

**Washington  
Coalition of  
Sexual Assault  
Programs**

**Washington State  
Sexual Assault Prevention  
Resource Center**

***Sexual Assault Prevention  
Resource Manual***

***Developed by  
Gayle M. Stringer, M.A.***

**Module I**

*Rationale*

## **An Invitation**

**Bev Emery**  
**Executive Administrator**  
**of the Office of Crime**  
**Victims Advocacy**

## **Let Us Be Instruments of Change**

Early in the history of the sexual assault movement were visionary workers, and they were about social change. They were about naming and then challenging the attitudes and beliefs ingrained in every aspect of society which allowed and encouraged sexual violence. Those were the voices of courageous women who believed that if they named and challenged those attitudes and beliefs - they could change them. They were committed to ending sexual violence.

The more they began to speak, the more they heard the voices of more and more women who had been or were victims of sexual violence. Voices started coming from every direction, every age, every income, every racial and cultural identity - more and more, louder and louder. All were talking about their past and current victimization. Those listening did the only thing they could do - they responded to the women, and now children, who were coming forth in their pain.

So, we turned to response. Support groups were formed, hotlines were established and medical and legal advocacy were invented. Agencies were started, volunteers were recruited and trained and victims were helped. Important lessons were learned and treatment services improved. Sexual assault agencies became an important part of communities.

Some remained devoted to and working in prevention education, particularly with children. We started a number of innovative ways to teach one child at a time the skills needed to prevent them from becoming victimized by sexual violence.

Now it is 1997. We have 20 years of experience. We have accomplished much.

**Washington Coalition of Sexual Assault Programs**  
***Washington State Sexual Assault Prevention Resource Center***

It is time to stop, to carefully look, and to revise our approach to sexual assault prevention. I propose to you that it is not good enough to teach children and young people to protect themselves against adults and peers. Rather, it is time for us, as adults, to create a society in which we can all be safe.

*They were nothing more than people, by themselves. Paired, any pairing, they would have been nothing more than people by themselves. But all together they have become the heart and muscle and mind of something strange and great. Together, all together, they are the instruments of change.*

*Bone People, by Keri Hulme*

And now it is time to continue forward, to complete the circle, returning to a time to bring about change - social change. Let us renew the voices of yesteryear to identify and challenge and change the attitudes and beliefs which support sexual violence. The Washington State Sexual Assault Prevention Plan is a beginning. On behalf of the Office of Crime Victims Advocacy, the Department of Health, and the Committee, we come to you, looking for partnership in this great adventure. This is, in many ways a leap of faith. It is likely that in the implementation, we will make mistakes. I commit to you, we will fix the mistakes. I ask you to cut us some slack, as we will cut you some slack. I ask that we all act in the best spirit of partnership and keep our common goal in mind.

Come, join us in something perilous and new, something strange and great. Come, let us all be instruments of change.

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## **Introduction**

This manual is intended as an informational resource guide for programs and individuals seeking to create a sexual assault prevention program utilizing a community development model. This resource will contain theoretical information and practical "tools" for use by program planners.

## **Sexual Assault Prevention Advisory Committee**

The idea for this manual came from the Washington Coalition of Sexual Assault Programs staff in response to work done by the Sexual Assault Prevention Advisory Committee, convened by the Office of Crime Victim's Advocacy. The charge for this committee and the results of its deliberations are detailed in the report included in section I of this manual.

## **Purpose**

The purpose of this resource is to:

- 1) ensure that prevention providers, and community sexual assault programs in particular, have access to the rationale for utilizing a social change / community development model for prevention programming
- 2) practical examples of tools / instruments used by leaders in the prevention field

The manual is not designed to be all inclusive, but examples of material and suggestions for further research.

It will also contain articles of interest related to various aspects of prevention and community development.

It is planned as a modular manual, adding information in areas which will support and enhance the work of sexual assault prevention.

## **Initial Modules**

Present modules include

- I) rationale
- II) tools to evaluate and plan prevention programming
- III) collaboration

**Proposed Modules**

Future modules

- I) social marketing
- II) evaluation
- III) resources

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## **An Overview of the Sexual Assault Prevention Advisory Committee**

**Kim Koeppen,  
OCVA Staff**

The Sexual Assault Prevention Advisory Committee has been meeting from the last week in March through July 22, 1997 mapping out a new direction for sexual assault prevention in Washington State.

The committee analyzed much data and reading material and had many active discussions about specific prevention models. Final recommendations are included in a sexual assault prevention plan completed the end of July. The main points of the recommendations are:

- Run a statewide public education/awareness campaign focused on sexual assault prevention. The campaign will likely be aimed at youth aged 11 - 18;

- Fund two to three communities to implement a social change, community development model pilot projects focused on comprehensive primary prevention efforts;

- Establish and operate a technical assistance resource center focused on sexual assault prevention. The resource center will provide a wide variety of services and resources to anyone doing sexual assault prevention work. Resources will likely include technical assistance regarding the social change/ community development prevention model, on site consultation, library/ media resources, training, etc.

All the activities listed above are expected to operate for four years. The four year plan is based on grant funding information provided by the Centers for Disease Control (CDC), the federal granting agency. The advisory committee and OCVA are conscious of the fact that a large portion of the prevention effort will be focused on two or three pilot project communities. This was a deliberate decision reached after much intense discussion. We all will have an opportunity to see the results of an inch wide/mile deep service strategy. Overall, the entire state will benefit from both the statewide public education/ awareness campaign and the technical assistance resource center.

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**Module One**  
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## **Sexual Violence**

Sexual violence is physical, emotional, social, economic, cultural, spiritual, and/or political acts and/or behaviors that use sex and/or sexuality as tools of violence and oppression (through the misuse of power and control) against children, youth, women, and men.

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## **Sexual Violence Prevention**

Sexual violence prevention means promoting attitudes, behaviors, and social conditions that reduce and ultimately eliminate factors that cause or contribute to sexual violence.

## **Conditions Which Promote Sexual Violence**

**from a brainstorm by  
the State Prevention  
Advisory Committee**

The conditions, causes and/or contributing factors which allow sexual violence to occur are varied. The following list represents a broad, though not all-inclusive, view of such conditions:

- patriarchal structure
- attitudes, beliefs, values of privilege
- economic inequality
- societal / community acceptance
- gender inequality
- sexism
- academic inequality
- objectification of women
- community members allow it to happen
- tolerance, support and encouragement
- rewarding strict adherence to gender stereotyping
- media
- sociopathic behavior or criminal intent
- chemical or physiological imbalance
- sanction / misinterpretation of religious beliefs
- ignorance of or disrespect of boundaries
- inability to talk about it
- substance abuse
- desensitization to violence through news and entertainment media exposure

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## Sexual Violence Prevention Where Have We Come From?

The efforts to prevent sexual violence have grown out of several movements in this country which have converged on various aspects of the problem.

Sandra Butler, author of *Conspiracy of Silence: The Trauma of Incest*, and pioneer in the field of group work for adult survivors of childhood sexual abuse, identifies two motivating forces in the field of sexual violence prevention education. First, the publication of *The Battered Child* (Kempe and Helfer, 1968) which clearly identified that physical abuse was indeed happening to children. These authors focused national outrage on this issue. Secondly, a conference sponsored by the New York Radical Feminists in 1971 yielded the first public declaration about women's experience of rape and a series of public recommendations about prevention activities.

In the early 70's the women's movement, in general, and the National Organization for Women, in particular, began to hold "speak outs" on rape. This public exposure and ensuing discussion of the issue of sexual violence resulted in the creation of the first rape crisis centers in the country. These centers served the needs of victims and became the vanguard in educating the public about sexual violence.

The focus of these prevention efforts was specifically targeted to potential victims. In the late 70's some of the first books on sexual assault, child sexual assault and prevention were published. Few, compared with the plethora of books available today, but a beginning. Then in the 80's the media began to focus more clearly, if sensationally, on the issue. As a community we were beginning to understand that there were victims of all ages, legislation was proposed, hearings held, legislation passed to more clearly codify the crime of rape and child sexual assault. In 1985, the Washington Legislature passed legislation related to prevention of sexual violence. All school districts were to implement a sexual abuse prevention program for their students. No one curriculum suited every community. No single curriculum covered the range of necessary information adequately. And as programs were isolated in the schools the adequacy of the sexual violence prevention education was wholly

dependent on the commitment of each school. Rarely were parents, let alone the whole community, involved in the protection of its children.

By the 1990's there existed a wide range of prevention activities predicated on a variety of prevention models:

- disease model
- primary / secondary/ tertiary model
- risk / protective factors model
- resiliency model
- social change model
- skill building / self preservation model
- law and justice model

*(for more information on these models see Sexual Violence Prevention, a working paper by Christina Wildlake, for the Washington Coalition of Sexual Assault Programs, included in this module)*

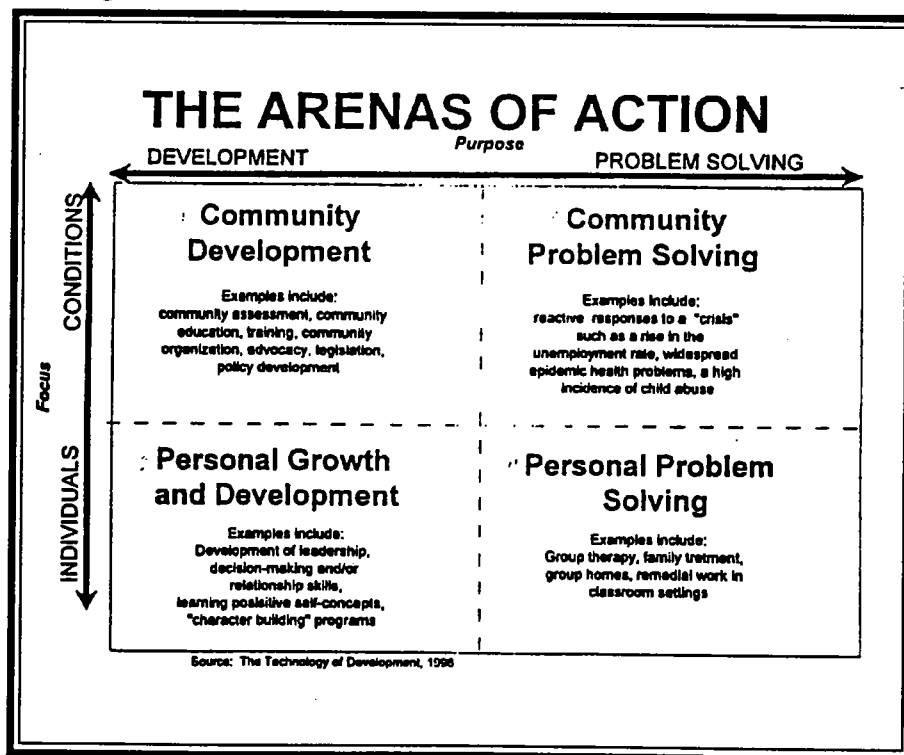
Many rape crisis centers in Washington have taken leadership in their communities to create and provide sexual assault prevention education. Their mission as social change organizations has motivated their prevention activities. Based on the belief that sexual violence will not end unless prevailing norms of socialization and acceptance of sexual violence are challenged, they provide what information and education their staffing and budgets allow.

