortunately, positive results from one model are often used as justification to implement a variety of other home visitation programming that may not be evidence-based (Cooper, 2009).

School-based Education Programs to Prevent Sexual Abuse

The majority of childhood sexual abuse prevention efforts are those that are school-based (Calgary Communities Against Sexual Abuse, 2010; Tutty et al., 2005). These types of prevention interventions began in the late 1970's when the public became increasingly aware of the extent of the issue (Tutty et al., 2005). School-based programs begin in the early school years, such as preschool and kindergarten, and extend upwards to early grade school (e.g., grade 3) (Calgary Community Against Sexual Abuse, 2010; Tutty et al., 2005). These programs focus on developing the knowledge and skills of young children by teaching them to recognize and avoid potentially abusive situations (WHO, 2010).

While most child sexual abuse programs share certain elements in common, there are several elements identified as necessary for a program to be considered comprehensive (Tutty et al., 2005). They are:

- Content which includes information about sexual abuse; bullies; good, bad and confusing touches; incest; screaming and yelling to attract attention; and telling an adult whom they trust;
- Content that emphasizes that children are never to blame for the abuse – the perpetrator is always responsible, never the child;
- A chance to practice skills in class;
- Information to take home;
- Meeting with parents; and

- Repetition of material over more than a single day.

Research in the area of school-based sexual abuse programs demonstrates that while these programs are effective at strengthening knowledge and protective behaviours against this type of abuse, evidence showing that these programs reduce rates of child sexual abuse is lacking (WHO, 2010). While there is currently not any one program recognized in the literature as a model program in the area of child sexual abuse prevention, there are a number of programs that are promising, such as *Talking About Touching* and *Good Touch/Bad Touch* (Calgary Communities Against Sexual Abuse, 2010; Tutty et al., 2005).

Early Adolescence

Researchers and practitioners emphasize that violence prevention efforts need to begin sooner than late adolescence. Increasingly, evidence shows that students in younger grades are important points of primary prevention for bullying, sexual harassment and healthy relationship programming (Taylor, Stein & Burden, 2010; Tutty et al., 2005).

School-based Education Programs to Prevent Bullying

There are a number of studies that have explored the notion that bullying may be a precursor to sexual violence perpetration (Espelage, Basile & Hamburger, 2012). For this reason, rape prevention educators have increasingly focused on including bullying prevention components for elementary and middle school-age children (WHO, 2010). Studies have shown that youth who engage in bullying also engage in sexual harassment (Espelage et al., 2012).

Research also shows that some school-based bullying prevention programs can be effective in preventing bullying behaviours. With a few notable exceptions, most evaluations of bullying prevention programs have reported some measure of success in increasing knowledge and/or decreasing violence at the school (Tutty et al., 2005).

Perhaps the most well-known bullying prevention program is the *Olweus Bullying Prevention Program*, a universal intervention for the reduction and prevention of bully/victim problems. Evaluations of the program have shown: substantial reductions in both boys and girls reports of bullying and victimization; reduction in reports of general anti-social behaviour, such as vandalism and fighting; and, significant improvements in the social climate of the class (Center for the Study and Prevention of Violence, 1999).

More recently, school-based violence prevention efforts (i.e., bullying prevention programs) have increasingly focused on the need for a *whole-school approach*. Whole-school approaches, or multi-component violence prevention programs as they are sometimes known, have multiple components that operate simultaneously across the school environment (Smith, Schneider, Smith & Ananiadou, 2004). Whole school approaches generally include the following components:

- Programs occur across the curriculum (both teaching and learning);
- They operate across school policy and practices;
- They are embedded in school culture;
- Involve the school, community and the home environments;
- Ensure a comprehensive curriculum; and
- Have specialized training and resources for teachers and support staff (State of Victoria, 2009).

Evaluations of whole-school approaches/multi-component programs tend to show they are more effective than single programs operating in isolation (Smith et al., 2004; State of Victoria, 2009). Studies in this area have estimated that, on average, universal multi-component programs reduced bullying violence by 15 per cent in schools that delivered the program compared to those that did not (WHO, 2010).

School-Based Education Programs to Prevent Sexual Harassment

Prevention programs to address sexual harassment can start as early as grade five, although the majority are offered to older students (Tutty et al., 2005). The objectives in sexual harassment programming generally aim to:

- increase knowledge of what sexual harassment is;
- increase knowledge of how it impacts the individuals and school community;
- understand the attitudes and dynamics that support sexual violence; and
- develop skills and strategies to deal with it when it happens (Tutty et al, 2005).

Again, whole school approaches that address the wider school culture, provide staff training, and have written policies to deal with sexual harassment situations are more promising than stand-alone interventions. However, very few sexual harassment prevention programs have been evaluated (Tutty et al., 2005). Those that have been evaluated showed mixed or disappointing results (Taylor, Stein, & Burden, 2010).

One example of a promising initiative that utilizes a whole-school/multifaceted approach is the *Washington Middle School Project* in Seattle, Washington (Lee et al., 2007). This initiative engaged students, school staff and parents in separate but coordinated efforts to prevent sexual harassment. Some of the activities utilized were: multiple classes on life skills; revisions of school policies to address sexual harassment; additional training for school staff; creation of an anonymous reporting system; and the use of peer educators.

School-Based Education Programs to Prevent Sexual Exploitation

Prevention is recognized as one of the major elements for combating human trafficking for sexual exploitation around the globe (e.g., Feldman, 2011[US]; Government of Canada, 2012; International Centre for Criminal Law Reform and Criminal Justice Policy, 2011; Swedish Institute, 2010; United Nations, 2000). The Standing Committee on the

Status of Women produced a report with a specific focus on addressing human trafficking for the purposes of sexual exploitation in Canada, including a broad set of recommendations for prevention (Ratansi, 2007).

While there are many policy and public awareness initiatives to combat this form of sexual violence (see section on Adulthood), there are very few promising programs identified in the literature. Van der Lann, Smit, Busschers, and Aarten (2011) conducted a systemic review of 144 studies that focused on prevention of cross-border trafficking for the purpose of sexual exploitation and found that none of the studies had a controlled design; for this reason “no conclusions could be drawn on the effectiveness of anti-THB [trafficking in human beings] intervention strategies for preventing and reducing sexual exploitation” (p.6).

One example of a promising program is *The Prevention Education Programme (PEP) on Child Sexual Exploitation*, delivered in London (UK) between 2005 and 2007. Quantitative and qualitative data were collected from: 135 pre- and post-training questionnaires completed by professionals; 561 post-delivery questionnaires completed by pupil focus groups with 105 children and 20 professionals; and follow up interviews with 17 young people (Skidmore & Robinson, 2007). Findings showed that professionals improved their knowledge of child sexual exploitation and students had a good understanding of the risks of sexual exploitation, could explain the impacts of sexual exploitation and gained more “confidence to avoid sexually exploitive situations” (p. 6). A small sample of follow-up interviews showed there was a long-term impact on participants’ attitudes towards sexual exploitation (Skidmore & Robinson, 2007).

Adolescence and Early Adulthood

The majority of preventions focus on adolescent and early adult populations (e.g., college and university students) (Morrison et al., 2004). Research suggests adolescence offers a unique window of opportunity for prevention efforts, and that the early adult years are critical periods of transition (Wolfe & Jaffe, 2003). Most studies in this area examine the victimization of college-aged women, and as such, there is a critical gap in research targeting sexual violence prevention programs specifically addressing prevention programs geared to adolescents (Adair, 2006).

