Understanding Sexual Violence Using A Public Health Model

The public health model is the primary model used by the Center for Disease Control (CDC) to investigate health problems. The CDC has defined sexual violence as a current issue. Because of this there has been an increase in sexual violence prevention funding calling for the use of the classic public health model.

The CDC Mission

To promote health and quality of life by preventing and controlling disease, injury, and disability. CDC seeks to accomplish its mission by working with partners throughout the nation and world to monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training.

"If as public health workers, we believe that diligent study will elucidate causes, suggest interventions, and lead to changes in outcomes, then we can apply these principles to the problem of violence."

Public Health and Violence Prevention

ABSTRACT
WILLIAM H. FOEGE, MD MPH
MARK L. ROSENBERG MD, MPP
JAMES A MERCY PHD
CURRENT ISSUES IN PUBLIC HEALTH 1995, 1:2-9

"The phenomenon is not new. History is a bloody record from which pages drawn at random describe events that rival the recent horror in Rwanda. What *is* new is a sense that we do not have to accept this condition as inevitable; we do not have to be fatalists. If as public health workers, we believe that diligent study will elucidate causes, suggest interventions, and lead to changes in outcomes, then we can apply these principles to the problem of violence." (p. 2) Violence can be viewed through many lenses. The authors provide a clear and succinct rationale for the examination of the issue of violence utilizing a public health lens.

VIOLENCE IS A PUBLIC HEALTH PROBLEM

The article first seeks to establish violence as a public health issue using current public health statistics. Violence accounts for about 38% of all fatal injuries; every year, over 25,000 people die from homicide and 30,000 from suicide. The article then provides an

Letter from the Editor

Sexual violence can be viewed many ways. Some of the more common perspectives are mental health, criminal justice, medical, social and political. In the 1970's the anti-rape movement clearly operated from a socio-political analysis of the issue. As service delivery structures were created our analysis expanded to accommodate the collaborations taking place in the criminal justice, mental health and medical systems. Over the past decade there has been a push to incorporate the public health analysis into our proverbial bag of tricks. Advocates have been somewhat wary of this shift. However, the public health model is inclusive of many of the ideals on which the movement was founded. The public health model seeks to involve the whole community in seeking solutions. It is multidisciplinary. It encompasses a wide range of interventions, from treatment to prevention strategies. This issue of the digest hopes to provide an overview of resources and articles that provide insight to those seeking to understand sexual violence utilizing the public health model.

Editor

Lydia Guy - Advocacy Education Director

INTERRELATIONSHIPS OF VARIOUS TYPES OF VIOLENCE
1995 CURRENT ISSUES IN PUBLIC HEALTH
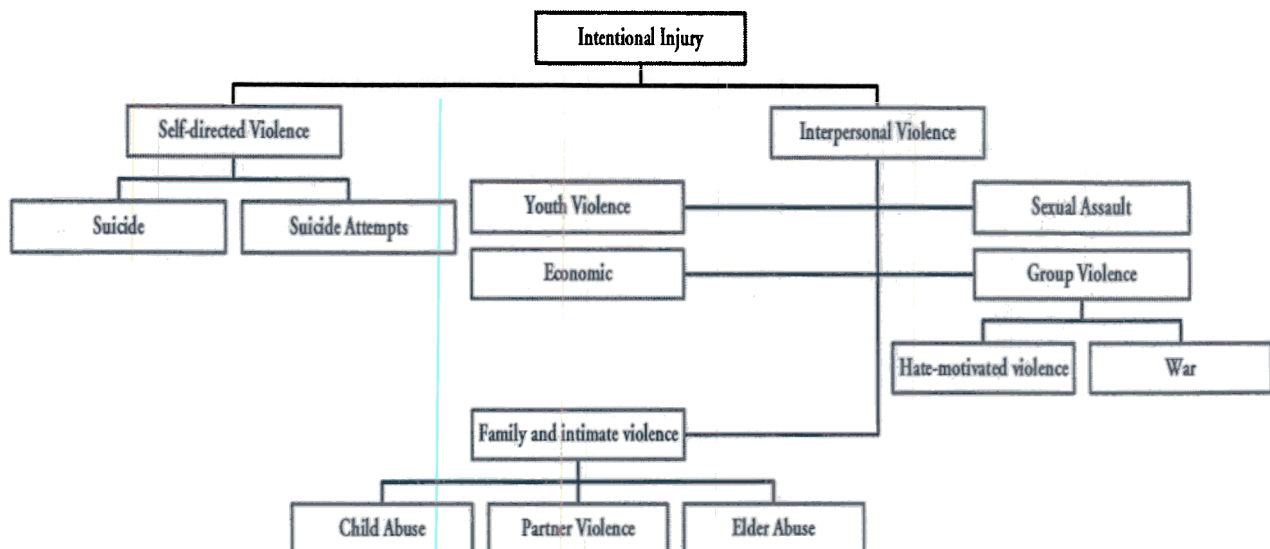
explanation of Disability Adjusted Life Years (DALY). Using this concept the authors compare and contrast the societal cost of the violence problem vs. other public health problems. "It is important to note the difference between saying that violence is a public health problem and that violence is a medical problem. Violence is certainly a problem one must respond, but the origin of most violence is not based in biologic or medical conditions. The most important causes of violence are social and economic, and the search for solutions must focus on these factors rather than on purely medical and physiologic factors."(p. 5)