Other organizations within communities, police, hospitals, mental health agencies, other social service agencies, also provide prevention work based on some of the above mentioned models. Few communities have a comprehensive collaborative prevention plan, based on an articulated theoretical construct, in place.

## Where are we going?

The theoretical basis for prevention programming is essential to good program planning. Many strategies may have a role to play in the grand scheme of a prevention plan. It is critical to determine precisely the focus of the strategy, the target of the intervention and the purpose of the proposed action.

One tool which is helpful in identifying the balance and focus of a service providers prevention programming is William Lofquist's model for analyzing various arenas of action. This tool may be used to plot and evaluate present prevention strategies. By noting the relative balance in the four arenas a program planner may see what areas are in need of imaginative programming. It is Lofquist's view that, though programs focused on the two problem solving arenas may lead to stronger individuals, only concentrated efforts in the development arenas address the underlying conditions which promote the well-being of people. For our purposes, addressing the underlying conditions which will promote healthy attitudes and interactions between people reducing the likelihood that sexual violence will survive.



A tool to help utilize the Arenas of Action mental model is included in Module II.

## Sexual Violence Prevention and Social Change

The overall goal for a social change approach to ending sexual violence is, according to Carolyn H. Sparks and Bat-Ami Bar On, in their paper, *A Social Change Approach to the Prevention of Sexual Violence Toward Women*, is "deinstitutionalizing sexual violence by institutionalizing the principle of respect for persons - a principle obviously incompatible with sexual violence."

Social change work in a community development model requires a community to

- 1) identify current norms that support sexual violence
- 2) create new norms that reflect respect for persons

Social change also require social action and political action with social justice as the vision.

Lofquist provides several practical mental models, called the Technology of Development, which may guide communities through a planning process for community development and social change. Mental models determine how we will think about things. If our models are too limiting we will miss potential opportunities. Lofquist's mental models are designed to think expansively about prevention. These models are explicitly discussed in *The Technology of Development: A Framework for Transforming Community Cultures*.

These mental models are:

### Arenas of Action

- 1) The Arenas of Action

This model provides the definitional framework for development work and offers a clear way to compare, contrast and relate the two essential approaches to change... development and problem solving.

## **Elements of Change**

### **2) The Elements of Change**

This is the basic planning steps for a change strategy.

Any planning process will do well to cover these steps.

## **Spectrum of Attitudes**

### **3) The Spectrum of Attitudes**

This mental model focuses upon the nature and quality of the relationships between and among individuals.

## **Levels of Networking**

### **4) The Levels of Networking**

This mental model focuses upon the nature and quality of the relationships between and among the various groups and organizations of the community.

## **Sources of Design**

### **5) The Sources of Design**

This model focuses upon the forces which give shape to programs and strategies and determine how people use the resources they have at their disposal.

## **Planning of Strategy**

### **6) The Planning of Strategy**

This model focuses upon the conditions within which development work is undertaken.

Tools to aid in the use of these models will be found in Module II.

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## High-Impact Planning

**Barry M. Kibel, Ph.D.**

Another compatible planning model has been developed by Barry Kibel, Ph.D., His planning model, High-Impact Planning, has seven basic steps with numerous exercises to be performed at each step. This planning strategy aims to

- create a new vision
- generate excitement for that vision
- think and plan systemically
- involve often isolated and disconnected community members
- spread the responsibility for accomplishing tasks.

The basics of Kibel's approach can be found in the article , *High-Impact Planning - Mobilizing the Whole Village*, found in this module.

Both of these models and numerous others are predicated on the belief that all people are resources with a vested interest in creating safe and healthy communities. Both believe in the richness of diversity and the potential investment and contribution of often excluded community members.

The recommendations of the state prevention advisory committee is that the focus of the efforts be targeted to youth, age 11 - 22. Youth, often left from the visioning and planning process, can be included in both of these models.



BRINGING OUR PAST  
INTO OUR FUTURE:  
SEXUAL VIOLENCE PREVENTION

*by Christina L. Wildlake*

## **I. INTRODUCTION**

This paper is a part of a two-year project undertaken by the Washington Coalition of Sexual Assault Programs (WCSAP) to look at the field of sexual violence prevention. The stated goals of the project are: 1) To review the state of current sexual violence prevention efforts in the state of Washington; and 2) to set the stage for the future of sexual violence prevention in the state of Washington. The project is funded through a grant from the Washington State Department of Community, Trade and Economic Development - The Office of Crime Victims Advocacy.

Specifically, this paper is a summary of the findings of a review of related materials on prevention efforts, information from discussions and trainings with experts in the prevention field, and the findings of a brief survey of sexual assault service providers in Washington State. The intention of this work is to collect information in the field and to outline the strategies which are currently being used in the sexual violence prevention field.

The other major component of the project is to convene a conference on sexual violence prevention. The purpose of the conference is to bring people in the field together and to develop implications and recommendations for the future of sexual violence prevention. Upon the conclusion of the conference the implications and

recommendations will be added to this paper.

This project is intended to set the direction for the future of sexual violence prevention work in the state of Washington. The intent of this project is for practitioners to refer to this body of work for references and programmatic ideas. Policy makers may use this information to influence changes in policies and decisions which are to be made. As well, this project may assist researchers to identify the needs of research and the status of the field of practice in sexual violence.

## **II. HISTORY OF SEXUAL VIOLENCE PREVENTION**

Prevention is a relatively new field of practice and study. It is intrinsically linked to the social movements of the late 1960's and 1970's. The American society experienced a tremendous growth in grass roots movements concerned about the social welfare of its people. Awareness of the existence of a variety of social ills, such as alcoholism, drug addiction, poverty, homelessness, youth problem behaviors (such as teen pregnancy, youth suicide, and youth violence) and violence grew. Such movements called for increased awareness and the prevention of social ills. The public sentiment and the movement itself were the impetus for the creation of the fields of study and practice of prevention. Two of the early arenas where prevention work focused were on preventing chemical dependency and on preventing youth "problem behavior," such as delinquency, teen suicide, teen

pregnancy, etc.

Crime and violence were also rising societal concerns. In 1966, the President's Commission on Law Enforcement and the Administration of Justice - established by Lyndon Johnson - produced a report stating "Crime is a social problem that is deeply interwoven with almost every aspect of American life." The commission accordingly declared that the most important single objective the nation should pursue if it wished to "significantly" reduce crime was to "seek to prevent crime before it happens by assuring all Americans a stake in the benefits and responsibilities of American life." <sup>1</sup>

Public awareness about social ills including sexual violence during the late 1970's and early 1980's continued to grow. More and more social service organizations were created. Programs and projects were implemented. Laws were created. Practitioners grew in understanding what they believed to be the roots of such social ills, developed and refined programs, and lobbied for support and funding of prevention efforts. Researchers attempted to document information on occurrences of sexual violence, to define prevention, and to conceptualize theories which explained why such problems occurred.

Both practitioners and researchers recognized the study and practice of prevention

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<sup>1</sup> Crime Justice and the Social Environment, Elliot Currie 199-, pg.96

was extremely complicated. During this time much debate arose in trying to understand the roots and origins of social ills. This debate continues today.

In the prevention of sexual violence three primary camps evolved in this debate.

One camp believes such problems occur because of societal structure and dynamics which allow it to occur. Another camp believes the occurrence is primarily a result of individual defects such as personality flaws, behavioral problems, psychological disorders or genetic disorders. Others believe violence occurs as a result of a combination of society and the individual. It is clear that the existence and occurrence of social ills, including sexual violence, cannot be understood in a simple cause and effect equation.

In the 1980's, prevention researchers began to provide an explanation of why such problems occurred. George Albee, an early prevention theorist, developed a formula of prevention (1980):

$$\text{rate of problem behavior} = \frac{\text{cultural expectations} + \text{lack of opportunity} + \text{stress} + \text{organic problems}}{\text{healthy self-perceptions} + \text{life skills} + \text{awareness} + \text{supports}}$$

Albee theorized that problem behaviors (a.k.a. social ills) occur as a result of the combination of societal conditions and personal conditions. He recognized that in order for prevention to be effective it would be critical to address both personal and societal conditions.

Another early prevention theorist, William Lofquist, created *The Technology of Prevention*. He used the term "technology" because, by definition, technology is something which can be learned and can be applied. Lofquist felt that prevention could and should be learned and applied. Lofquist created a formula to explain the elements necessary to the process of prevention:

The technology of prevention = concepts + tools + skills + strategies + values<sup>2</sup>

In this model Lofquist, like Albee, theorized that effective prevention necessitates focusing on individuals and on society/community. Lofquist's formula addresses the need to understand people's values and how social ills are conceptualized by the community. He asks the question of why do people/communities "believe" such problems are occurring, and stresses the necessity of understanding the people/community values. This understanding needs to be added to the people/community skills, tools and strategies. The process of prevention needs to be appropriate to the community to which it is applied. What works in one community may not necessarily work in another community. Lofquist stresses that success of prevention efforts are based on the combination of the community's beliefs and values, the conceptualization of prevention, the clarity of the strategies, the appropriateness of the tools used to apply prevention, and the skills needed to apply it.

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<sup>2</sup> Pransky

Albee's and Lofquist's models provided frameworks for the creation, focus and implementation of prevention programs. It is important to note that much of their work has been applied to prevention focused on youth problem behaviors and chemical dependency. It has not yet been applied to the sexual violence field.

As the field of prevention grew, the sexual violence field was experiencing similar growth. In the late 1970's and early 1980's the United States experienced a tremendous increase in survivors of sexual violence publicly speaking out, sharing their stories of victimization, activism around the issues of sexual violence, and the creation of service programs, such as rape crisis centers. Such efforts increased public awareness, reduced the trauma to survivors, and increased the public's call for programs to prevent sexual violence.

Activists and rape crisis centers took on the responsibility to prevent sexual violence. Incorporated in the mission of rape crisis centers were the beliefs that sexual violence occurred as a result of the societal structure and power dynamics which allow it to occur. Preventing sexual violence would necessitate changing the structure and power dynamics of the society. Activists' and rape crisis centers' initial prevention strategies focused on raising public awareness. The intent of increasing awareness was that it would motivate the public to take collective responsibility in preventing and ending sexual violence.

As survivors spoke out and public awareness grew, an urgency arose to protect those who were perceived to be vulnerable to victimization. It was commonly agreed that women and children were the most at risk. A wide variety of self defense programs arose to help women learn to recognize danger and how to respond to a potential assault. These programs ranged from defensive skill building trainings such as adaptations of traditional martial arts, to controversial *reenactments* of potential assaultive situations, and feminist based self empowerment programs which often combine education, consciousness raising and skill building.

The 1980's saw virtual explosion of efforts to prevent child abuse and child sexual abuse. This may have been, in part, due to impact of the massive media coverage of some horrific cases of alleged child sexual abuse. One of the most notable was the California-based McMartin Pre-School case. In response to the greater awareness of child sexual abuse and a desire to prevent it, curricula were developed and implemented, children's books were printed, educational videos were made, and pamphlets were distributed to children.