School-Based Education Programs to Prevent Dating Violence (Adolescence)

School-based dating violence prevention programs have been the most evaluated of all prevention programs (WHO, 2010), with sexual assault prevention sometimes incorporated into dating violence programs (Tutty et al., 2005). Primary prevention programming delivered to high school students often involves activities aimed at increasing awareness and dispelling myths about relationship violence and sexual assault (Wolfe & Jaffe, 2003). Many prevention programs include youth-initiated prevention activities such as drama productions, social awareness campaigns targeted to students, and peer educators who deliver educational sessions to other students (Lee et al., 2007).

One of the most well-evaluated dating violence prevention programs is *Safe Dates* (WHO, 2010). The program has shown to significantly reduce psychological, moderate physical and sexual dating violence perpetration (Foshee et al., 2005). *Safe Dates* has been shown to have both primary and secondary prevention effects, and is equally effective for both male and female students (WHO, 2010).

Another well-evaluated program for preventing dating violence is the *Fourth R: Skills for Youth Relationships* (WHO, 2010). Outcome evaluations of the program have shown lower rates of physical violence in the program group, as well as acquisition in healthy non-violent relationship skills (Wolfe et al., 2009). The Fourth R has been adopted by the Alaska Network on Domestic Violence and Sexual Violence as a strategy in their Pathways to Prevent Domestic Violence plan for 2010 – 2016 (Alaska Network on Domestic Violence & Sexual Assault, 2010). In addition to the program being rolled out across several provinces in Canada, the Alberta Ministry of Human Services has also moved forward with scaling up the implementation of the Fourth R across 11 school jurisdictions in the province.

School-Based Education Programs to Promote Healthy Sexuality (Sexual Education Programs)

A growing number of researchers are suggesting that positively-framed approaches that specifically promote consensual and ethical sex may be more effective in preventing sexual violence than generic programs that promote healthy relationships and anti-violence programs (Carmody, 2009; Keel, 2005; Mallet & Herbe, 2011; Powell, 2007).

Researchers are increasingly looking towards the integration of sexuality education and sexual assault prevention education (Carmody, 2009). International research supports a shift in approaching sexual violence prevention education that has closer links to positive sexuality education. These areas have traditionally been developed separately, and offered by different groups of professionals with little cross-over in message and approach (Powell, 2007). In her research, Moira Carmody (2009) finds that many young people are not being adequately prepared by existing sexual health programs to deal with the relationship issues that emerge with their developing sexuality, such as issues of consent and conflict and negotiation of their own and their partner's sexual needs and desires. Other studies show that both young women and men value and need broader information and discussion around the social aspects of negotiating sex and consent (Powell, 2007).

Studies that examined sexuality education and sexual violence prevention assert that such programming must be delivered in a way that is relevant to young people's everyday lived experience and must incorporate real-life stories and scenarios that young people can relate to (Powell, 2007). Young people should be encouraged to be developing a healthy, positive sexual identity, or "ethical sexuality" (Carmody, 2009) through discussions of the real-life complexities of safe sexual decision-making and consensual sexual practices (Powell, 2007).

There are two promising programs in this area, both from Australia. The first is the *Sexual Ethics Program*, developed by Moira Carmody (Russell, 2008). This program draws on research and best practice knowledge from both sexual health/sexuality and violence prevention fields, and is aimed at youth aged 16-24 years of age. The program is based on a sexual ethics framework that is not prescriptive, but rather seeks to support young people in exploring how they can behave ethically in any situation. It is also based on the assumption that young people can be ethical in their sexual relating, and includes information from young people about what it is they really want to learn about. Preliminary research shows participants have increased confidence in their own ability to articulate their needs, understand their partner's needs, increased knowledge of sexual assault, and increased willingness to not only intervene in risky situations, but also have the skills to do so (State of Victoria, 2009).

ShineSA is another program that combines sexual health and positive relationship education and is considered to be a benchmark program in Australia (Powell, 2007). The program aims to improve sexual health, wellbeing and safety of young people in educational settings. The program goes beyond focusing on the physiology and biology of sexual health and relations and offers knowledge, skills and confidence so that students can make informed decisions about their sexual health and the relationships they will form. The program encourages communication with parents and/or caregivers.

There are a number of elements that make this program particularly promising. It utilizes a whole-school approach, includes a comprehensive relationship and sexual health curriculum, utilizes current research to update the program design, and incorporates peer education and support in the model.

Community-Based Approaches to Prevention of Sexual Violence (Adolescence)

Community-based approaches to sexual violence prevention targeted to adolescents are much less common than school-based prevention programs. However, they are important as critiques of school-based programs often point out that youth not engaged in the regular education system are precluded from school-based efforts (Adair, 2006). While there were few North American examples of community-based approaches to sexual violence prevention for adolescents, there are some promising international examples of this approach being used.

An example of a promising community-based approach is *Young Men's Camp* in the Philippines, a preventative program (a three-day activity) for boys and young men that aims to change their sexual attitudes and behaviours in order to decrease trafficking for sexual exploitation (Balanon & Barrameda, 2007). Also, train-the-trainer workshops prepare facilitators from selected graduates. To enhance the success of the Young Men's Camps, some built-in processes and structures were used to draw out lessons and insights of the camp experience. One such mechanism was the camp assessment. Within the three-year period, two overall camp assessments were conducted.

Additionally, “pre- and post-test assessments were conducted for every camp held to assess changes in knowledge and perceptions among camp graduates” (Balanon & Barrameda, 2007, p. 48).

Results showed an immediate impact on participants related to the increased awareness and knowledge about prostitution and trafficking, changes in attitude and behaviour towards women and men, as well as increased understanding of the role men can play in combating the issues of trafficking and prostitution (Balanon & Barrameda, 2007).

Media and/or Public Awareness to Prevent Sexual Violence (Adolescence)

Social marketing campaigns draw upon marketing research and behaviour change theory to build awareness and shift people’s behaviours (Lee et al., 2007). There are few examples of effective media and/or public awareness campaigns aimed at adolescents; however, California’s *MyStrength Campaign* is one promising approach to how this prevention intervention could be utilized for this target group.

California’s Coalition Against Sexual Assault developed a comprehensive integrated social marketing campaign to prevent perpetration of sexual violence through the use of Men Can Stop Rape’s “*Strength Campaign*” (Lee et al., 2007, p. 19). Focus groups were held with a diverse group of young men aged 14-18 to determine the best images to use to form a California-specific campaign that repositions the concept of male strength to motivate, encourage and enable young men to take action to prevent sexual violence (Lee et al., 2007). In addition to the usual tactics of radio ads, billboards and transit ads, this campaign simultaneously included three young men travelling through California as ambassadors of the campaign, a community launch event, and a 16-session club for young men to explore how to prevent sexual violence. Evaluation results showed significant increases in self-reported ability to take action to interrupt sexual harassment (Lee et al., 2007).

School-Based Education Programs to Prevent Sexual Violence (Young Adulthood)

Older adolescents and young adults are at significantly high risk of sexual violence perpetration and victimization (Brennan & Taylor-Butts, 2008; Morrison et al., 2004). Studies show that college women are three times more likely to experience sexual assault than the general population (Rich, Utley, Janke, & Moldoveanu, 2010) with other studies showing that 20-25 per cent of college women have experienced completed or attempted rape during the college years (Morrison et al., 2004).

In the United States, the majority of sexual violence primary prevention programs are focused on college students (Morrison et al., 2004; WHO, 2010). Legislation in the United States has mandated rape prevention and education on college and university campuses that receive federal funding, and as a result, many universities established such programs (Morrison et al., 2004).