The authors continue by postulating three reasons to use the public health approach to examine violence.

1.   The public health approach emphasizes prevention rather than treatment. This encourages the idea of breaking the cycle of violence.

2.   The public health approach offers a consistent solution-focused methodology with four distinct steps.

   o Define the scope of the problem
   o Determine the cause of the problem
   o Determine effective interventions
   o Implement the interventions

3.   The public health model stresses a multi-disciplinary approach

THE FUTURE

This section offers their insights into using the public health model as a long-term approach.

Use science to guide action: Using a scientific approach will help us quantify violence.

Find out what works: Unlike many other public health problem areas, we know little about what works in violence prevention. A scientifically grounded approach will more clearly establish the potential effectiveness of interventions.

Adopt a learn as-we-go approach: We must develop programs that acknowledge both the importance of doing something now so that we can deal with the urgency of the problem, as well as the importance of measuring the impact of the program as it is implemented so that we will know whether it had its desired effect.

Invest in primary prevention: Primary prevention aims to save the lives of potential perpetrators as well as potential victims.

Address economic and social causes of violence including societal as well as individual factors

Address the cultural acceptance of violence and change the social norm

Focus on firearms

Integrate our efforts and emphasize coordinated action

Intervene early

Make the prevention of violence against women an important priority: We need to change the way people think about the prevention of violence against women by shifting from an approach limited to interventions designed to identify and assist victims to one that also addresses the societal norms and factors contributing to the occurrence of violence.

Understand the global significance

CONCLUSION

In conclusion the authors caution us regarding using the public health model as the theory of the moment, but propose it to be our best long term strategy. "Creating the future that we desire will require tenacious advocates who are willing to commit themselves and their resources for the long term. This is not a program that will be completed in 1 year or a decade but a goal that will yield slowly to a lifetime of effort."(p.8)

Sexual Abuse as a Public Health Problem

1.- The Association for the Treatment of Sexual Abusers recognizes sexual abuse as a public health issue.