"As the sexual abuse prevention movement gained momentum over the past decade, a virtual industry developed around the production and delivery of prevention curricula for children. Financed mainly by state and local governments and delivered by community-based service providers, these prevention training programs are designed to protect young children from sexual abuse. Between the intent of these programs and their outcomes, however, looms a huge zone of uncertainty. The programs were not built on rigorous systematic testing of curricula. They sprang almost full-blown out



of a pressing need to respond to the alarming reports of child sexual abuse."<sup>1</sup>

In this era, legislation began being enacted to prevent sexual violence. Laws were enacted to increase penalties for criminals, the definition of "rape" was expanded, and state and federal funding were provided for the treatment and prevention of sexual violence.

The 1980's saw some of the first federal dollars allocated to the prevention of sexual violence. The federal prevention block grants had special set-aside funding for the prevention of sexual violence. As well, legislators began early work on what is now known as the Violence Against Women Act (VAWA) which was enacted in 1994 as part of the federal Crime Bill. The federal and legislative arenas have been particularly difficult to garner support for prevention, as is noted by the following remarks, from Heller, Price, and Sher (1980),

"Political opposition to prevention comes from fiscal and political conservatives, who, in advocating a general governmental cutback in social services, are opposed to any new programs. They are concerned with what they see as the grandiosity of prevention proposals that are not keyed to specific circumscribed disorders. They see community-wide prevention proposals with a population focus as increasing the risk of government interference and regulation in the lives of ordinary citizens." (pp.286-287)

Also, especially at the legislative level, a philosophical debate arose regarding how sexual violence was viewed; some viewed it as a crime and justice problem, while others viewed it as a public health problem. This debate has lead to conflict over

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<sup>1</sup>. Duerr-Berrick, Jill; Gilbert, Neil. With the Best of Intentions: The Child Sexual Abuse Prevention Movement. Jacket cover.

whether sexual violence can be most effectively addressed by efforts directed at those who may commit the crime or efforts that address the well being of the survivors and of the community. This debate has been reflected in legislative language and intent for funding priorities. The debate continues today.

The late 1980's and early 1990's were marked by a tremendous increase in the number of survivors in need of assistance and seeking services. Survivors of all types of sexual violence were coming forward, including adult and child survivors of incest, sexual harassment survivors, date/acquaintance rape survivors, and many other forms of sexual violence. Assisting survivors was an immediate need and became a priority for groups such as the rape crisis centers. As well, public sentiment supported addressing their immediate need. This may have fulfilled the public desire to do something about sexual violence yet was in contrast to the public truly taking responsibility for preventing sexual violence.

This situation reflects general policy biases not only against sexuality-related interventions, but also against "merely preventive" actions. "In spite of their willingness to engage in the rhetoric of prevention, Americans are slow to accept preventive measures seriously, to undertake the long-term tasks of planning and to realize the faults of simple, direct methods" <sup>2</sup>

Many rape crisis centers were overwhelmed with the number of survivors in need of advocacy and assistance. Such organizations faced the reality of limited resources, including public funding primarily being available for assisting survivors

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<sup>2</sup> Johnson, 1987, p.38

and not available for prevention. The organizations were committed to social change and ending sexual violence but because of the restraints of resources (including funding) and the overwhelming number of survivors in need of assistance, organization's work focused on meeting the needs of survivors.

Assisting survivors is an essential part of social change work yet was only one piece of a very complicated process of social change. It should also be noted that funders were resistant to fund social change prevention efforts for many reasons including a lack of understanding of the process of social change and a desire to have immediate results.

Prevention programming, especially programming directed toward children, arose out of a public crisis of recognizing vulnerability and their desire to do something to protect those who may be vulnerable. Programs, curricula and projects were developed without the benefit of scientifically knowing what worked and what didn't work. These were developed based on what the developers believed to be the best approaches to protect victims and prevent sexual violence. This has greatly effected the sexual violence prevention field. Practitioners rushed to protect and had little or no opportunity to come together to share information, resources and develop an understanding of what constitutes "best practice."

The 1990's has been an era of accountability. Funders, policy makers and the general public have been calling for programs and service organizations to be

accountable and clearly demonstrate the impact of their work. In the field, practitioners learned much about the efforts they have implemented and some are now taking a critical look at how they do the work. Researchers have begun to move beyond justifying that sexual violence occurs and understanding who is vulnerable to looking at what may be effective in prevention of sexual violence. Programs, projects and curricula are now being evaluated and studied. Some practitioners and researchers are working together to design appropriate evaluation tools for the prevention field and beginning to apply those to existing projects.

"We have entered an era of accountability. Social and health programs are no longer able to satisfy their funders with data on how many clients were served or what percent of clients were pleased with the services received. They must demonstrate that their programs are making (or will make) real and socially meaningful differences in the lives of their clients. This push for accountability is long overdue. Funders, program staff, clients, and the public all stand to gain from those programs that accomplish and catalyze more and better results. However, in the leap from services and activities to outcomes, funders may have jumped right over what programs can and ought to be held accountable for. Instead of holding programs accountable for realizable achievements, they are being held accountable for outcomes that are beyond their control to produce. As analogies, should we hold supermarkets accountable for the cholesterol levels of their customers? Sunday school programs be held accountable for the moral character of the children in these programs? Emergency room staff be held accountable for the future health of those they serve? Such demands are unreasonable and counterproductive."<sup>3</sup>

In Susan Faludi's 1991 book *Backlash The Undeclared War Against American Women* (Crown Publishers) she describes how the messages of the feminist movement, and the accomplishments of the movement, have been manipulated

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<sup>3</sup> *Why Results Mapping?* by Barry M. Kibel, Ph.D. and Will Miner p.1

and used against women in an effort to promote an agreement that the feminist movement has been a detriment to the well being of women. Sexual violence and the feminist movements have often been closely aligned and during the 1990's the sexual violence movement has experienced a similar backlash.

The backlash has, probably, most prominently impacted the treatment of adult survivors of childhood incest. During the 1980's and 1990's adult survivors of childhood incest became much more vocal and began successfully suing perpetrators. In response groups such as the False Memory Society (FMS) arose and challenged survivors' stories and their ability to accurately remember abuse which may (or may not) have occurred twenty or more years ago. The FMS has intensely challenged therapists who work with adult survivors of incest. FMS brought attention to the credibility of those therapists and the methods they've used in uncovering memories.

In terms of the sexual violence prevention field, the backlash movement was impacted in two primary arenas; first, in terms of questioning the validity and impact of programs; secondly, the backlash movement has questioned the need for prevention efforts as they've posed the question that the occurrence rates of sexual violence has previously been over stated. As challenging as it has been for the prevention field to respond to the backlash, in many ways it has helped to advance the field. The era of accountability can be linked as a partial response to

the backlash. In addition, it has helped practitioners take critical looks at what they are doing and has advanced researchers to further study the field.

### **III. STRATEGIES OF PREVENTING SEXUAL VIOLENCE**

Unquestionably, society's awareness of sexual violence has greatly increased over the last twenty-five years. Clearly those working in the sexual violence field have more extensive understanding of sexual violence. The prevention of sexual violence has evolved from its roots in community-based programs and with feminist-based groups and has become an institutionalized part of society.

Activists and rape crisis centers have been the leaders in the prevention of sexual violence. As the field has grown many more groups are now working to end sexual violence. As a result, a number of strategies have evolved to prevent sexual violence. Most have been developed based on the creator's definition of prevention and their personal and/or organizational beliefs and philosophies. The following is a conceptualization and brief description of current leading strategies being used in the sexual violence prevention field.

#### **The Disease Strategy**

Historically, one of the leading forces in prevention has been the public health field. In this arena, prevention has been explored in terms of a traditional approach to

preventing disease. The public health community has applied their understanding of how to prevent disease to the prevention of social ills, including sexual violence.

The disease model encompasses three components: the "agent," the "host," and the "environment." The "agent" is the disease itself. The "host" is the body in which the disease resides. The "environment" is the context or setting in which the disease occurs. To successfully prevent the disease, it is necessary to affect all three components.

Public health communities have become increasingly aware of the impact of injury on the public's health and they have begun to focus efforts to reduce injury.

"Violence is viewed as a threat to 'community health' and has been labeled as 'intentional injury.'"<sup>4</sup> Haddon has had a major influence in shaping the injury prevention field and bringing it into the public health domain. His model has successfully applied the host-agent-environment model of classic epidemiology to injuries.

It is understood that the occurrence of injuries are highly predictable in time, place and person. Like infections, injuries also have agents. Haddon cites agents such as water, carbon monoxide, and cyanide because they may interfere with normal body functioning and produce injury. As in the prevention and control of other diseases, interventions may be directed at agents or vehicles and vectors,

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<sup>4</sup> Washington State Institute for Public Policy "Sexual Assault Prevention Plan - Draft" (1997) p.8

depending upon the efficacy in any given situation.

Haddon's approach to injury prevention also stresses the importance of prevention efforts which are environment-centered, such as safer automobile designs. This removes the responsibility for injury prevention from the individual. He recognizes that strategies targeting the individual may be warranted at times, but the environment must also be addressed.

The disease strategy is widely used in prevention of health problems and is widely accepted in the public health domain. As well, in 1989 the National Association of State Alcohol and Drug Abuse Directors and the National Prevention Network suggested that this model be used as a guide for all alcohol and other drug abuse problems.

As well established as this model is, it may be difficult to extrapolate it to prevention of sexual violence. In terms of sexual violence it does not seem to be easy to clearly identify all three elements of this model: "the 'host' and the 'environment' are pretty clear, but the analogy of the 'agent' probably has to be stretched beyond the point of helpful clarity."<sup>6</sup> The public health field has differentiated between intentional and unintentional injury prevention.

Understanding intentional injury, such as sexual violence in terms of the disease

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<sup>6</sup> *Prevention: The Critical Need* by Jack Pransky, 1991, p. 5-6



model is difficult. Frances J. Mantak has tried to apply the disease model to rape prevention.<sup>6</sup>

### **Primary, Secondary and Tertiary Prevention Strategy**

Primary, secondary and tertiary prevention is a strategy which is closely related to the traditional disease model. It is frequently referred to in public health domains, as well as within state and federal funding organizations.

Primary prevention are wide sweeping efforts designed to stop the problem from occurring. Some define secondary prevention as intervention because it occurs at the earliest signs of a problem in an effort to reduce the harm of the problem. And tertiary prevention is seen as treatment applied after the problem has caused harm. Jack Pransky in *Prevention: The Critical Need* developed a chart on this model.