These programs address sexual violence by strangers, acquaintances and non-intimate dating partners, and vary in their implementation and measures of effectiveness (Morrison et al., 2004; WHO, 2010). Systematic reviews on sexual assault education programs for college students have found little evidence of the effectiveness of such programs in preventing sexual assaults (Rich et al., 2010; WHO, 2010). Critics of these programs point out that most of the programs focus on rape avoidance strategies and teach women to act assertively and be aware of their surroundings (Rich et al., 2010). Programs that teach women self-defence techniques are of questionable value, and may even be potentially harmful in some contexts (WHO, 2010).

Engaging bystanders is another promising prevention strategy, which can be offered through school-based educational settings or community-based settings (End Violence Against Women Coalition, 2011). One promising school-based program is the *Bringing in the Bystander Program*, which attempts to promote pro-social bystander behaviour by educating participants about how they can aid in preventing sexual violence (Banyard, Eckstein, & Moynihan, 2010). The program promotes attitude and behaviour changes in individuals, who are then empowered to contribute to community changes and shifts in community norms. This differs from other prevention programs, as it does not address men as potential perpetrators and women as potential victims (Banyard, Plante, & Moynihan, 2004). Positive changes in knowledge, attitudes, and behaviours were achieved, with evaluations finding significant increases in pro-social bystander attitudes, increased bystander efficacy and increases in self-reported bystander behaviours (Banyard et al., 2010).

Community-Based Programs to Prevent Sexual Violence (Young Adulthood)

Community-based programs for preventing sexual violence are growing in popularity, although very few have been evaluated (WHO, 2010). There are increasing efforts by organizations to collect and disseminate information about these types of prevention activities (End Violence Against Women Coalition, 2011).

One example of a promising community-based program to prevent sexual exploitation is *Eaves* from the UK (End Violence Against Women Coalition, 2011). This group works with young men in a community-based youth centre to explore and challenge attitudes and beliefs around prostitution. *Eaves* piloted prevention work with young men aged 16-24 to discuss and challenge personal and community views on prostitution, while simultaneously taking a broader look at how the young men view women and girls in general. Facilitators frame discussions around the themes of gender equality and human rights, although young men themselves lead the conversation.

Adulthood

Sexual violence prevention interventions aimed at adults tend to be comprised of media and/or public awareness campaigns, with only a few promising community-based approaches. In both cases, lack of evaluation information makes it difficult to assess if changes actually occur (WHO, 2010).

Education-Based Approaches to Preventing Sexual Violence in Adulthood

Most of the education-based approaches to preventing sexual violence in adulthood are those that seek to build the capacity of a certain group or profession (e.g., doctors, nurses, journalists) to be more knowledgeable about selected issues of sexual violence. These education sessions take place in workplaces or online in order to reach the target audience.

One promising approach being implemented within Canada is *Our Selves, Our Daughters*, a Winnipeg-based program for service providers and health professionals so they can then educate and support women affected by FGM and prevent their daughters from mutilation (Daniel, Denetto, Migliardi, & Plenert, 2011). Evaluation of the program showed increased awareness on harmful traditional practices, the negative health consequences of FGM and readiness to go to the doctor (Daniel et al., 2011). A majority of nursing students and service providers found the workshops helpful, and showed increased knowledge and impact of FGM, greater cultural competence and readiness to use the knowledge they gained (Daniel et al., 2011). A manual is being produced for service providers addressing health education with newcomer women addressing FGM.

Community-Based Programs to Prevent Sexual Violence in Adulthood

Several prominent groups working in the area of sexual violence prevention indicate the need for community-based sexual violence prevention initiatives (Casey, n.d.). These types of initiatives engage community members in an effort to mobilize resources, build community capacity to respond to sexual violence and change community norms. Very little information is available on community-based/mobilization approaches to preventing sexual violence (End Violence Against Women, 2011). However, these approaches have been used more extensively in other fields, such as HIV prevention and substance abuse prevention, and as a result, there is a great deal more literature on evidence-based prevention efforts in these areas (Casey, n.d.; Casey & Lindhorst, 2009; WHO, 2010).

One example of a promising community-based approach is *FORWARD*, an organization supporting community development efforts to prevent female genital mutilation (End Violence Against Women Coalition, 2011). This initiative seeks to prevent FGM through engaging people in the community, identifying FGM as a violation of girl's and women's rights and to encourage them to speak out, thereby transforming the norms associated with this practice. The idea and design of the project came from a group of women from the African community, specifically Somali and Sudanese. Four main strategies are used: inform health care and other service providers on harmful traditional practices and negative health consequences of FGM; engage with the affected communities; focus on engaging with women in the community; and empower mothers to address FGM as a child protection issue.

Media and/or Public Awareness Approaches to Preventing Sexual Violence in Adulthood

Media and/or public awareness approaches are popular prevention approaches and have been used to address smoking, HIV, drunk-driving, domestic violence, and a host of other issues. These types of initiatives have also been used in sexual violence prevention efforts. Rape Crisis Scotland developed two sexual violence prevention campaigns that have proven promising: The “*This Is Not An Invitation to Rape Me*” campaign and “*Not Ever*” campaign were comprised of a range of images and supportive material which were displayed on billboards and newspapers. “*Not Ever*” consisted of television advertisements which were then downloadable on YouTube. The materials were used in Glasgow high schools as a prompt for discussion amongst students. Both campaigns questioned commonly held attitudes towards rape and focused on perpetrators of rape. The most contentious aspect of the campaigns was the poster depicting rape in marriage, which was tailored to reflect the fact that many people believe that entering into a committed relationship means giving up the right to refuse sex. Evaluation of this campaign show that 81 per cent of those who saw the campaign interpreted the messages “correctly” – the way that Rape Crisis Scotland Intended (End Violence Against Women Coalition, 2011, p. 45), and a significant number of individuals (more than 20,000) took extra steps to access the additional information offered by visiting the campaign website.

Other Primary Prevention Opportunities

Some of the literature reviewed presented possible avenues for sexual violence prevention efforts, some of which are deemed to be more promising than others (Russell, 2008; WHO, 2010). Two of the most promising possibilities are presented below in further detail.

Sexual Violence Prevention Targeting Alcohol Misuse

The literature suggests that strategies to reduce alcohol misuse may comprise an important component of violence prevention (Krebs et al., 2009; WHO, 2007; WHO, 2010). England is one of the countries that continues to develop and implement a variety of educational programs focusing on the association between alcohol and different types of violence. The *Stella Project* is a partnership between the Greater London Domestic Violence Project and the Greater London Alcohol and Drug Alliance that started in 2003. “As the leading agency addressing drug and alcohol related domestic and sexual violence, the *Stella Project* works for positive, sustained improvement in the way services are delivered to survivors, their children and perpetrators of domestic and sexual violence affected by problematic substance use” (Against Violence and Abuse, 2011, para. 1). The *Stella Project* activities include comprehensive training on violence against women, substance abuse and mental health to professional’s in the drug and alcohol field, supporting the development of safe and effective responses within drug and alcohol agencies, and providing resources, and organizing networking events and campaigns (Against Violence and Abuse, 2011).

Engaging Men and Boys in Sexual Violence Prevention

The field of sexual violence prevention is starting to shift attention to include practices that address the role of men (Fabiano, Perkins, Berkowitz, Linkenback & Stark, 2003).

While there is a growing trend toward sexual assault prevention strategies aimed at men, research in this area shows that college men are disinterested in prevention programs and do not see the relevance to their own lives (Rich et al., 2010).

To date, most interventions targeting men have largely been educational in nature, aimed at increasing their capacity to develop skills and engage in behaviours that are likely to reduce the incidence of sexual assault (Fabiano et al., 2003). While there is interest in environmental interventions that address the broader context in which sexual assault occurs, few have focused on enhancing the cultural norms that support men and boys to take action to prevent sexual violence. There are some promising approaches such as Men as Allies (Hillenbrand-Gunn, Heppner, Mauch, & Park, 2010) and Mentors in Violence Prevention (Lee et al., 2007). However, more research is required as to how men and boys can be engaged in sexual violence primary prevention.