Recent national surveys have demonstrated that sexual abuse is a widespread problem among women and children in the United States (Tjaden & Thoennes, 1998: Kilpatrick, Edmunds, & Seymour, 1992; Sedlak & Broadhurst, 1996). For example, the National Violence Against Women Survey estimates that 18% of all adult women surveyed have experienced a completed or attempted rape at some time during their lives (Tjaden & Thoennes, 1998). Of these women, 22% experienced their first rape or attempted rape before age 12 and 32% were raped first between 12 and 17 years of age. Using data from Child Protective Service workers and a survey of a nationally representative sample of community professionals, the third National Incidence Survey (NIS-3) estimated that over 300,000 children were sexually abused in 1993 (Sedlak & Broadhurst, 1996). Though not universal, the effects of sexual abuse include injuries (Kilpatrick, Edmunds, & Seymour, 1992), sexually transmitted diseases (Lindegren et al., 1998), unwanted pregnancies (Holmes, Resnick, Kilpatrick, & Best, 1996), HIV-risk behavior (Bensley, Van Eenwyk, & Simmons, 2000), depression and subsequent substance abuse (Holmes & Slap, 1999), post-traumatic stress disorder (Cuffe et al., 1998), and suicide attempts (Brener et al., 1999; Bryant & Range, 1995). Family members are also often traumatized when a loved one is victimized by sexual abuse (Newberger, Gremy, Waternaux, & Newberger, 1993; Manion et al., 1996). Given the magnitude of the problem and its physical and mental health impact, ATSA recognizes sexual abuse as an important public health problem.

2.- The Association for the Treatment of Sexual Abusers supports the development of a national public health surveillance system for sexual abuse that includes reported, as well as unreported cases of sexual abuse.

Public health surveillance involves the ongoing, systematic collection, analysis, and interpretation of information on a public health problem that is closely integrated with the timely dissemination of these data to those responsible for preventing or controlling the injury (Thacker & Berkelman, 1988). ATSA supports the development of a national public health surveillance system for sexual abuse that includes officially reported as well as unreported cases of sexual abuse. The inclusion of unreported cases is of critical importance since estimates suggest that only three percent of all cases of child sexual abuse (Finkelhor & Dziuba-Leatherman, 1994) and 16% to 36% of all rapes, including rapes of children, are ever reported to police

(Kilpatrick, Edmunds, & Seymour, 1992; U.S. Department of Justice, 1997). Further, research suggests that reported cases of childhood rape are different from unreported cases of childhood rape. Specifically, reported cases are more likely to involve strangers (Hanson et al., 1999) and the perception of life threat or physical injury (Saunders et al., 1999) than are unreported cases.

3.- The Association for the Treatment of Sexual Abusers encourages researchers to conduct studies and publish data to increase understanding of risk factors related to sexual abuse perpetration and victimization.

ATSA encourages researchers to conduct studies and publish data examining risk factors related to sexual abuse perpetration and victimization. Public health scientists believe that ill health or unhealthy behaviors, including violence, are not randomly distributed in the population. They are interested in conducting analyses on risk factors to find out the reasons for this nonrandom distribution. Risk factor research focuses on understanding what factors place an individual at higher risk for an unhealthy behavior such as sexual deviance or an unhealthy consequence such as sexual victimization. The intent of such research is not to blame the victim but rather to find out whether particular situations or behaviors put persons at greater risk for victimization.

Identification of a risk factor indicates that development of sexually aggressive behaviors (or becoming a victim of sexual abuse) is statistically more likely if there is exposure to a particular factor (e.g., attitudes while growing up that support abuse toward women). It does not, however, ensure that those with such an exposure will invariably develop the sexually aggressive behaviors (or invariably become victims of sexual aggression). Given that sexual abuse is a complex problem, it is likely that risk factors are multidimensional in nature and involve a variety of individual, family, community, and societal risk factors (Ryan, 2000; Elliott, 1994; Wurtele, 1999).

4.- The Association for the Treatment of Sexual Abusers supports the development of primary prevention and early intervention programs based on risk factor and related research.

ATSA's position is that primary prevention programs should target modifiable risk factors identified by research. Since it is generally easier to alter developing behaviors as compared to behaviors that are ingrained, ATSA also supports the development of early intervention programs. In developing interventions of this nature, it is recognized that research describing the nuances of the sexual offence process (i.e., "grooming" process) will be particularly relevant (Kaufman, Hilliker, & Daleiden, 1996; Kaufman et al., 1998). Evaluation of prevention programs targeting various segments of society (e.g., sexual abusers, parents, teachers, caregivers) not traditionally targeted as sexual abuse prevention agents is also critical to the eventual success of a public health approach (Chasen-Taber & Tabachnick, 1999).