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<sup>6</sup> *Creating an Alternative Framework for Preventing Rape: Applying Haddon's Injury Prevention Strategies* by Frances J. Mantak Journal of Public Health Policy Spring 1995 p.13-14

	<b>Prevention</b>	<b>Intervention</b>	<b>Treatment</b>
	<b>Primary Prevention</b>	<b>Secondary Prevention</b>	<b>Tertiary Prevention</b>
<b>Purpose</b>	to promote: <ul style="list-style-type: none"> <li>◀ healthy individuals</li> <li>◀ resistance to disease</li> <li>◀ law-abiding and nontroubled behavior</li> </ul>	<ul style="list-style-type: none"> <li>◀ to intervene at early signs of problems</li> <li>◀ to stop disease</li> <li>◀ to reduce crises</li> <li>◀ to change troubling behaviors</li> </ul>	<ul style="list-style-type: none"> <li>◀ to rehabilitate</li> <li>◀ to reconstruct</li> <li>◀ to treat</li> </ul>
<b>Target</b>	<ul style="list-style-type: none"> <li>◀ everyone nontroubled</li> <li>◀ individual</li> <li>◀ community conditions</li> </ul>	<ul style="list-style-type: none"> <li>◀ "at risk" individual</li> <li>◀ people in crisis</li> <li>◀ "high-risk" groups</li> </ul>	<ul style="list-style-type: none"> <li>◀ troubled people</li> <li>◀ diseased people</li> <li>◀ clients</li> </ul>
<b>Strategy</b>	<ul style="list-style-type: none"> <li>◀ change environments</li> <li>◀ promote health</li> <li>◀ build skills</li> <li>◀ promote awareness</li> <li>◀ provide supports</li> </ul>	<ul style="list-style-type: none"> <li>◀ assess level of problem</li> <li>◀ recommend solutions</li> <li>◀ respond to and defuse crisis; short term</li> <li>◀ provide skills to change responses to situations</li> <li>◀ change situations one responds to</li> </ul>	<ul style="list-style-type: none"> <li>◀ treat symptoms</li> <li>◀ detoxification therapy residential</li> <li>◀ treat injuries and illnesses</li> <li>◀ provide skills to rehabilitate</li> </ul>

Mantak, et al. have extrapolated Haddon's injury prevention model by using the primary, secondary and tertiary model. In such a model, focus of prevention is on the socio-cultural factors and perpetrator, not on victim responsibility. In this model

psychological damage was seen as injury. "By focusing on cultural norms of male behavior and the significance of the psychological trauma of victims, the following strategies highlight change through policy measures, education and criminal justice reform."<sup>7</sup> The following is a brief review of Mantak's application of Haddon's model:

#### Primary Prevention (pre-injury phase)

1. To prevent the creation of the hazard in the first place; alter social norm; change male roles that promote aggression control and the suppression of emotion; promote policies that raise the status of women.
2. To reduce the amount of hazard brought into being; provide school-based programs on conflict resolution; provide early and ongoing sex education for children; integrate parenting skills into school curriculum.
3. To prevent the release of the hazard that already exists; teach adult males nonviolent means of expressing sexuality; healthy sexuality should be equated with consensual sexuality; men have the capability of unlearning conquest mentalities regarding sex; promote realistic media images of women.

#### Secondary Prevention (injury phase)

4. To modify the rate or spatial distribution of the hazard from its source; limit children's exposure to sexually violent and demeaning media images; provide supportive counseling for sexually violent men; offer crisis hotlines for sexually violent men.
5. To separate, in time or space, the hazard and that which is to be protected; increase conviction rates and mandate tougher sentencing for sex offenders; provide protection and relocation for victims of rape.
6. To separate the hazard and that which is to be protected by inter-position of a material barrier; enforce standards of secure housing for all.
7. To modify relevant basic qualities of the hazard; outlaw violent pornography; change social norms regarding the consumption of

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<sup>7</sup> *Creating an Alternative Framework for Preventing Rape: Applying Haddon's Injury Prevention Strategies* by Frances J. Mantak Journal of Public Health Policy Spring 1995 p.19-20

alcohol.

8. To make what is to be protected more resistant to damage from the hazard; educate women on their legal rights; educate women and men on the parameters of healthy, consensual relationships.

#### Tertiary Prevention (post-injury phase)

9. To begin to counter the damage already done by the environmental hazard; improve access to legal and medical services for rape victims; investigate legal reforms designed to increase reporting and improve treatment of victims by judges, prosecutors, and defense attorneys.

10. To stabilize, repair, and rehabilitate the object of the damage; offer extensive mental health services for rape victims and their families; change social norms regarding victim blaming.

#### **Risk/Protective Factors Strategy**

The risk/protective factor strategy is one of the most widely known, established, and researched strategies of prevention. It has primarily been used in the chemical dependency and youth "problem behaviors" fields of prevention.

The strategy is based on the simple belief that there are identifiable causes (a.k.a. risk factors) and identifiable conditions that help one avoid (a.k.a. protective factors) negative experiences. Therefore, prevention efforts should focus on reducing risk and increasing protective factors.

*As a simple example, I decide to go swimming. Entering the water puts me at risk of drowning. The water would be seen as the "risk factor" and my skill as a swimmer would be seen as a "protective factor." This prevention model would say that if I wanted to reduce my chances of drowning I should do two things 1) reduce my exposure to risk factors, such as swimming pools, and 2) I need to increase my protective skills, such as increasing my skills as a swimmer.*

In the sexual violence field much research has been done on individual conditions which may put one at risk of victimization. Such conditions have been identified as: alcohol/drug consumption, gender, age, and personality traits. Research has focused on individual conditions which may contribute to the risk of perpetrating sexual violence, such as: rape-supportive attitudes, devaluing of women, sexual entitlement and peer group affiliation. Also, some focus has been on environmental conditions which may be risk factors, such as community policies, laws, and the media.

It should also be noted that a number of researchers have looked at the concept of risk factors. They have identified a series of individual characteristics and environmental factors which may contribute to the "risk" of being victimized or contribute to the "risk" of offending. As an example, Koss and Dinero (1988 and 1989) have published studies on *Predictors of sexual aggression among a national sample of male college students* and published a study on *Discriminate analysis of risk factors for sexual victimization among a national study of college women*.<sup>8</sup>

Such studies have contributed greatly to identifying who may be a victim and who may be a perpetrator. Programmatically, this information had been widely distributed in educational programs and literature. Yet, focusing solely on risk

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<sup>8</sup> Koss, M.P. & Dinero, T.E. 1988, *Predictors of sexual aggression among a national sample of male college students*. Annals of the New York Academy of Sciences, 528, p.133-147. Koss, M.P. & Dinero, T.E. *Discriminate analysis of risk factors for sexual victimization among a national study of college women*. Journal of Consulting and Clinical Psychology, 57, pp.242-250

factors leads to two major concerns. First, philosophically, this strategy puts the responsibility of prevention on the potential victim or potential perpetrator.

Secondly, some people are victims or perpetrators of sexual violence and they do not elicit any (or minimal) risk factors.

Historically, the risk/protective model has been applied to the prevention of substance abuse and to preventing youth "problem behaviors" such as: delinquency, teenage pregnancy, dropping out of school, and violence. In the substance abuse and the youth development fields, the risk/protective prevention model has been widely used, accepted and institutionalized. In fact, Hawkins and Catalano, two leading researchers, have taken their research and developed a comprehensive community mobilization process. In 1992, Hawkins and Catalano published a book entitled *Communities That Care* which in detail outlines their model.

<b>RISK FACTORS</b>	<b>SA</b>	<b>DE</b>	<b>PR</b>	<b>DO</b>	<b>VI</b>
<b>COMMUNITY</b>					
availability of drugs	X				
availability of firearms		x			x
community laws and norms favorable toward the problem behavior	x	x			x
media portrayals of violence					x
transition & mobility	x	x		x	
low neighborhood attachment; community disorganization	x	x			x
extreme economic deprivation	x	x	x	x	x
<b>FAMILY</b>					

family history of the problem behavior	x	x	x	x	
family management problems	x	x	x	x	x
family conflict	x	x	x	x	x
parental attitudes favorable toward and involvement in the problem behavior	x	x			x
SCHOOL					
early & persistent antisocial behavior	x	x	x	x	x
academic failure in elementary school	x	x	x	x	x
lack of commitment to school	x	x	x	x	
INDIVIDUAL/PEER					
alienation and rebelliousness	x	x		x	
friends who engage in a problem behavior	x	x	x	x	x
favorable attitudes toward the problem behavior	x	x	x	x	x
early initiation of the problem behavior	x	x	x	x	x
constitutional factors	x	x			x

\*SA = substance abuse; DE = delinquency; PR = teenage pregnancy; DO = dropout from school; VI = violence <sup>9</sup>

This strategy has been implemented and evaluated in over 200 communities in the United States. In fact, Hawkins and Catalano are affiliated with a Seattle, Washington based organization called "Developmental Research and Programs, Inc." As a result the model is well established in Washington State.

Drawing on other community-wide prevention efforts in the United States and Europe, the authors show how to employ community mobilization, educational strategies, volunteerism, and mass media to achieve significant reductions in adolescent drug use. Their approach emphasizes the importance of building up protective factors - positive bonds to family, school and community while reducing risk factors such as peer pressure and

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<sup>9</sup> Developed by David Hawkins & Richard Catalano, in "Communities That Care," Developmental Research & Programs, Inc. 1993

favorable attitudes toward drugs.<sup>10</sup>

In recent years, the researchers have used this strategy to investigate preventing the perpetration of violence. The research looks at many forms of violence such as assaultive behaviors, burglary, rape, and some domestic violence. Yet, the research did not separate out the different forms of violence. Rather it looked at preventing the perpetration of violence as a whole.

Also, as established as the risk/protective factor research is, it has yet to be shown to be effective and/or applicable to the prevention of sexual violence. The researchers and practitioners need to explore how this model, which was originally designed to prevent drug abuse, is or is not applicable to preventing any forms of sexual violence.

### **Resiliency (Protective Factors) Strategy**

The basic concept of "resiliency" is an individual's ability to endure adversity in a healthy manner. The model centers on one's ability to avoid the adversity as well as one's ability to cope with adversity. Those abilities are seen as "resiliency" factors. "If we can determine the personal and environmental sources of social competence and wellness, we can better plan preventive interventions focused on creating and enhancing the personal and environmental attributes that serve as the

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<sup>10</sup> *Communities That Care*, 198- , Hawkins & Catalano



key to healthy development." <sup>11</sup>

Some view the resiliency strategy as an alternative or an outgrowth of the risk/protective factor model. The difference in the two strategies stems from how each model views the individual. Whereas the risk/protective model seems to look at the individual from a deficient stand point, the resiliency models looks for the individual's strengths stand.

Most prevention research has been directed toward the study of maladaptation, or what factors cause people to display unhealthy or problematic behaviors. A newer set of research reverses the equation. It asks, "given all factors that have negative effects on behavior, what traits and conditions appear to alter or reverse predictions of negative behavior?"<sup>12</sup>

Inherent in the resiliency strategy is the belief that within individuals and within communities there is the potential to protect ourselves and our community from adversity. "A resilient person is one who, despite life's stresses, finds confidence that one's internal and external environment is predictable, that life has meaning, and that things will work out as well as can reasonably be expected."<sup>13</sup> The challenge of the resiliency strategy is to promote individual and community's awareness of their own resiliency.