On the following page a summary table of all reviewed prevention efforts across the lifespan is presented.

Table 3. Summary of Prevention Efforts Across the Lifespan

Stage of Lifespan	Area of Delivery	Issue Being Addressed	Evidence-based (Evidence-based ¹⁷ , promising ¹⁸ or best available research ¹⁹)
Infancy and Childhood	Home-based	Child Abuse and Maltreatment	Evidence-based e.g., Nurse-Family Partnership
	School-based	Child Sexual Abuse	Promising e.g., Good Touch/Bad Touch
Early Adolescence (Late Elementary/Middle School)	School-based	Bullying	Evidence-based e.g., Olweus Bullying Prevention Program, Whole school approaches to bullying
		Sexual Harassment	Best Available Research e.g., Washington Middle School Project
		Sexual Exploitation	Best Available Research e.g., The Prevention Education Program on Child Sexual Exploitation
Adolescence (Junior High to Senior High)	School-based	Dating Violence	Evidence-Based e.g., Safe Dates, Fourth R: Skills for Youth Relationships
		Promoting Healthy Sexuality	Promising e.g., Sex and Ethics and ShineSA
	Community-based	Sexual Exploitation and Trafficking	Best Available Research e.g., Young Men’s Camp
	Media/Public Awareness	Sexual Assault	Promising My Strength Campaign
Early Adulthood	School-based	Sexual Assault	Promising e.g., Bringing in the Bystander
	Community-based	Sexual Exploitation	Best Available Research e.g., EAVES

¹⁷ **Evidence-based programs** are those that are well-defined and have demonstrated their efficacy through rigorous, peer-reviewed evaluations and have been endorsed by government agencies and well-respected research organizations (Small, Cooney, & O’Connor, 2009).

¹⁸ **Promising Practices** are those programs and initiatives where emergent evidence of their effectiveness shows minimally positive changes in knowledge or attitudes (WHO, 2010).

¹⁹ **Best available research** is where research knowledge that exists in a given area is acknowledged, regardless of the methodological limitations and relative certainty of the available evidence.

Stage of Lifespan	Area of Delivery	Issue Being Addressed	Evidence-based (Evidence-based ²⁰ , promising ²¹ or best available research ²²)
Adulthood	Education-based Outside of Schools	Sex Trafficking	Promising e.g., Human Trafficking: Canada is not Immune
		Female Genital Mutilation (FGM)	Promising e.g., Our Selves, Our Daughters
	Community- based	FGM	Best Available Research e.g., FORWARD
		Sexual Violence Within Intimate Partner Relationships	Best Available Research e.g., La Vida
	Media/Public Awareness	Sexual Assault	Best Available Research e.g., Not Ever Campaign

Recommendations

- 1. Explore similar fields to garner learning of effective prevention strategies –**
While the evidence base in the area of sexual violence prevention is limited, research points to fields such as HIV, bullying and alcohol abuse prevention as promising areas for learning. The Government of Alberta has made significant investments in bullying prevention – there are opportunities to transfer learning into sexual violence prevention efforts.
- 2. Promote cross-disciplinary and cross field collaboration and communication –**
Sexual health education has been suggested as a natural fit for sexual violence prevention. The Alberta Government has the potential to support such cross field collaboration through education policies and program investments that encourages the sexual violence sector and sexual health sector to collaborate.
- 3. Include strategies to develop and evaluate community-based/mobilization approaches to sexual violence prevention in a sexual violence/health action plan for Alberta –** There are very few examples of sexual violence prevention interventions that are community based. Efforts to develop and test models

²⁰ **Evidence-based programs** are those that are well-defined and have demonstrated their efficacy through rigorous, peer-reviewed evaluations and have been endorsed by government agencies and well-respected research organizations (Small et al., 2009).

²¹ **Promising practices** are those programs and initiatives where emergent evidence of their effectiveness shows minimally positive changes in knowledge or attitudes (WHO, 2010).

²² **Best available research** is where research knowledge that exists in a given area is acknowledged, regardless of the methodological limitations and relative certainty of the available evidence.

locally would greatly contribute to the body of knowledge nationally and internationally.

- 4. Conduct analysis of key prevention policies and practices in the area of sexual violence** – While much of the research literature is focused on programmatic prevention, there is the potential to use policy as a primary prevention tool.²³ Policy and practice changes have been used as a prevention tool in the area of domestic violence in other jurisdictions (Wells, Dozois, Cooper, Claussen, Lorenzetti, & Boodt, 2012). A comprehensive analysis of key policies and practices to support the prevention of sexual violence is required in order to understand where the most promising policy and practice levers of change exist.
- 5. Develop and implement a robust evaluation framework to capture key learning from policies developed** – Any policy and/or practice developed to support prevention of sexual violence needs to be evaluated in order to ensure its effectiveness. As there is very little evidence-base around effective prevention policies, efforts to evaluate and document successes and learning is critical.
- 6. Support the development of programs that include multilevel approaches to sexual violence prevention** – As pointed out in the literature, shifting conditions at the peer and community levels are a critical factor in enhancing sexual violence prevention efforts. This should be a consideration for the Government of Alberta when supporting the development of new programs or modifying existing ones.

²³ See the companion report “Surveying the Landscape: A Scoping Review of Sexual Violence Action Plans.”

Conclusion

Sexual violence prevention is increasingly becoming a priority for many organizations, cities and countries around the world. Across the United States, 14 jurisdictions have developed local coalitions to support, train and resource organizations to engage in primary prevention activities. Globally, many countries have dedicated time and energy to the creation of sexual violence prevention frameworks. International organizations, such as Amnesty International, UNIFEM (United National Development Fund for Women) and WHO, have all stressed the importance of these issues and recommend the development of primary prevention activities.

Within Canada, efforts have been made in sexual violence prevention. Ontario has developed a sexual violence action plan, and there are many innovative program and community-based initiatives aimed at promoting healthy relationships and preventing sexual violence such as sexual assault, sex trafficking and female genital mutilation. However, there is more that should, and can, be done. Comprehensive, coordinated approaches to sexual violence prevention are required to significantly reduce rates of sexual violence. Furthermore, innovative approaches to sexual violence prevention, such as engaging men and boys and integrating sexual health and sexual violence programs, seem promising and should be investigated further.

Development of a sexual violence prevention action plan needs to take into account all the research and learning that this field has accumulated. Sexual violence prevention efforts are in the midst of transition, moving from simply creating awareness of sexual violence to advancing comprehensive prevention strategies that can create community change.

This document provides a starting point for understanding the nature of primary prevention and provides an overview of the evidence available to date in the field of sexual violence prevention. An opportunity now exists to build upon this foundation and go deeper toward creating a sexual violence prevention action plan for Alberta.