"Sexual Offending as a Public Health Problem: a North American Perspective"

(abstract)

The fundamental assertion of this paper is that the treatment of sexual offenders would be most appropriately categorized as a public health issue rather than a psychological, medical or legal issue. "In recent years the imposition of such draconian approaches as 'three strikes you're out,' public notification, Internet sex offender registries, chemical castration, and sexually violent predator laws have created enormous public hysteria resulting in a fortress mentality that has had little practical result other than the construction of more prisons. These institutions are immediately filled without reducing either the fear that these measures have created within the society or seriously impacting the identified problem – the incidence of sexual assault."(p. 30)

LEVELS OF PREVENTION IN PUBLIC HEALTH

This section applies the traditional public health model to the treatment and prevention of sexual offenders.

> At the *primary level* of prevention, the goal is to stop deviant behavior before it starts. This obviously requires very early identification of the problem, preferably in childhood, as well as prompt intervention. Here parents, peers, teachers, and child care workers should be alert to signs of unusual sexual interest or activity including inappropriate sexual talk, exhibitionism, public masturbation, interest in or use of pornography, unusual sexual precocity, antisocial attitudes or beliefs, or sexual aggression.

> The *secondary level* of prevention in the case of sexual violence, to some extent overlaps with the primary level. Here we are concerned with persons who have recently begun to engage in deviant sexual behaviors. Individuals identified at this level could be children, adolescents or young adults. Most first-time sexual offenders would fit this level.

> The *tertiary level* of prevention is the one on which most of us currently work. Here there is no overlap with the preceding level. These are chronic, for the most part preferential sex offenders whose dispositions toward deviant sexual behaviors are deeply entrenched. These are the individuals most often seen medium and maximum security prisons, psychiatric hospitals and in the community post-incarceration.

PUBLIC HEALTH VIOLENCE PREVENTION GOALS

Applying the four steps of the classical public health model: surveillance, risk factor research, program development and evaluation and dissemination of best practice the author proposes several public health prevention goals to be applied to the issue of sexual violence.

> Make people aware of the magnitude and characteristics of sexual offending. Here the focus is on presenting the issue of sexual violence as a pervasive social issue, which cuts across all boundaries and to clearly identify the most likely perpetrators as family, friends and acquaintances, not strangers.

> Inform individuals and communities that there are strategies that work. Combat the widespread beliefs that there are no effective interventions for sexual offenders and that incarceration is an effective deterrent.

> Provide information about what works to prevent or stop sexual abuse. Explain the treatment process fully, including the need to change attitudes and beliefs as well as behaviors.

> Measure the effectiveness of programs and use that information to improve the programs. This section lists possible outcomes that could be used in an evaluation process and actively encourages any evaluation information to be used to improve service delivery.