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<sup>11</sup> "Fostering Resiliency in Kids: Protective Factors in Family, School and Community" by B. Benard (1991) Western Regional Center for Drug-Free Schools and Communities

<sup>12</sup> Pransky, p.196

<sup>13</sup> Werner 1988 - in Pransky, p.197

Bonnie Bernard, one of the leading voices of the resiliency movement, has developed a profile of the resilient child and related protective factors. The following is a brief summary of Bernard's profile:

**Personal Characteristics**

- Social Competence**
- Problem Solving Skills**
- Autonomy**
- Senses of Purpose and Future**

**Protective Factors Within The Child's Environments (Family, School & Community)**

- Caring and Support**
- High Expectations**
- Encouraging Children's Participation and Youth Involvement<sup>14</sup>**

The resiliency model is "grounded in developing environments rich in the protective factors of caring, high expectations, and opportunities for participation in order to foster the individual traits of resiliency." <sup>15</sup>

An application of the resiliency strategy has been asset mapping. Asset mapping has been applied to individuals and to communities. Basically, it is a process to identify the positive attributes (assets) of a community or individual. These assets are built on and missing assets are developed in order to ultimately create a healthier community or individual.

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<sup>14</sup> Fostering Resiliency in Kids: Protective Factors in Family, School and Community" by B. Benard (1991) Western Regional Center for Drug-Free Schools and Communities

<sup>15</sup> Bonnie Bernard, "The Health Realization Approach to Resiliency" Western Center News, December, 1994 p.6

### **Social Change Strategy**

Social change may be defined altering the way individual and the group (society) interact and relate. This strategy is based on the belief that violence occurs because of a societal structure which treats its citizens unequally, resulting in unequal power distribution among all citizens. Inherent in this strategy is the belief that this type of societal structure maintains power through the use of oppression and uses sexual violence as a tool of oppression to maintain power within certain segments of society.

Ending violence necessitates society recognizing how it is supporting violence and having the willingness to alter the existing power structure of the society. By altering the power structure, the citizens would have the opportunity to develop alternative methods of interacting and behaving which would maintain an egalitarian power structure. Sparks and Bar On<sup>16</sup> describe the social change approach as "constructing a new set of rules for social relations." Further they explain that prevention work encompasses activities that "is a process of two kinds of political action: legal action to change codified law and policy, and social action to change social patterns and practices." <sup>17</sup>

Historically, the social strategy has primarily been seen in grassroots movements

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<sup>16</sup> "A Social Change Approach to the Prevention of Sexual Violence Toward Women." 1985, Caroline H. Sparks & Bat-Ami Bar On. The Stone Center, Wellesley College, Wellesley, MA. pg.4

<sup>17</sup> *ibid* pg.5

and in groups perceived to have a political agenda. Sparks and Bar On view a political agenda to be a necessary part of a social change process. "Change has to be designed to institutionalize new normative expectations so that people's interactions reflect respect for women as persons. It then becomes clear that such action is not just social or legal, but it is inevitably 'political' - i.e. it requires mobilizing support and effecting change in the way institutions operate."<sup>18</sup>

Community sexual assault/rape crisis centers have been strong advocates for social change which is often reflected in their organizational mission statements.

Social change strategies have been applied to individuals in a variety of approaches, such as wellness and health realization. The following is a brief explanation of these methods.

The wellness approach is based on the view of the whole individual and the individual's relationship to the self and to his/her environment. A primary focus is on the relationships and interconnections with self and the community. Pat Fabiano, the Associate Director for the Primary Prevention and Wellness Center at Western Washington University describes the wellness approach as follows: "I define wellness as a three tier relationship. A relationship with oneself, so that one knows one's body, one's mind and the interaction between those parts of one's self and that one knows how to take care of that interaction. Secondly, a

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<sup>18</sup> ibid pg.5

relationship with others which is peaceful, forgiving, strong and assertive. And thirdly, a relationship with some other source of meaning or connection greater than the individual whether it be the notion of community, or environment, or for some people a more traditional belief in a power greater than themselves." <sup>19</sup>

The approach looks at how individuals exist and function within their environment and how individuals relate and interconnect with each other. The approach promotes the connections that all individuals have with each other and recognizes the effect of one's behavior on the whole community. As an example, if someone commits an act of violence, such as robbing a store, not everyone will see the direct impact of this behavior. Yet when the community learns about the robbery, everyone's sense of vulnerability increases and sense of safety decreases. Hence, the person who committed the robbery has impacted the entire community.

Another application of the social change strategy is called Health Realization. This project was based on a preventative application of "Psychology of the Mind" created by Dr. Roger Mills and his colleagues. "The goal of Health Realization is to reconnect people to the health in themselves and then direct them in ways to bring forth the health in others." "The result is a change in people and communities that builds up from within rather than being imposed from without (Mills, 1993)."

Health Realization's basic strategy for effecting this reconnection is educational,

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<sup>19</sup> Wildlake, Christina, *'Connecting' with Pat Fabiano Excerpts From An Interview*. WCSAP Quarterly Connection, Spring 1995 p.1

not therapeutic, and consists of teaching the basic understanding of the nature of our innate resiliency, how to access it, and what gets in the way."<sup>20</sup> <sup>21</sup> One of the leading proponents of Health Realization states:

Currently, prevention operates from the outside-in. *The prevailing model* is: within an environment filled with risks that can be reduced, it is possible to build resilience-producing environments that yield healthy self-perceptions which, in turn, connect people to their health. *Health Realization* reverses the model by operating from the inside-out: Initially helping people to realize the innate health will, when a critical mass of healthy functioning is reached within, yield healthy self-perceptions. In turn, healthy people will create resilient environments around them. Then, when a critical mass of community people has caught on, they will naturally work to reduce the community risk.

So long as their feelings compel them to act out, people must act out. Until their feelings change, no matter what sanctions are thrust upon them, no matter what programs serve them, no matter what education and skills we give them, no matter how good our community development strategy, people will at least be tempted to act out in some way. Until the thinking changes that produces troubling or troubled feelings and behaviors, people have no choice. Health Realization gets to the very source of this change.

To change unhealthy conditions into healthy ones is a wonderful thing. What has been missing in the field is the recognition of the profound resource of health that people have inside them that can be tapped or drawn out. To have the best chance of helping people move toward their well-being and away from problems, prevention must also occur from the inside-out. I am not suggesting that the field of prevention stop the programs and practices it is currently engaged in. I am suggesting, to help prevention achieve better efficacy, that Health Realization be superimposed over (learned in) all prevention efforts. Further, I am suggesting that when prevention practitioners are considering new comprehensive prevention efforts in

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<sup>20</sup> ibid Bernard

<sup>21</sup> Health Realization began in the late 1980's with a demonstration project. "Mils applied this approach in two low-income inner-city housing projects near Miami that were replete with crime, delinquency, alcohol and drug abuse, drug pushers, gangs, domestic violence, welfare dependency, hopelessness and despair. The Modello Housing Project was faced with a child abuse rate of 65%, a median age of 11, a truancy rate of approximately 80%. After 2 1/2 years, the child abuse rate was cut by 60%, the truancy rate was cut to zero among middle school students reached by the program, the teen pregnancy rate had dropped almost 80%. Police reported that shootings and drug trafficking in the Modello project had decreased to such an extent that it was no longer considered a significant problem." (Pransky, Jack *Viewpoint: Can Prevention Be Moved To A Higher Plane? New Designs for Youth Development* Vol.11, No.2 1994 p.28)

communities, that Health Realization be considered a prime strategy because it will likely produce results far beyond what would be otherwise achieved.<sup>22</sup>

This author views social change as a process of individual and community shifting in paradigms. As for definition, a paradigm is the totality of how one experiences views and perceives the world. An essential function of a paradigm is that it shapes the questions one asks and the methods one uses to answer the questions. A paradigm shift occurs only when an alternative paradigm is offered. The two paradigms collide and result in one of three possibilities: a new paradigm emerges; parts of the new paradigm are assimilated into the old paradigm; or the new paradigm has caused a crisis that is currently unresolvable and is then set aside.

As an example, currently the American society is in a paradigm crisis. The old paradigm was that this was a totally safe world. As public awareness of sexual violence (and other ills) arose such a paradigm has been challenged. While some in the society have embraced the new paradigm of belief that this is an unsafe world many hold on to the old paradigm.<sup>23</sup>

In recent years some public discourse has focused on social change. The concept of individual and collective responsibility has been embraced in a wide range of domains. Prevention efforts using a social change strategy focus on educating individual and society, developing consciousness, learning to challenge self and society, taking action/direct action, and affecting change in individuals and within systems.

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<sup>22</sup> Pransky, Jack with Pransky, George "The Renaissance of Prevention - Prevention's Missing Link: Health Realization" presented at the 16th Annual Psychology of Mind Conference, Oahu, Hawaii, April 1997. pg.16-17.

<sup>23</sup> Excerpt from workshop entitled "Social Change and Paradigm Shifting" presented at the 1995 WCSAP conference by Christina Wildlake

### **Skill Building/ Self-Preservation/Protection Strategy**

This strategy is based on the belief that sexual violence is a threat to us all and it is not going to be eradicated in the near future. Therefore, people who are at risk of victimization may wish to learn about how to avert or avoid sexual violence. The strategy promotes increasing awareness of danger/potential danger, learning about one's rights to safety, developing physically protective responses, and learning how to access additional resources.

Historically, two of the primary arenas where the skill building model has been used are in women's self-defense trainings and in child protective programs. These types of programs involve education on learning about one's rights, learning about potentially dangerous situations and characteristics of potentially dangerous people. In addition, these programs frequently include an element of "self-defense" training - learning physical and verbal skills to thwart an assault. It is important to note that these programs are meant to protect individuals, not to prevent the occurrence of a sexual assault.

This type of strategy is particularly used on college campuses. The programs typically include "group discussion about date rape, videos and films depicting acquaintance rape scenarios, and education regarding available rape counseling and crisis intervention."<sup>24 25</sup>

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<sup>24</sup> Parrot, Andrea. *Institutional response: How can acquaintance rape be prevented?* in A. Parrot & L. Bechhofer (Eds.). *Acquaintance Rape The Hidden Crime* p.355-367. New York Wiley, 1991.