REFERENCES

- AAUW Educational Foundation. (1993). *Hostile hallways: The AAUW survey on sexual harassment in America's schools*. Washington, DC: Author.
- AAUW Educational Foundation. (2001). *Hostile hallways: Bullying, teasing and sexual harassment in schools*. Washington, DC: Author.
- AAUW Educational Foundation. (2011). *Crossing the line: Sexual harassment in schools*. Washington, DC: Author.
- Adair, J. (2006). The efficacy of sexual violence prevention programs: Implications for schools. *Journal of School Violence*, 5(2), 87-97. doi:10.1300/j202v05n02_07
- Against Violence and Abuse. (2011). *Stella project*. Retrieved from the Against Violence and Abuse website: <http://www.avaproject.org.uk/our-projects/stella-project.aspx>
- Alberta Health Services. (2011, November 17). *New option for sexual assault victims a first for Calgary and Alberta*. Presented at the Media Advisory, Calgary, Alberta Health Services.
- Amnesty International USA. (2010). *Stop violence against women*. Retrieved from <http://www.amnestyusa.org/violence-against-women/stop-violence-against-women-svaw/page.do?id=1108417>
- Association of Alberta Sexual Assault Services. (2010). *Fact sheet: Sexual assault & sexual abuse*. Retrieved from the Association of Alberta Sexual Assault Services website: <http://aasas.ca/index.php/main/page/fact-2010-10-01-11-10-40>
- Ashbaugh, L., & Cornall, D. (2008). Sexual harassment and bullying behaviours. *Journal of School Violence*, 7(2), 21-38.
- Balanon, F. G., & Barrameda, T. V. (2007). *Coalition against trafficking in women – Asia Pacific 2004 to 2006. Evaluation of programs*. Oslo, Norway: Kvinnefronten. Women's Front of Norway. Retrieved from http://action.web.ca/home/catw/attach/catw-ap_web%202008.pdf
- Banyard, V.L., Moynihan, M.M., & Plante, E.G. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology*, 32, 61-79.

- Banyard, V.L., Eckstein, R.P., & Moynihan, M.M. (2010). Sexual violence prevention: The role of the stages of change. *Journal of Interpersonal Violence, 25*(1), 111-135. doi:10.1177/0886260508329123.
- Barrett, N. (2010). *An exploration of best practices in response to human trafficking in Canada*. Vancouver, CA: International Centre for Criminal Law Reform and Criminal Justice Policy. Retrieved from <http://www2.gnb.ca/content/dam/gnb/Departments/eco-bce/WI-DQF/pdf/en/HumanTraffickingReport-e.pdf>
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The national intimate partner and sexual violence survey (NISVS): 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Bilukha, O., Hahn, R.A., Crosby, A., Fullilove, M.T., Liberman, A., Moscicki, E., ...Task Force on Community Preventative Services. (2005). The effectiveness of early childhood home visitation in preventing violence: A systematic review. *American Journal of Preventative Medicine, 28*(2S1), 11-39.
- Boyle & District Rural Crime Watch. (2011). *Alberta crime statistics*. Retrieved from www.boylerruralcrimewatch.ca
- Brennan, S., & Taylor-Butts, A. (2008). *Sexual assault in Canada: 2004 and 2007* (Catalogue No. 85F003M). Ottawa, ON: Statistics Canada, Ministry of Industry.
- British Medical Association. (2011). *Female genital mutilation: Caring for patients and safeguarding children*. Retrieved from <http://bma.org.uk/-/media/Files/PDFs/Practical%20advice%20at%20work/Ethics/femalegenitalmutilation.pdf>
- Bronskill, J. (2004, July 12). Human traffickers feed sex trade, say Mounties. *The London Free Press News*. Retrieved from <http://www.canoe.ca/NewsStand/LondonFreePress/News/2004/12/07/768974.html>
- Brzozowski, J., Taylor-Butts, A., & Johnson, S. (2006). *Victimization and offending among the Aboriginal population in Canada* (Catalogue No. 85-002-XPE). Ottawa, ON: Statistics Canada, Ministry of Industry..
- Calgary Communities Against Sexual Abuse. (2010). *Preventing sexual victimization of Children and Youth: A review of the literature*. Calgary, AB: Author.
- Calgary Police Service. (2012). *PIMS, Casefile Information* (Report run May 4, 2012).

- Carmody, M. (2003). Sexual ethics and violence prevention. *Social and Legal Studies*, 12(2), 199-216.
- Carmody, M. (2009). Conceptualizing the prevention of sexual assault and the role of education (Issues No. 10). Melbourne, Australia: Australian Centre for the Study of Sexual Assault. Retrieved from http://www.aifs.gov.au/acssa/pubs/issue/acssa_issues10.pdf
- Casey, E. (n.d.) *Promising practices in sexual violence prevention and community mobilization for prevention: A report to the City of Seattle*. Seattle, WA: Human Services Department, Domestic Violence and Sexual Assault Prevention Division. Retrieved from www.seattle.gov/humanservices/domesticviolence/CaseyReport.pdf
- Casey, E.A. & Lindhorst, T.P. (2009). Toward a multi-level, ecological approach to the primary prevention of sexual assault: Prevention in peer and community contexts. *Trauma, Violence & Abuse*, 10(2), 91-114. doi:10.1177/15248380009334129
- Cass, A. (2007). Routine activities and sexual assault: An analysis of individual-and school-level factors. *Journal of Violence and Victims*, 22 (3), 350-364.
- Castelino, T., & Whitzman, C.C. (2008). The rhetoric and reality of preventing family violence at the local governance level in Victoria, Australia. *Journal of Family Studies*, 14 (2-3), 310-321.
- Centers for Disease Control and Prevention. (2004). *Sexual violence prevention: Beginning the dialogue*. Atlanta, GA: Author.
- Centers for Disease Control and Prevention. (2009a). *Sexual violence definitions*. Retrieved from <http://www.cdc.gov/ViolencePrevention/sexualviolence/definitions.html>
- Centers for Disease Control and Prevention. (2009b). *Sexual violence: Risk and protective factors*. Retrieved from [http://www.cdc.gov/ViolencePrevention/sexualviolence/riskprotectivefactors.htm](http://www.cdc.gov/ViolencePrevention/sexualviolence/riskprotectivefactors.html)
l/
- Centers for Disease Control and Prevention. (2010a). *Our history, our story*. Retrieved from <http://www.cdc.gov/about/history/ourstory.htm>

- Centers for Disease Control and Prevention. (2010b). *Enhancing and Making Programs and Outcomes Work to End Rape (EMPOWER II) Program*. Retrieved from <http://www.cdc.gov/ViolencePrevention/sexualviolence/EMPOWER/index.html>
- Centers for Disease Control and Prevention. (2012). *Sexual violence: Prevention strategies*. Retrieved from <http://www.cdc.gov/violenceprevention/sexualviolence/prevention.html>
- Center for the Study and Prevention of Violence. (1999). *Blueprints for violence prevention model programs*. Retrieved from <http://www.colorado.edu/cspv/blueprints/modelprograms/BPP.html>
- Chamberland, C., Dallaire, N., Hebert, J., Frechette, L, Lindsay, J., & Cameron, S. (2000). Are ecological and social models influencing prevention practices? An overview of the state of affairs in Quebec for child, youth and family intervention. *The Journal of Primary Prevention*, 21 (1), 101-125.
- Cooper, M. (2009, June). *Outcome: Positive parenting and family functioning* (FCSS Calgary Research Brief No. 2). Family and Community Support Services Calgary, Calgary, AB: Community and Neighborhood Services.
- Cox, P.J., Lang, K.S., Townsend, S.M., & Campbell, R. (2010a). The Rape Prevention and Education (RPE) theory model of community change: Connecting individual and social change. *Journal of Family Social Work*, 13, 297-312. doi:10.1080/10522158.2010.492494.
- Cox, P.J., Ortega, S., Cook-Craig, P.G., & Conway, P. (2010). Strengthening systems for the primary prevention of intimate partner violence and sexual violence: CDC's DELTA and EMPOWER programs. *Journal of Family Social Work*, 13, 287-296. doi:10.1080/10522158.2010.492565
- Daniel, S., Denetto, S., Migliardi, P., & Plenert, L. (2011). *Our selves, our daughters: Community-based education and engagement addressing female genital cutting (FGC) with refugee and immigrant African women in Winnipeg* (Final Activity and Evaluation Report). Winnipeg, Canada: Sexuality Education Resource Centre. Retrieved from <http://www.serc.mb.ca/content/dload/download.2011-09-26.7476248770/file>
- Davis, R., Parks, L.F., & Cohen, L. (2006). *Sexual violence and the Spectrum of Prevention: Towards a community solution*. Enola, PA: National Sexual Violence Resource Center. Retrieved from the Prevention Institute website: www.preventioninstitute.org/vppubs.html#reports