Minimizing harm through public health approaches

The article contends that current model of sex offender treatment are in essence *zero tolerance*. Laws proposes that a harm reduction perspective would be more effective. The author refers to work published in 1992 by G Pearson, which outline three broad goals for harm reduction in a criminal justice setting that are also consistent with addressing sexual violence using a public health model.
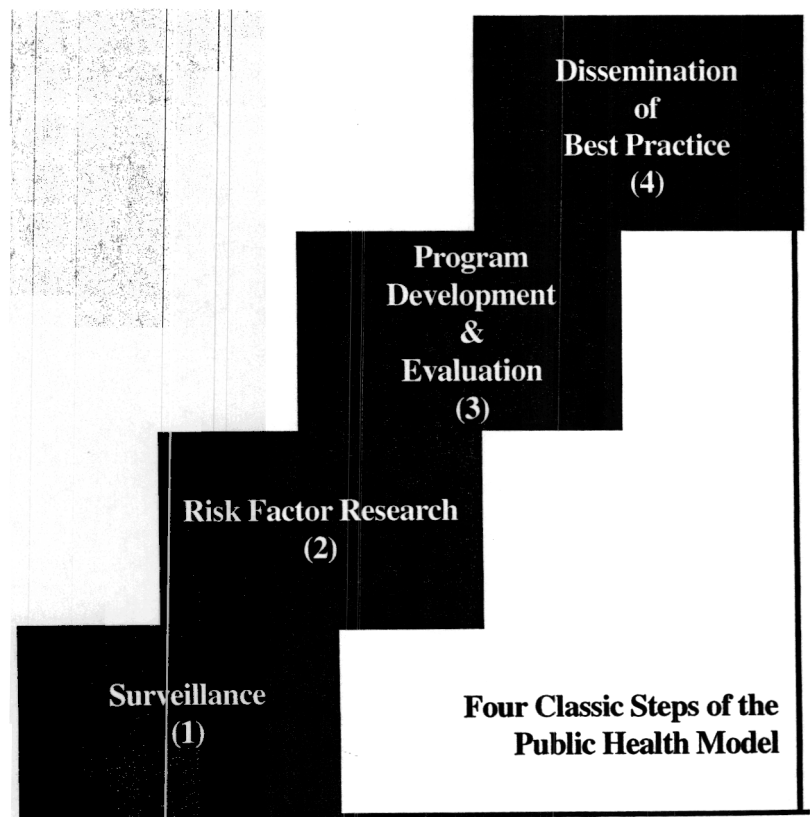
Containment of the number of new sex offenders entering the system. This is not the redistribution of sex offenders to other system but a net zero gain. This would occur by shifting the focus to include more primary and secondary interventions.

Encourage sex offenders to take "early retirement". Encourage offenders to seek voluntary treatment. Laws cites the efficacy of previous public health campaign as rationale. "It is worth noting that, during these past 10 years, the public has been absolutely bludgeoned with pro-health messages about seat belts, first hand and passive smoking, safe sexual practices and HIV infection. These efforts, and particularly the antismoking initiative have clearly had an effect on behavior"."

Minimize the counter-productive effects of law enforcement.

The overall conclusion of this article is that we have focused far too many resources on tertiary strategies. We should utilize a public health model to develop effective an appropriate strategies to address the sexual violence. Those strategies should place a higher incidence of primary and secondary interventions and recognize the importance of minimizing harm.

"In recent years the imposition of such draconian approaches as 'three strikes you're out,' public notification, Internet sex offender registries, chemical castration, and sexually violent predator laws have created enormous public hysteria resulting in a fortress mentality that has had little practical result."

Dissemination of Best Practice (4)

Program Development & Evaluation (3)

Risk Factor Research (2)

Surveillance (1)

Four Classic Steps of the Public Health Model

Brief Abstracts

"CHILD SEXUAL ABUSE AS PUBLIC HEALTH ISSUE: RECOMMENDATIONS OF AN EXPERT PANEL"

PAMELA M. MCMAHON AND ROBIN C. PUETT

In this article, McMahon and Puett provide a model for using the public health approach to examine the issue of child sexual abuse prevention. The recognition of child sexual abuse as a significant problem linked with negative health outcomes inspires a primary prevention focus. The authors state the need for a methodical response to child sexual abuse and to further create and assess primary prevention programs.

This article explains how the public health approach can be adapted to child sexual abuse. It includes the classic four components of the public health model.

The CDC assembled a panel of experts in 1997 to develop recommendations regarding child sexual abuse as a public health problem. The participants of the panel broke the issues into three groups 1) research, surveillance, and evaluation 2) public awareness and education 3) public policy (p.260). A rundown of the recommendations developed by this expert panel is presented. The article concludes by endorsing a shift toward primary as opposed to secondary or tertiary interventions in using the public health approach in regards to child sexual abuse.

SEXUAL ABUSE: A JOURNAL OF RESEARCH AND TREATMENT 11:4 (1999): 257-266.

"HAVING NEW EYES: VEWING CHILD SEXUAL ABUSE AS A PUBLIC HEALTH PROBLEM"

JAMES A. MERCY

Mercy introduces the article by mentioning how we as citizens have harshly misjudged the effects of child sexual abuse on children's health and quality of life. Looking at child sexual abuse as a public health issue has inspired us to ask the question, "What are the implications of applying this paradigm to child sexual abuse?" (p.318). This article seeks to answer this question.