In the arena of child sexual abuse prevention there have been many, many projects implemented in response to the public's growing response to the alarming rates of sexual victimization in children and out of the public's desire to reduce their fear about victimization. The 1991 book *With The Best of Intentions: The Child Sexual Abuse Prevention Movement* by Jill Duerr Berrick and Neil Gilbert (Guilford Press, New York, NY) provides a thoughtful critical review of the child sexual abuse prevention movement:

*With The Best of Intentions* sheds light on the nature of sexual abuse prevention programs by tracing their origin and development. Examining the ideology of empowerment, from which the programs emerge, the authors convincingly demonstrate that the programs are less an outgrowth of empirically based theory than a creation of their providers' conviction. They illustrate how the power of ideological principles motivated legislative endorsement of the program and ensured their continuance in the face of very limited empirical results. The authors also reveal that the design of these programs is inappropriate to their target population on three counts. First, a careful review of developmental and learning theory illuminates the programs' theoretical inadequacies from a developmental perspective. Second, the ideology of empowerment, born out of the women's movement, is called into question as it is applied to young children. And third, drawing from their comprehensive study of the delivery of prevention services to preschool and school-age children, the authors raise serious questions about the effectiveness of prevention programs in meeting their stated goals." (jacket cover)

In recent years, this strategy has been extrapolated to protecting potential

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<sup>25</sup> Some interesting research has been done on the effectiveness of such programs. "The purpose of this investigation was to empirically evaluate a sexual assault prevention program. Of the 360 female college students who participated in the investigation, 181 students were in the treatment group and 165 students were in the control group. Although the program was not effective in decreasing the incidence of sexual assault for women with sexual assault history, it was effective in decreasing the incidence of sexual assault for women without a sexual assault history. The program also led to a decrease in dating behaviors found to be associated with acquaintance rape and an increase in knowledge about sexual assault found to be associated with acquaintance rape and an increase in knowledge about sexual assault for the treatment group." (Hanson, Kimberly, A.; Gidycz, Christine, A.. *Evaluation of a Sexual Assault Prevention Program*. Journal of Counseling and Clinical Psychology, 1993 Vol.61, No.6 pp.1046-1052)

perpetrators from perpetrating. Much of this work has focused on men and helping men change their attitudes and behaviors toward women. In particular, such programs have been implemented on college campuses. The programs typically involve all-male, peer-facilitated educational discussions of: rape myths/facts, definitions and statistics, issues of consent and sexual aggression, increasing victim empathy, information on differing communication styles and interpretation between men and women and information on policies and laws.<sup>26</sup>

There is some debate as to whether prevention programs should be aimed at men and women separately or in a mixed group. Alan Berkowitz makes a convincing argument for all-male prevention programs. He suggests that programs that focus exclusively on women may serve to reinforce the attitudes and belief systems that allow men to deny responsibility for the problem. He also suggests that mixed-gendered prevention programs may unintentionally reinforce the differences in men and women that promote the perception of adversarial male-female relationships that is associated with men's proclivity to rape. Proponents of a mixed-gender approach focus on the shared responsibility of men and women for date rape, claiming that a program that blames only men for the occurrence of date rape could alienate the very students the programmers most want to reach. I am more inclined to support Berkowitz's argument because I have trouble with the idea of shared responsibility; the victim is not responsible.<sup>27</sup>

### **Law and Justice Strategy**

The law and justice strategy is based on the belief that a safe society is one in which its members agree on acceptable behaviors and ways to interact. If individuals deviate from such acceptable behaviors and interaction they must be

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<sup>26</sup> For more information on such programs see Berkowitz, Alan, D. *A Model Acquaintance Rape Prevention Program For Men. New Directions for Student Services*, no. 65, Spring 1994 p.35-40

<sup>27</sup> Foley, Lara. p.2

held accountable to the individuals who were effected and to the whole community.

Early on in the sexual violence prevention field the law and justice strategy focused on offender control.

"Sexual offender control techniques rely on three strategies: deterrence, incapacitation and rehabilitation.(6) Deterrence of sexual assault has been attempted through early detection and tracking or treatment of boys likely to become rapists (7,8) and through attempts to increase arrests and convictions. (9,10) Increased convictions which result in incarceration are intended to incapacitate rapists by isolating them from society. Rehabilitation through offender treatment programs is supposed to lower recidivism, although success rates vary. (11,12,13) A combination of these last two techniques has been tried, primarily in Europe, where several countries have offered either castration (14, 15,16) or chemotherapy to reduce testosterone in career rapists and child molesters. (17, 18, 19, 20, 21)."<sup>28</sup>

Another arena which adheres to this strategy is in the legislative arenas.

Consistently, laws are enacted and revised in response to changing community standards. Yet, many will argue that the laws do not adequately hold criminals responsible nor accountable to victims and their community.

Recently, there has been much discussion about exploring making the justice system more responsive to the society. One example is "Restorative Community Justice" which is a framework for a new kind of justice based on community responsibility and individual accountability. The following is adapted from the

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<sup>28</sup> "A Social Change Approach to the Prevention of Sexual Violence Toward Women." Sparks, Caroline and On, Bat-Ami, 1985, Stone Center for Developmental Services and Studies, Wellesley College, Wellesley.

National Organization for Victim Assistance newsletter article entitled "Harvesting Justice: The Next Decade."<sup>29</sup> The article identifies the following six principles of Restorative Community Justice.

The first principle is that criminal justice must be conceived not only as the imposition of justice on the criminal but also as the doing of justice for the victim.

The second principle is that, while governments must establish criminal laws that set standards of behavior for the general society, the community should often be the locus of implementing those standards in order to be responsive to the cultural nuances that vary by racial, ethnic, geographic, religious, and other backgrounds - all provided that certain equal protection and due process norms are maintained.

The third principle is that the community and its justice partners are to become engaged in defining and attacking community problems, a process that strengthens the important role of community institutions in a democratic society.

The fourth principle is that, by responding to crime skillfully, quickly and locally, those administering community justice improve the chances that offenders and their victims alike will be restored to harmonious relationships with their neighbors.

The fifth principle is that all citizens individually and collectively, have responsibilities for supporting peace and justice within the social order.

The sixth principle is that justice should aspire to the restoration of both individual dignity and community bonds.

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<sup>29</sup> NOVA Newsletter, Vol.17, Number 4, 1995 p.3,6-7

#### **IV. SEXUAL VIOLENCE PREVENTION EFFORTS & STRATEGIES WHICH HAVE BEEN APPLIED IN WASHINGTON STATE (section written by Lori Delaney)**

A brief survey of sexual assault programs throughout Washington State was conducted to determine *who* is providing sexual violence prevention work in *what* communities, *who* it is geared toward and *what types* of prevention efforts are offered. The unscientific survey was taken primarily of the members of the Washington Coalition of Sexual Assault Programs. Members include sexual assault programs, hospitals, universities and other community organizations. A total of 43 surveys were returned.

Before the distribution of the survey in the summer of 1996, it was recognized that elementary, middle, and high schools are places where some sexual violence prevention work is presented to our state's youth.

The original plan was to distribute the survey to the state's elementary, middle, and high schools to determine who was receiving what types of sexual violence prevention education. It was learned early into the research that there are no standards from school to school and community to community across the entire state. Our state's schools have gravitated towards "site-based management" - having each school board or school district determine what types of prevention education their students receive, how much of it is provided, and what person or agency provides the information.

Although WCSAP realizes the importance of identifying prevention efforts in our state's schools, the fact that there are 296 school districts and over 1900 public schools in Washington - and the funding required thereof - prohibits this agency from conducting this research at this time.

## RESULTS

Sexual violence prevention education is conducted by nearly every community sexual assault program in the state, representing almost all counties. Additionally, schools, social service organizations, law enforcement agencies, hospitals, mental health agencies, theater troupes, and tribal programs also provide prevention education.

The extent of collaboration between community organizations is extremely varied across the state. Some communities, primarily the larger ones, have collaborations between sexual assault programs, schools, police departments, prosecuting attorney offices, theater troupes, and mental health agencies. Others rely primarily on the community sexual assault program and/or schools to provide prevention education.

Prevention efforts throughout the state include public awareness campaigns, presentations in school classrooms and college dorms, campus escort services, self defense trainings, support groups, perpetrator deterrence programs and community

task forces. According to the surveys returned, most prevention education efforts in our communities are geared either toward schools or community members.<sup>30</sup>

## **V. SUMMARY OF FOCUS GROUP DISCUSSIONS AND RECOMMENDATIONS**

The Washington Coalition of Sexual Assault Programs convened a two day conference on sexual violence prevention. The purpose was to provide an opportunity for people in the field to come together to look at what has been done and to design strategies for the future. Participants had an opportunity to participate in a series of facilitated discussion groups. The purpose of the groups was to take a critical look at the field and develop recommendations for future work. Approximately 80 people participated in these focus groups. The following are a summary of common recommendations which arose in all groups<sup>31</sup>:

### **The Vision**

- In all aspects of prevention work a clear and consistent vision must be expressed.
- Focus on "why" prevention is important & necessary.

### **Sexual Violence Prevention Efforts Must Address the Root Causes**

- Clearly define and clarify what are root causes.
- Increase public and professional understanding of root causes.

### **Sexual Violence Prevention Projects Must be Community Based**

- Projects must be well funded and long term (5 + years).
- Focus on neighborhood groups.
- Local projects must strengthen community support systems, such as: PTAs, youth groups, schools, parenting programs, etc.
- Local projects must coordinate with existing local systems.
- Local projects need to work systems that are focusing on related issues, such as teen pregnancy, family violence, drug abuse, etc.

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<sup>30</sup> Details of the survey results can be found in appendix 1.

<sup>31</sup> Detailed notes from each focus group can be found in appendix 2.

- Local programs need to strengthen community partnerships.
- Culturally, ethnically relevant prevention efforts must be part of community focus.
- Outcome measures must be relevant to community work.
- If funding is limited - use pilot projects in limited communities.

#### Increase Public Education

- Develop widespread educational campaigns that address roots of violence.
- Focus of public education must be on social change to create an environment that is intolerant of violence.
- Increase educational efforts targeted toward groups, such as: religious leaders, legislative leaders, business community.
- Use well known people, heroes, community leaders, etc. to get the message out.
- Messages must be solution focused "what can we each do."

#### Improve System Responses

- Increase training efforts for all service providers.
- Work with "professional" organizations to increase training efforts.

#### Impact All Aspects of Media

- Work with media providers in developing "responsible media."
- Increase public knowledge about impact of media.

#### Need For Statewide Information & Resource Clearinghouse

- Collect & disseminate current information on prevention.
- Collect & disseminate information on other fields of prevention that may be applicable.
- Clearinghouse for national and international prevention resources.
- Be a resource and provide technical assistance to local service providers.
- Increase connections with researchers.
- Provide forum for discussion/collaboration between researchers and service providers.
- Disseminate research information to service providers and vice versa.
- Provide service providers with opportunities to share information and network.
- Statewide planning process that provides vision and support for local programming.

#### Policies/Laws

- Increase policy makers' understanding of the importance of prevention.
- Consistent, stabilized prevention funding MUST be protected.

#### Business Community

- Develop and enforce policy against all forms of sexual violence.
- Enforce economic sanctions.
- Increase partnerships with business community and service providers.



-Educate business community leaders.

### Research

- Increase partnerships and dialogue between researchers and service providers.
- Develop communication links between researchers and service providers.
- Convene institutes bringing together researchers and service providers.
- Disseminate research info from other prevention fields to s.v. service providers.
- Researchers need to track information on "what works in what arenas" and communicate to funders and service providers.
- Need to design and implement appropriate assessment and evaluation tools for prevention.

## **VI. RESEARCH**

The sexual violence field of practice grew in absence of research or scientific study. To date, some specific research has begun to evolve but it is relatively new and as a result has been limited in scope and nature of the research. This is particularly true for the sexual violence prevention field. In the field of practice it was clear that sexual violence was a problem that needed to be addressed. Yet from a research standpoint, the first task was to justify the occurrence and nature of sexual violence versus focusing research on determining effective prevention strategies.

Data Collection & Statistics: During the last twenty years, the primary focus of research has been on establishing the levels of victimization and levels of perpetration. Much has been learned about rates of victimization and perpetration and rates within various populations such as: age, gender and racial populations.