- Donelan-McCall, N., Eckenrode, J., & Olds, D.L. (2009). Home visiting for the prevention of child maltreatment: Lessons learned during the past 20 years. *Pediatrics Clinics of North America*, 56(2), 389-403.
- Dorkenoo, E., Morison, L., & Macfarlane, A. (2007). *A statistical study to estimate the prevalence of female genital mutilation in England and Wales*. London, England: Foundation for Women's Health, Research and Development (FORWARD). Retrieved from <http://www.forwarduk.org.uk/download/96>
- Dubourg, D., Richard, F., Leye, E., Ndam, S., Rommens, T., & Maes, S. (2011). Estimating the number of women with female genital mutilation in Belgium. *European Journal of Contraception & Reproductive Health Care*, 16(4), 248-257. doi:10.3109/13625187.2011.579205
- Du Mont, J., & McGregor, M.J. (2004). Sexual assault in the lives of urban sex workers: A descriptive and comparative analysis. *Women and Health*, 39(3), 79-96. doi:10.1300/J013v39n03_06
- Edleson, J.L. (2000, February). *Primary prevention and Adult domestic violence*. Paper presented at the meeting of the Collaborative Violence Prevention Institute, San Francisco, CA.
- Elliott, D.S., & Mihalic, S. (2004). Issues in disseminating and replicating effective prevention programs. *Prevention Science*, 5(1), 47-53.
- End Violence Against Women Coalition. (2011). *A different world is possible: Promising practices to prevent violence against Women and Girls*. London, UK: Author.
- Espelage, D.L., Basile, K.C., & Hamburger, M.E. (2012). Bullying perpetration and subsequent sexual violence perpetration among middle school students. *Journal of Adolescent Health*, 50(1), 60-65.
- Fang, X., & Corso, P.S. (2008). Gender differences in the connections between violence experienced as a child and perpetration of intimate partner violence in adulthood. *Journal of Family Violence*, 23(5), 303-313. doi:10.1007/s10896-008-9152-0.
- Federal-Provincial-Territorial Ministers Responsible for the Status of Women. (2002). *Assessing the violence against Women: A statistical profile*. Retrieved from <http://www.uregina.ca/resolve/PDFs/Assessing%20Violence.pdf>
- Foshee, V.A., Bauman, K.E., Ennett, S.T., Suchindran, C., Benefield, T., & Linder, G.F. (2005). Assessing the effects of the dating violence prevention program "Safe Dates" using random coefficient regression modeling. *Prevention Science*, 6(3), 245-258.

- France, A., & Utting, D. (2005). The paradigm of 'risk and protection-focused prevention' and its impact on services for children and families. *Children and Society, 19*(2), 77 – 90.
- Garcia-Moreno, C., Jansen, H.A.F.M., Ellsberg, M., Heise, L., & Watts, C. (2005). *WHO multi-country study on Women's health and domestic violence against Women*. Geneva, Switzerland: WHO.
- Girls Action Foundation. (2011). *Girls in Canada today: A national opinion poll & report on the status of Girls*. Montreal, QC: Author.
- Gorman, K. (2012). *The intersection of domestic and sexual Violence*. Calgary, AB: Association of Alberta Sexual Assault Services.
- Government of Alberta. (2012). *Safe Communities*. Retrieved from http://justice.alberta.ca/programs_services/safe/Pages/default.aspx
- Government of Canada. (2012). *National action plan to combat human trafficking*. Retrieved from <http://www.publicsafety.gc.ca/prg/le/fl/cmbt-trffkng-eng.pdf>
- Graffunder, C.M., Noonan, R.K., Cox, P., & Wheaton, J. (2004). Through a public health lens. Preventing violence against women: An update from the US Centers for Disease Control and Prevention. *Journal of Women's Health, 13* (1), 5-16.
- Hays, R.B., Rebchook, G.M., & Kegeles, S.M. (2003). The MPowerment Project: Community-building with young gay and bisexual men to prevent HIV. *American Journal of Community Psychology, 31*(3/4), 301-312.
- Hillenbrand-Gunn, T.L., Heppner, M.J., Mauch, P.A., & Park, HJ. (2010). Men as allies: The efficacy of a high school rape prevention intervention. *Journal of Counselling and Development, 88*, 43-51.
- Howard, K.S., & Brooks-Gunn, J. (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children, 19*(2), 119-146.
- Hynes, M., & Lopes Cardozo, B. (2000). Observations from the CDC: Sexual violence against refugee women. *Journal of Women's Health & Gender-Based Medicine, 9*(8), 819-823.
- Jager, F., Schulze, S., & Hohlfeld, P. (2002). Female genital mutilation in Switzerland: A survey among gynaecologists. *Swiss Medical Weekly, 132*(19-20), 259-264.

- Johnsdotter, S. (2003). *FGM in Sweden: Swedish legislation regarding female genital mutilation and implementation of the law*. Retrieved from <http://lup.lub.lu.se/luur/download?func=downloadFile&recordId=528291&fileId=624310>
- Keel, M. (2005). Working with adolescents in the education system to prevent sexual assault. *Family Matters*, 71, 36-39.
- Krebs, C.P., Lindquist, C.H., Warner, T.D., Fisher, B.S., & Martin, S.L. (2009). The differential risk factors of physically forced and alcohol or other drug-enabled sexual assault among university women. *Violence and Victims*, 24(3), 302-321.
- Lee, D.S., Guy, L., Perry, B., Sniffen, C.K., & Mixon, S.A. (2007). Sexual violence prevention. *The Prevention Researcher*, 14(2), 15-20.
- McCall, R.B. (2009). Evidence-based programming in the context of practice and policy. *Social Policy Report*, 23(3), 3-19.
- Mallet, P. & Herbe, D. (2011). Does knowledge about sexuality prevent adolescents from developing rape-supportive beliefs? *Journal of Sex Research*, 48(4), 372-380. doi: 10.1080/002244910003794048.
- Moloughney, B. (2007). *Effectiveness of primary prevention interventions for domestic violence*. Ottawa, ON: D Force Health Protection, Department of National Defense.
- Morrison, S., Hardison, J, Mathew, A., & O'Neil, J. (2004). *An evidence-based review of sexual assault preventative intervention programs*. Washington, DC: National Institute of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/207262.pdf>
- Neame, A., & Heenan, M. (2003). What lies behind the hidden figure of sexual assault? Issues of prevalence and disclosure. *Australian Centre for the Study of Sexual Assault*, 1, 1-16.
- Ogrodnik, L. (2010). *Child and youth victims of police-reported violent crime, 2008* (Catalogue No. 85F003M, no. 23). Ottawa, ON: Statistics Canada, Ministry of Industry.
- O'Mahony, P. (2009). The risk factors prevention paradigm and the causes of youth crime: A deceptively useful analysis? *Youth Justice*, 9, 99 –114.
- Ontario Human Rights Commission. (n.d.). *FGM in Canada*. Retrieved from <http://www.ohrc.on.ca/en/policy-female-genital-mutilation-fgm/4-fgm-canada>