The public health model requires intervention on all three levels, particularly the primary level. The author encourages us to develop interventions for factors that create sexually abusive individuals and perpetuate society's misconceptions regarding sexual violence and its manifestations. The author raises difficult question about our tendency to focus on secondary and tertiary interventions.

Mercy continues to stress the importance of using public health model. Components such as a greater investment in a multi-disciplinary, scientific method to identifying effective prevention strategies is required. Mercy states that if we look at the community-and societal-level risk factors for sexually abusive behavior only then can we develop effective primary prevention programs.

Public health's role of linking diverse perspectives and resources through community involvement only reinforces in finding and implementing effective solutions. In conclusion, Mercy encourages us to look at child sexual abuse using the public health approach.

A JOURNAL OF RESEARCH AND TREATMENT 11:4 (1999): 317-321.

"PUBLIC HEALTH POLICY FOR PREVENTING VIOLENCE"

JAMES A. MERCY, MARK L ROSENBERG, KENNETH E. POWELL, CLAIRE V. BROOME AND WILLIAM L. ROPER

In this article, the authors describe the basis and processes of policy development and implementation in terms that are helpful for understanding public health policy. With the formation of the National Center for Injury Prevention and Control in 1991 as part of the Centers for Disease Control and Prevention (CDC), a new vision for prevent-

ing violence occurred. The vision is to focus on shifting the social, behavioral, and environmental factors that cause violence. The authors begin by presenting epidemiologic documentation of the full range of this health crisis and its influence on specific subgroups. Public health approaches violence as a health issue and uses injuries-both fatal and nonfatal; psychological and physical-to quantify the impact of violence. The evidence is reliable that violence disproportionately impacts youth, women and the poor.

The authors continue to discuss public health contributions to violence prevention that address shortfalls in our society's current response to this problem. Public health's involvements include putting prevention efforts foremost, having science at the forefront in recognizing and developing helpful policies and programs.

Many effective intervention strategies through which violence might be prevented exist. The article presents a record of a multinational, continued strategy to prevent violence. The authors then state priorities for public health analysis and action. The priorities include preventing injuries from firearms, interrupting the "cycle of violence," developing and evaluating community approaches to violence prevention, and changing public attitudes and beliefs toward violence (p. 21).

In conclusion, the authors emphasized principles, based on the public health vision to assist as guidelines for forming and implementing public policy. The principles are: invest in prevention, address the root causes, adopt a learn-as-we-go approach, stress synchronized action, intervene early, and work with the community.

HEALTH AFFAIRS WINTER (1993): 7-29.

"NEW DIRECTIONS FOR PREVENTION: RECONCEPTUALIZING CHILD SEXUAL ABUSE AS A PUBLIC HEALTH CONCERN"

KEITH KAUFMAN, MICHELLE BARBER, HEATHER MOSHER AND MEGAN CARTER

This chapter, excerpted from the book Preventing Violence in Relationships: Developmentally Appropriate Interventions Across the Life Span, recommends the implementation of the public health approach to tackling the problem of child sexual abuse. A dual track model that deals with both proximal and distal factors is proposed as a guide for the growth of work in this area and as a medium for the inclusion of a broader array of individuals, families, organizations, and communities in the prevention process. This model includes the total prevention range (i.e., primary, secondary, tertiary) and allows for the integration of existing efforts (e.g., school-based education) and approaches (e.g., the criminal justice response). It supports a shift in responsibility for children's safety, from the children themselves to adults in their lives and the community at-large. This view of expanded obligation for children and teen's safety allows multidisciplinary involvement and confronts the discipline to create new types of interventions.

The authors have several recommendations for looking at prevention as a response to child sexual abuse. They point out that moving beyond a focus on child-based prevention approaches will require significantly more support for models that recognize the ability of prevention programs to replace more expensive tertiary care services (p.11). Coordination and progress of a national agenda in the development of primary and secondary prevention strategies aimed to improve the skills, foster support, and reduce the influence of contextual risk factors would expand resources and reduce duplication of efforts. This would allow for the discovery of key risk factors that funding would support to examine pilot interventions aimed to amend these risks.