Researchers have learned much about how to refine data collection tools and

refine methods of research. This has resulted in more accurate data collection and a clearer understanding of who is victimized and who perpetrates. Such data has helped establish that sexual violence is a reality in society and practitioners have used information to educate the public about the existence of the problem. In addition, such information has been used to establish who to target prevention efforts toward. Such information has been invaluable with the general public and with policy makers and funders.

Risk Factor Research: In the mid 1980's another area of research to emerge was identification of risk factors. This area of research established personal and environmental factors which put an individual at risk for victimization. Practitioners have used such information in designing a variety of safety programs. The focus of such programs is to help individuals reduce their risk of being victimized. This type of research has been valuable to the prevention field. The applicability of this research to prevention is limited because the elimination or reduction of risk factors will not end sexual violence.

Treatment Research: Another area of study has been on treatment of victims, those close to the victim and of perpetrators. Much knowledge has been gained on the applicability and effectiveness of various interventions and treatments. Evidence of this can be seen in the refined knowledge and skills regarding interviewing child victims; the changing focus of treatment for survivors from a

psychologically maladapted focus to a trauma focused treatment; the recognition of the need for and availability of treatment for family and friends of victims and treatment availability for perpetrators. In addition to reducing the trauma of the victimization, this area of research is important to prevention in that it may lead to a reduction of revictimization and/or repeat perpetration.

Child and Young Adult Curricula Research: The prevention field of practice has produced and implemented a myriad of prevention curricula primarily targeted toward children and young adults (some exception with middle and high school aged youth). Researchers have done extensive study of some of the implemented curricula. This type of research has yielded a great amount of information on topics such as: how prevention messages need to be communicated; effective teaching/presentation techniques; number and length of teaching/presentations which will have an impact; amount of knowledge retention of the participants; level of attitude changes of participants; effective trainer characteristics and the impact on trainer/presenter. Yet, it is critical to note, this information is important to curricula design but what research has not established is what will reduce the rates of victimization and perpetration.<sup>32</sup>

Research on College Campuses: Researchers often target college students for research for the obvious reason that researchers are often located at

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<sup>32</sup> Foley, Lara Unpublished literature review, for the CDC 1996

colleges/universities and college/university students are an easily accessible group to study. This was combined with the tremendous increase in awareness of sexual violence on campuses in the mid to late 1980's.

This research has yielded much information on date and acquaintance rape on campuses. Much more is now known about who is raped and who rapes; rates of occurrence and victimization and perpetration; risk factors for both potential victims and potential perpetrators.

Additionally, prevention programming has been researched to some extent. This has yielded information on impact of programming which targets men and women separately or in mixed groups; characteristics of presenters/trainers; attitude change of participants; role of alcohol and other risk factors; difference of impact on victims and non-victims; and levels of rape supportive attitudes.

This research has impacted researchers' ability to justify and call for more research on the sexual violence field and impacted the design of prevention programming on college campuses. In research of sexual violence prevention this is an area which is currently experiencing much growth.

Research has looked at individual factors (perpetrators and victims) which contribute to the occurrence of sexual violence. Little research has focused on

contributing societal factors which may contribute to sexual violence excepting media and pornography.

## **SUMMARY OF SEXUAL VIOLENCE PREVENTION RESEARCH**

- \* Established that sexual violence does exist to the extent it needs to be addressed.
- \* Identified characteristics of victims and of perpetrators.
- \* Beginning to clarify impact of prevention programs/curricula.
- \* Has made a case for the need for community approaches.
- \* Has given information on design and delivery of some types of programs (child).
- \* Has begun to evaluate programs.

## **VII. TRENDS AND CHALLENGES FOR THE FUTURE IN THE SEXUAL VIOLENCE PREVENTION FIELD**

The field of preventing sexual violence is coming into its own. To date, a variety of prevention programs/projects have been implemented. A limited body of research has been collected. In the field more clarity has evolved about what is "best practice." Appropriate prevention efforts are being applied in the field. More and more people have become aware of the need for prevention efforts that are specific to sexual violence. Yet, this is a relatively new field and many challenges remain. The following is a brief summary of some of those challenges:

■ There is no one common definition of "prevention" nor common agreement of the roots and causes of sexual violence. The challenge exists as to how does a field of practice and research function when such ambiguity and debate exist? The goal of prevention is fairly clear - to end sexual violence. But the process of doing that is much more complicated and controversial. A variety of programs/projects have been designed and implemented that attempt to prevent sexual violence. Such programs target a variety of audiences, such as: potential victims; potential perpetrators; and community wide audiences.

Historically, prevention (in other fields) has been directed at stopping the occurrence of "problem behaviors" of individuals. Sexual violence is not "simply" about stopping the problem behaviors of the individual perpetrator and/or victim. Such an understanding fails to take into account how the culture and social norms support the continuance of violence and support the lack of understanding of victimization. The sexual violence field has learned that teaching every potential victim self defense techniques will likely not end sexual violence nor eliminate the trauma of victimization.

An argument may be made that the prevention of sexual violence needs to be approached differently given individual and societal rape supportive attitudes and ending such violence will necessitate a shift in the power structure of society. Such attitudes and structure allow for and encourage sexual violence. There has

been some research linking things such as attitudes, belief in "rape myths," pornography, etc. to the occurrence of sexual violence. Hence, targeting prevention simply at changing individual behavior would not address the cultural norms that support sexual violence.

The increase of public attention and awareness of sexual violence has increased the public's fear of victimization. In an effort to deal with the fear, "quick" and "simple" solutions have been sought. It makes sense that this approach has been taken, but it is now a challenge to help the general public gain a more comprehensive understanding of prevention and what it will take to prevent it.

Based on the public's understanding and definition of sexual violence policy and programming, decisions may be made. Depending on how one understands prevention, that understanding directs the methods one uses to "prevent" sexual violence.

In Elliot Currie's Crime Justice and the Social Environment, the criminal justice model "had come to dominate American thinking and policy on crime to an astonishing degree. It had dethroned social explanations of the causes of crime, cast the idea of the rehabilitation of offenders into the category of the antique and faintly disreputable, relegated the belief that social programs might help prevent crime to the margins of public discourse, and simultaneously elevated the idea that crime could be best reduced by deterrence and incapacitation to a central place in social policy."

#### ■ Sexual Violence is a Multi-Layered Problem and Preventing It Will Take

**Comprehensive, Multi-layered, Coordinated Efforts.**

Early prevention efforts focused on self preservation, risk reduction and perpetrator control. These efforts are an essential component of prevention but only part of the whole solution. Addressing the underlying causes of violence and the societal norms which support violence is a much more complicated effort.

Currently, prevention efforts are implemented in a piece-meal approach. As an example, a community may have a prevention program in grade schools or as part of a health class for high school students. The judicial system may have developed protocols for investigating sexual violence crimes, and a local sexual assault center may have services for victims. A comprehensive prevention approach necessitates the involvement of the entire community, not simply directing efforts at victims and/or perpetrators.

■ **Little Research Has Been Done On The Outcome and/or Long Term Impact of Prevention Programs/Projects. Researchers need to be challenged to explore the roots of violence and how those connect with individual behavior.**

In a comprehensive literature review by Lara Foley, a graduate student at Georgia State University, she found that "In reviewing the literature on sexual assault prevention, I found few evaluations of prevention programs." This may be due in part to the following reasons: (1) it is a relatively new area to research; (2) there lacks a common definition of "words such as rape, sexual assault, sexual abuse," as well, (3) there is an unclear understanding and definition of prevention. Also,



early research needed to focus on substantiating the prevalence of sexual violence.

■ **Currently, there is a lack of dialogue between researchers, practitioners and policy makers.**

Increasing dialogues between researchers, practitioners and policy makers will enhance both the practice and research in the field. The work of each researcher, practitioner and policy maker are integrally linked and dependent on each other. Yet, the collaboration between these are currently rather limited.

■ **Little research has been done on culturally relevant programs and few such programs have been developed and implemented which target such populations.**

Comprehensive prevention means addressing and affecting all segments of the population. Programs designed to address one population may not be applicable to another population. The majority of programs that have been implemented are targeted toward majority populations. Populations such as homeless youth, immigrant populations, disabled, etc. rarely have received prevention programming. It should be noted that many rape crisis centers have continually attempted to address cultural relevancy and diversity. In fact, some have developed programs and projects which are culturally relevant. Yet, funding and community support for these projects is tremendously limited.

■ **How to evaluate prevention programming is unclear.**

Evaluation techniques need to be developed which will substantiate the impact of various prevention efforts. Efforts need to be clear in what they are trying to impact and methods to effectively evaluate them need to be developed.

■ **What is "best practice" is unclear and has not been substantiated.**

Currently, there are no recommended standards nor agreement on what is "best practice." The programs and policies that have been implemented have been based on the author's philosophies. These have been well intentioned but as the field evolves and more research is done, current programs and policies need to be re-evaluated and revised in regard to current knowledge on sexual violence prevention.

■ **The use of prevention strategies which were designed to prevent problem behaviors other than sexual violence needs to be further explored.**

Given that "best practice" has yet to be defined, prevention models which have been designed to prevent other "problem behaviors" have also been applied to sexual violence, yet these may not be applicable.

■ **Prevention has become an industry.**

As a result, a variety of curricula and projects are being heavily marketed. Some products are extremely useful but they should be carefully reviewed before using

such products. As the field evolves it is likely that the marketing of prevention products will increase. In order to make the best and most useful products available, practitioners and researchers need to be involved in the development and distribution of such products.

■ **Currently, there is limited funding for prevention and more competition for such dollars.**

Prevention is a difficult concept for funders to understand. Frequently, funders are interested in projects which have a quick return and easily producible results. It is essential that preventionists are literate in funding language and understand the funder's mindset. Preventionists need to demonstrate to funders how projects will impact the audience on both the short and the long term basis. Also, preventionists need to articulate the benefits of prevention and the costs of not funding prevention efforts.

Also, the prevention field is expanding rapidly and recently the field experienced a large influx of federal funding. Preventionists need to be aware of and develop strategies to address such trends.

## **VIII. CONCLUDING REMARKS**

The field of prevention of sexual violence arose from the voices of survivors and activists who believed that sexual violence was the result of oppression and the inequity of power in society. Sexual violence was viewed as a tool of oppression

and such a tool was necessary for those in power to maintain their power and status. Through the expansion of the field, this philosophy has seen erosion and there has been much debate as to the causes/roots of violence. Yet, the philosophy continues to prevail within community sexual assault centers and has spilled into other sectors of the sexual violence prevention field.

Ending sexual violence necessitates vastly changing our society, its power structure and the way people interact and behave. It is a process which takes much time and involves a complicated set of steps and activities.

Raising consciousness was the initial phase of the sexual violence preventionists who were implementing social change. Survivors and activists began to challenge the societal structure by raising the public's consciousness. Rallies and marches were held, survivors spoke out and community education efforts were implemented. And this, in a relatively short period of time, has effectively raised the consciousness of the public.