- Ottawa Rape Crisis Centre. (2010). *Sexual assault statistics*. Retrieved from <http://www.orcc.net/PDF/factsheets/Sexual-Assault-Statistics-FS.pdf>
- Parks, L.F., Cohen, L., & Kravitz-Wirtz, N. (2007). *Poised for prevention: Advancing promising approaches to primary prevention of domestic violence*. Retrieved from The Prevention Institute website: www.preventioninstitute.org/vppubs.html#reports
- Parks, L.F., Davis, R., & Cohen, L. (2010). *Changing community environments to prevent sexual violence: The Spectrum of Prevention*. Oakland, CA: The Prevention Institute.
- Parrott, D.J., & Zeichner, A. (2003). Effects of hypermasculinity on physical aggression against women. *Psychology of Men & Masculinity*, 4(1), 70-78.
- Pentz, M.A. (2003). Evidence-based prevention: Characteristics, impact, and future direction. *Journal of Psychoactive Drugs*, 35(1), 143-152.
- Pew Center on the States. (2010). *The case for home visiting*. Washington, DC. Retrieved from <http://www.pewstates.org/research/reports/the-case-for-home-visiting-85899373065>
- Poldermans, S. (2006). *Combating female genital mutilation in Europe: A comparative analysis of legislative and preventative tools in the Netherlands, France, the United Kingdom, and Austria* (Master's Degree Thesis). University of Vienna, Austria. Retrieved from <http://www.stopfgm.net/dox/SPoldermansFGMinEurope.pdf>
- Powell, A. (2007). Youth 'at risk'? Young people, sexual health and consent. *Youth Studies Australia*, 26(4), 21-28.
- Ratansi, Y. (2007). *Turning outrage into action to address trafficking for the purpose of sexual exploitation in Canada: Report of the Standing Committee on the Status of Women*. Ottawa, CA: House of Commons Canada. Retrieved from <http://www.parl.gc.ca/HousePublications/Publication.aspx?DocId=2738918&Language=E&Mode=1&Parl=39&Ses=1>
- RCMP. (2010). *Human trafficking in Canada*. Ottawa, ON: Author. Retrieved from http://publications.gc.ca/collections/collection_2011/grc-rcmp/PS64-78-2010-eng.pdf
- Rich, M.D., Utley, E.A., Janke, K., & Moldoveanu, M. (2010). "I'd rather be doing something else:" Male resistance to rape prevention programs. *The Journal of Men's Studies*, 18(3), 268-288. doi:10.31.49/jms.1803.268.

- Rothman, E.F., Exner, D., & Baughman, A.L. (2011). The prevalence of sexual assault against people who identify as gay, lesbian or bisexual in the United States: A systematic review. *Violence, Trauma & Abuse, 12*(2), 55-66.
doi:10.1177/1524838010390707
- Russell, N. (2008). *What works in sexual violence prevention and education*. Retrieved from the New Zealand Ministry of Justice website:
<http://www.justice.govt.nz/policy/supporting-victims/taskforce-for-action-on-sexual-violence/documents/What%20Works%20in%20Prevention.pdf>
- Sanchez, E., Robertson, T.R., Lewis, C.M., Rosenbluth, B., Bohman, T., & Casey, D.M. (2001). Preventing bullying and sexual harassment in elementary schools: The Expect Respect model. *Journal of Emotional Abuse, 2*(2/3), 157-180.
- Skidmore, P., & Robinson, B. (2007). *'It could be anyone'. Evaluation report of the London Prevention Education Program (Child Sexual Exploitation)*. Ilford, Essex: Barnardo's Policy and Research Unit. Retrieved from
[http://www.barnardos.org.uk/it could be you - final pep report - november 2007-2.pdf](http://www.barnardos.org.uk/it%20could%20be%20you%20-%20final%20pep%20report%20-%20november%202007-2.pdf)
- Small, S.A., Cooney, S.M., & O'Connor, C. (2009). Evidence-informed program improvement: Using principles of effectiveness to enhance the quality and impact of family-based prevention programs. *Family Relations, 58*, (1-13).
- State of Victoria. (2009). *Respectful relationships education: Violence prevention and respectful relationships education in Victorian secondary schools*. Retrieved from the Department of Education and Early Childhood Development website:
http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/respectful_relationships/respectful-relationships.pdf
- Statistics Canada. (2006). *Measuring violence against Women: Statistical trends 2006* (Catalogue No. 85-570-XIE). Ottawa, ON: Canadian Centre for Justice Statistics, Ministry of Industry..
- Statistics Canada. (2009). *Family violence in Canada: A statistical profile 2009* (Catalogue No. 85-224-X). Ottawa, ON: Canadian Centre for Justice Statistics, Ministry of Industry.
- Swedish Institute. (2010). *The ban against the purchase of sex services: An evaluation 1999-2008* (Selected extracts of the Swedish government report SOU 2010:49). Retrieved from <http://www.sweden.gov.se/content/1/c6/15/14/88/0e51eb7f.pdf>

- Taylor, B., Stein, N., & Burden, F. (2010). The effects of gender violence/harassment prevention programming in middle schools: A randomized experimental evaluation. *Violence and Victims, 25*(2), 202-223.
- Tutty, L., Bradshaw, C., Thurston, W.E., Barlow, A., Marshall, P., Tunstall, L., ... Nixon, K. (2005). *School based violence prevention programs: Preventing violence against children and youth* (Revised Ed.). Retrieved from the RESOLVE website: www.ucalgary.ca/resolve/violenceprevention/
- United Nations. (2000). *Protocol to prevent, suppress and punish trafficking in persons especially women and children, supplementing the United Nations Convention Against Transnational Organized Crime*. Retrieved from http://www.uncjin.org/Documents/Conventions/dcatoc/final_documents_2/convention_%20traff_eng.pdf
- United Nations Office on Drugs and Crime (UNODC). (2006). *Trafficking in persons: Global patterns*. Retrieved from http://www.unodc.org/pdf/traffickinginpersons_report_2006-04.pdf
- Urbis Key Young. (2004). *National framework for sexual assault prevention*. Office of the Status of Women, Australia. Retrieved from the Living Well website: http://www.livingwell.org.au/Portals/0/Living%20Well%20Files/Resource%20Documents/sexual_assault_prevention.pdf
- Van der Lann, P.H., Smit, M., Busschers, I., & Aarten, P. (2011). *Cross-border trafficking in human beings; Prevention and Intervention strategies for reducing sexual exploitation*. Amsterdam, Sweden: Campbell Systemic Reviews. Retrieved from www.campbellcollaboration.org/lib/download/1623/
- VicHealth. (2007). *Preventing violence before it occurs: A framework and background paper to guide the primary prevention of violence against women in Victoria*. Carlton, South Victoria: Author.
- Vivolo, A.M., Holland, K.M., Teten, A.L., Holt, M.K., & The Sexual Violence Review Team. (2010). Developing sexual violence prevention strategies by bridging spheres of public health. *Journal of Women's Health, 19*(10), 1811-1814.
- Walsh, K., Blaustein, M., Grant Knight, W., Spinazzola, J., & van der Kolk, B. (2007). Resiliency factors in the relation between childhood sexual abuse and adulthood sexual assault in college-age women. *Journal of Child Sexual Abuse, 16*(1), 1-17.
- Wells, L., Esina, E. & Dozois, E. (2012). *The role of alcohol outlet density in reducing domestic violence in Alberta*. Calgary, AB: Shift: The Project to End Domestic Violence, the University of Calgary.