Another recommended strategy was for national distribution of successful prevention programs should be undertaken along with their own incorporated evaluation components. Lastly, the authors advocate for a successful partnerships between victim and offender treatment professionals in which integrating evaluation components into community-based treatment and adapting approaches based on evaluation findings. This will be essential to guarantee effective long-term outcomes (p.13). By reaching these recommended goals will bring about a continued commitment to collaboration, advocacy, and a complete range of prevention services.

"THE PUBLIC HEALTH APPROACH TO THE PREVENTION OF SEXUAL VIOLENCE"

PAMELA M. MCMAHON

McMahon proposes a public health approach to prevention of sexual violence. This approach identifies three levels of prevention: primary, secondary and tertiary. At a primary level, the goal is to identify and end the improper sexual behavior before it begins. At a secondary level, the goal is to recognize those individuals who are at risk of abusing or being abused and decrease this risk. At a tertiary level, the intervention aims those individuals who have a past of sexually improper behaviors. A clarification of each level is given as it relates to the area of sexual violence. In addition, the public health approach strives to shift their interest of primary prevention from possible victims to possible perpetrators. The four steps of the public health model are offered with examples of how the CDC is utilizing this model to sexual violence prevention. In conclusion, McMahon mentions both micro-and macro level factors certainly play a crucial role in sexual violence prevention.

"TOPIC FOR OUR TIMES: RAPE IS A MAJOR PUBLIC HEALTH ISSUE"

LYNN HECHT SCHAFRAN

As Schafran observes in this article, most health research on violence has focused solely on men. Thus, Schafran focuses on what she defines as the best study of sexual assault among adult women, Rape in America. Sexual assault is so commonplace and produces such serious psychological trauma that it is vital to classify it as a public health issue (p.16). Schafran stresses the importance in planning injury and violence prevention strategies for women, to be aware of the factors that hasten injury and which groups are at risk. The author highlights the importance of the medical history in both identifying women at risk of further injury and for "the epidemiological surveillance essential to developing and evaluating primary and secondary preventive programs" (p.17).

Schafran cites several suggestions from the findings of the 1992 Rape in America study.

Health professionals should receive information about risk factors, indicators, and prevalence of violence (p.16).

Ensure privacy during the taking of the patient's history of violence.

Public health professionals should stress the urgency of a forensic examination, by promoting SANE (Sexual Assault Nurse Examiner) programs.

Schafran concludes the article by advocating treatment for rape victims and offenders be treated as a public health issue.

"Sexual assault is so commonplace and produces such serious psychological trauma that it is vital to classify it as a public health issue."

"Public Helath Models of Violence and Violence Prevention"

Kennerh E. Powell, James A Mercy, Alex E. Crosby, Linda L Dahlberg and Thomas . Simon

The aim of this article is to illustrate several public health models of violence prevention. The models illustrated fall into three groups:

1) models to describe the incidence and attributes of violent activities
2) models to direct ideas about causes and types of prevention
3) models to direct reflecting about prevention activities.

The basic functions of public health models include assessment, policy development and assurance (p.176). With that as the basis, public health uses the following models to illustrate and comprehend the problem of violence and to expand prevention activities for violence.

The **time-place-person** and the **epidemiologic** models discussed provide essential descriptions of violent events.

The **causal pies** and **causal chain** models helps us understand how the various multifaceted factors that add to violence interrelate to create violence and to recognize which factors are essential for violence to occur.

The **high-risk** and **population** approaches, circles of influence, and violence prevention cube help to mend the easy pieces into valuable prevention programs.

The last models (high-risk and population) highlight the assortment of target groups, the array of personal and social factors that add to the component causes, and the importance of versatile and strengthening interventions. The authors conclude the knowledge of the extent, reasons, and effective prevention actions differs for diverse types of violence and as such determines the appropriate model(s) to be utilized.

Encyclopedia of Violence, Peace, and Conflict 3 (1999): 175-186.

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