- Whitaker, D.J., & Reese L. E. (Eds.) (2007). *Preventing intimate partner violence and sexual violence in Racial/Ethnic minority communities: CDC's demonstration projects*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.
- Wolfe, D.A., Scott, K., Wekerle, C., & Pittman, A. (2001). Child maltreatment: Risk of adjustment problems and dating violence in adolescence. *Journal of the American Academy of Child and Adolescent Psychiatry, 40*(3), 282-289.
- Wolfe, D.A., & Jaffe, P.G. (2003, January). *Prevention of domestic violence and sexual assault*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence. Retrieved from the Violence Against Women website: <http://www.vawnet.org>
- Wolfe, D.A., Crooks, C., Jaffe, P., Chiodo, D., Hughes, R., Ellis, W., Stitt, L., & Donner, A. (2009). A school based program to prevent adolescent dating violence. *Archives of Pediatric and Adolescent Medicine, 163*(8), 692-699.
- World Association of Sexual Health. (2008). *Sexual health for the millennium. A declaration and technical document*. Minneapolis, MN: Author.
- World Health Organization. (2007). *Primary prevention of domestic violence and sexual Violence: Background paper for WHO expert meeting May 2-3*. Geneva, Switzerland: Author.
- World Health Organization and London School of Hygiene and Tropical Medicine. (2010). *Preventing intimate partner and sexual violence against Women: Taking action and generating evidence*. Geneva, Switzerland: Author.
- World Health Organization. (2012). *Female genital mutilation: Fact sheet #241*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs241/en/index.html>

Appendix A: Definitions

Throughout the literature, various terms and definitions for sexual violence are found. In many countries, sexual violence is included within broader terms, such as intimate partner violence or family violence (Carmody, 2009). Depending on the source collecting the information and the legal definitions in place, terms such as “rape”, “sexual assault” and “sexual violence” can all be found in the literature with definitions that vary, depending upon the source. In fact, the Centers for Disease Control and Prevention make the case that a consistent definition is needed to properly monitor the incidence of sexual violence and examine trends over time (Centers for Disease Control and Prevention, 2009a). A consistent definition also helps researchers measure the risk and protective factors in a uniform manner, which ultimately supports prevention and intervention efforts.

Female Genital Mutilation (FGM): Defined as “all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons” (WHO, 2012, para. 2).

Gender-based Violence: The broadest term used to capture aspects of sexual violence. It has been defined as any type of interpersonal, organization or political violation perpetrated against people due to their gender identity, sexual orientation, or particular location in the hierarchy of male dominated systems (Taylor, Stein, & Burden, 2010, p. 202).

Rape: “One form of sexual violence, and has been defined as any completed or attempted vaginal (for women), oral or anal penetration through the use of physical force or threats of physical harm...and includes times when the victim was drunk, high, drugged, or passed out and unable to consent” (Black et al., 2011, p. 17).

Sexual Assault: Statistics Canada defines sexual assault as “all incidents of unwanted sexual activity, including sexual attacks and sexual touching” (Brennan & Taylor-Butts, 2008, para. 6). There are four types of sexual offenses according to the Criminal Code of Canada (Brennan & Taylor-Butts, 2008):

- *Sexual assault level 1 (s.271):* An assault committed in circumstances of a sexual nature such that the sexual integrity of the victim is violated. Level 1 involves minor physical injuries or no injuries to the victim;
- *Sexual assault level 2 (s.272):* Sexual assault with a weapon, threats, or causing bodily harm;
- *Aggravated sexual assault (level 3):* Sexual assault that results in wounding, maiming, disfiguring or endangering the life of the victim;
- *Other sexual offences:* A group of offences that are meant to primarily address incidents of sexual abuse directed at children. The *Criminal Code* offences

included in this category are: Sexual interference (s.151), Invitation to sexual touching (s.152), Sexual exploitation (s.153), Incest (s.155), Anal intercourse (s.159), and Bestiality (s.160).

Sexual Coercion: Unwanted sexual penetration that occurs after a person pressured in a nonphysical way (Black et al., 2011).

Sexual Exploitation: Other terms used interchangeably to describe areas of exploitation include sex slavery, sexual trafficking, sex trade and prostitution (RCMP, 2010).

Sexual Harassment: Any unwelcome behaviour that is sexual in nature that adversely affects, or threatens to affect (directly or indirectly), a person's job security, working conditions or prospects for advancement, or prevents them from getting a job, accommodations, or any kind of public service (Association of Alberta Sexual Assault Services, 2010).

Sexual Violence: Defined in multiple ways in the literature, occurring not only outside of intimate relationships but also within the context of domestic violence. Different definitions include a range of sexual violence concepts, such as sexual coercion, stalking, harassment and human trafficking:

- (1) Any completed or attempted sex act against the victim's will or involving a victim who is unable to consent, and abusive sexual contact and noncontact sexual abuse, including, sexual harassment and stalking (Graffunder et al., 2004).
- (2) Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work (WHO, 2010).
- (3) Any sexual act that is perpetrated against someone's will, encompassing a range of offenses, including a completed non-consensual sex act (i.e., rape), an attempted non-consensual sex act, abusive sexual contact (i.e., unwanted touching), and non-contact sexual abuse (e.g., threatened sexual violence, exhibitionism, verbal sexual harassment) (Centers for Disease Control and Prevention, 2009).
- (4) Any form of non-consensual or forced sexual activity or touching, including rape. (Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002).

Violence Against Women: All acts of violence that are both criminal and non-criminal (Castelino & Whitzman, 2008). It is understood to occur on a continuum of economic, psychological and emotional abuse through to physical and sexual violence (VicHealth, 2007). It covers physical, psychological and sexual harm to women specifically because of their gender, and occurs in both public and private domains (Castelino & Whitzman, 2008; VicHealth, 2007).

Appendix B: Table of Recommendations by Section

Section	Page Number	Recommendation
<i>Sexual Violence: Scope of the Problem</i>	16	<ol style="list-style-type: none"> 1. The province should invest in conducting a province-wide prevalence and incidence survey on sexual violence 2. Ensure the inclusion of sexual coercion and sexual harassment as concepts in such a prevalence and incidence study 3. Conduct further research to understand the scope of female genital mutilation in Alberta 4. Conduct further research into the scope of sexual trafficking
<i>Risk and Protective Factors</i>	26	<ol style="list-style-type: none"> 1. More research is required that explores how culture and religion informs and influences sexual violence and the contexts associated with sexual violence. 2. Strategies that target the most commonly cited risk factors should be included in any sexual violence action plan for Alberta 3. Further research in the following areas is required: <ol style="list-style-type: none"> a. Risk factors and how to modify them b. Protective factors and targeted strategies in the area of sexual violence prevention c. Distinguishing between causal and correlational factors

Section	Page Number	Recommendation
<i>Approaches and Models Used in Sexual Violence Prevention</i>	37	<ol style="list-style-type: none"> 1. Ensure that any sexual violence action plan for Alberta addresses multiple points of prevention 2. Ensure community participation and consultation when designing a sexual violence action plan for Alberta 3. Consider targeted investments to build the capacity of those entities and organizations working in the sexual violence prevention field within Alberta 4. Consider using a combination of models when developing a sexual violence action plan for Alberta
<i>Reviewing the Evidence: What Works in Preventing Sexual Violence?</i>	58	<ol style="list-style-type: none"> 1. Learn from similar fields in the area of prevention 2. Promote cross-disciplinary and cross field collaboration and communication 3. Include strategies to develop and evaluate community-based/mobilization approaches to sexual violence prevention in a sexual violence/health action plan for Alberta 4. Conduct analysis of key prevention policies and practices in the area of sexual violence 5. Develop and implement a robust evaluation framework to capture key learning from policies developed 6. Support the development of programs that include multilevel approaches to sexual violence prevention