Markers of the increased public awareness can be seen in a variety of areas. During the last two decades there has been a tremendous increase in the amount of media attention to the issue of sexual violence. This certainly doesn't mean that all media coverage of sexual violence issues has been helpful to the field. Nonetheless it is being regularly covered and being kept in the public's attention.

The laws that have been passed are much more comprehensive than they were twenty years ago, while fully recognizing that some of the laws are being challenged and remain inadequate. A further marker of success has been the increase in the number of services available for survivors. In the early seventies only a handful of rape crisis centers existed in Washington state (and in the country) now over 40 programs exist in Washington.

Providing services for survivors has also been an essential element of social change. Services, such as advocacy, counselling and support have clearly worked toward changing the individual consciousness of those seeking services. Survivors have recognized, although power was taken during victimization, they have survived and they can reclaim their personal power. In the past survivors of sexual violence were typically diagnosed with a mental illness. Today, there is much greater understanding of the impact of sexual violence. The behaviors of survivors are a result of the trauma they have experienced and not necessarily the result of an inherent mental illness. The vast majority of survivors become successful, productive people. Also, many services have evolved for people who are close to the survivor, such as family and friends. Often the people who have gone through such services have not only had their consciousness raised but have been empowered themselves.

In addition, survivors and activists have greatly effected how systems respond to

survivors. While it is without question much change still needs to occur, systems such as the medical, law enforcement and mental health fields have been greatly effected. Many law enforcement agencies work closely with advocates to provide improved services and more and more there is cross-training between advocates and law enforcement. In the medical field there has been the creation of Sexual Assault Nurse Examiners who are specially trained to provide medical exams for sexual assault, the American Medical Association has been developing recommendations and protocols for the medical community to more effectively treat survivors. The mental health field has been challenged to see survivors as more than a series of symptoms and a diagnosis; more and more mental health practitioners are recognizing that the symptoms may be connected with the victimization. This has been clearly evident in the development of the increasing knowledge about trauma and the advent of the treatment of trauma.

During the last twenty years, the general public has increased their acknowledgement that sexual violence occurs but have not embraced their own responsibility in ending sexual violence. This responsibility has fallen to the organizations who provide prevention services. In order for prevention to truly be effective the entire community must embrace it's own responsibility for ending sexual violence. This will occur as the general public develops a greater understanding of why sexual violence occurs and embrace the social change necessary to end sexual violence. It is also critical that organizations providing

prevention efforts reexamine their philosophy of social change and understand how such a philosophy has been impacted by trends in society. It is clear that such organizations and the general public must forge stronger relationships to create an entire community that is committed to ending sexual violence.

The sexual violence field has evolved and impacted a wide variety of arenas yet great challenges do remain. The most salient of which is for the sexual violence prevention field to embrace it's successes and to continue to develop a strategic approach to social change for the future.

**Module II**

*Tool Kit*



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**Tools for Planning**

# A Tool Kit

This module contains several lists, tools, instruments or reminder statements for prevention program planners. The mental models or prevention theories presented in Module I are accompanied in this module by tools for planning which may be used as they are or as springboards for planning ideas in your community.

## Contents of Tool Kit

**Lofquist**

<i>The Arenas of Action</i>
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<i>Elements of Change</i>
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<i>Spectrum of Attitudes</i>
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<i>Levels of Networking</i>
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<i>Sources of Design</i>
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<i>Planning of Strategy</i>
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**Kibel**

<i>High-Impact Planning</i>
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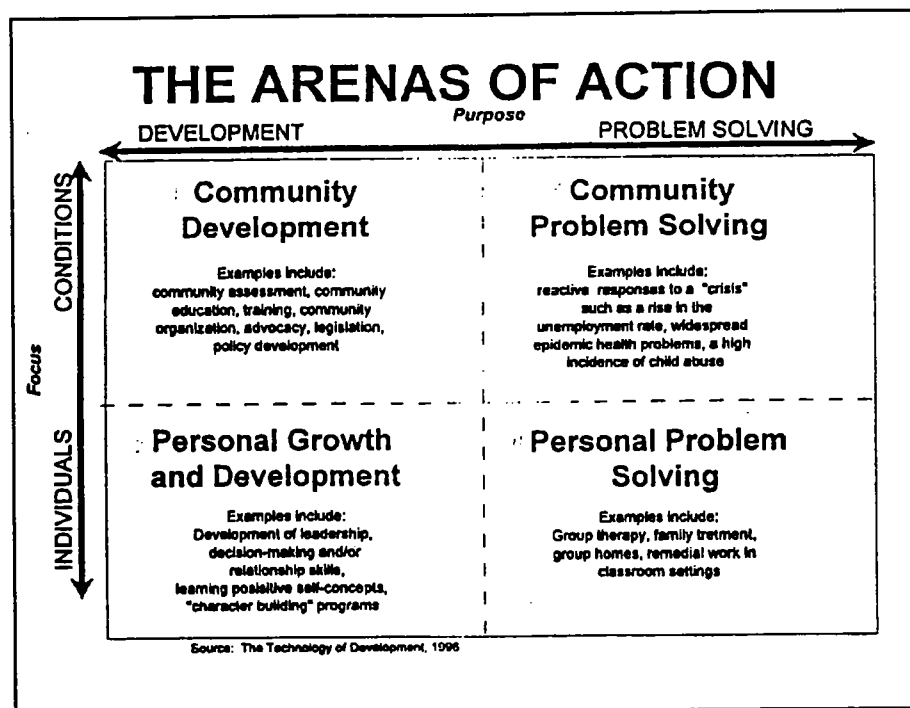
**Pransky**

<i>Health Realization</i>
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## The Arenas of Action

from Lofquist

## General Prevention Activity List



List all of your prevention activities. Try to represent the activity with just a word or phrase. Use the Arenas of Action examples to help you represent all that you do.

To evaluate present agency / prevention programming, determine in which quadrant each of your activities belongs.

Assess the balance of your programming in each of the quadrants.

List the activities you are presently doing in quadrant 1.

Examples include, but are not limited to:

- Community assessment
- Community planning
- Community education
- Training
- Community organization
- Advocacy for changes in conditions
- Legislation and policy development

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**Quadrant I  
Program List**

**List all examples of:**

**Community assessment**

**Community planning**

**Community education  
Training**

**Community organization**

**Advocacy for changes in  
conditions**

**Legislation and policy  
development**

**Other quadrant one  
activity...**

## Elements of Change

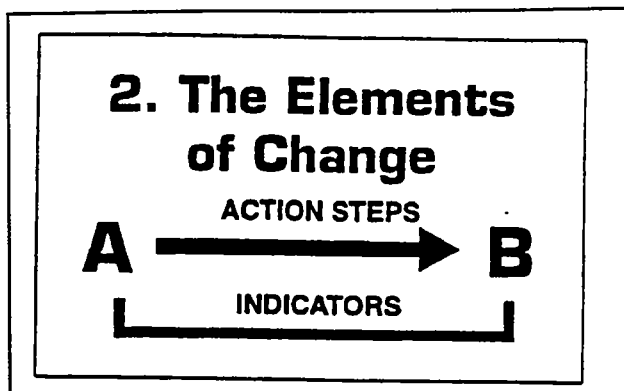
from Lofquist

**Assemble a group of people you perceive to be important partners in sexual violence prevention efforts in your community.**

**Make the group as complete and inclusive as you are able.**

**Notice who you automatically include.**

**Notice who you intentionally and unintentionally leave out.**



### Step 1.

With the help of assembled players, describe the current reality regarding sexual violence in your community. What are the supporting and inhibiting conditions related to sexual violence? Describe what is happening now as completely and concretely as you can.

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### Step 2.

In clear, concise language, describe your vision for the community. What will the conditions related to sexual violence look like when you have accomplished your goal?

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### Step 3.

Determine what indicators you will use to gauge the progress you are making. What indicators will tell you that you're moving in the right direction?

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## Action Steps

### Step 4.

What actions will you take to get from the present reality to the future vision?

## Think concretely

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## Think completely, step by step

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**Remember all of your participants, remember all of their gifts of talent and imagination.**

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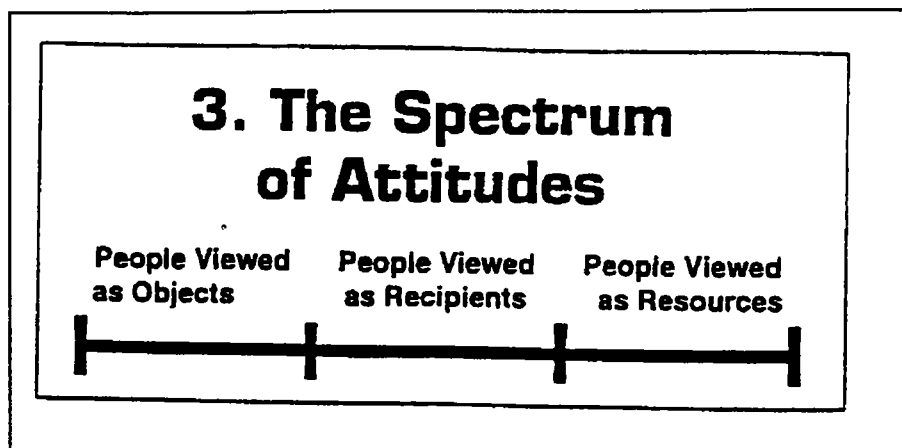
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## Dream!

[illegible]

## Spectrum of Attitudes

from Lofquist



*Object = "I know best for you, so here's what we'll do."*

*Recipient = "I know what's best for you, but you may participate in the process because it will be good for you."*

*Resource = "I respect you and the talents you bring as co-creator of this process."*

## Opportunity for Assessment

With the *Spectrum of Attitudes* mental model you have an opportunity to assess your attitude toward people who might participate with your prevention program. Getting a clear view of attitudes can help you understand the kind of behavior which may be the outcome of the attitudes described, and as a result, the kinds of programming decisions which might be made if planners are unaware of their internal biases.

## Some questions for yourself and your planning group

What group or groups are the focus of your prevention effort?

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## Planning and Implementation

List the ways you are involving them in your planning and implementation process.

If you discover that your "attitude" determination is "object" or "recipient", how can you make a change in your strategy to see the person/group as a resource?

Group	Methods of Involvement	Attitude Represented
For example: Teens, grade 9 - 12	As Peer Educators Plan presentations Make presentations	Resource Resource

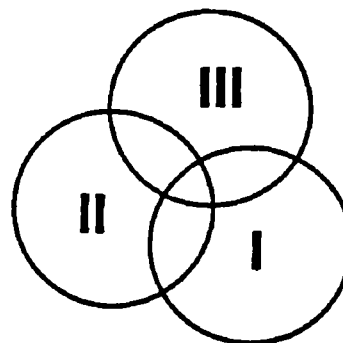
## Levels of Networking

**from Lofquist**

## I: Awareness & Information Sharing

## II: Planned extension of organizational and community resources

### III. Cooperative creation of new resources



List all of  
the people and/or organizations who are in your prevention network

## Who is in your network?

[illegible]



Brainstorm a list of people and/or organizations you believe are not presently represented in your network.

## Who is missing from your network?

[illegible]

## Awareness and Information

In what specific ways are you networking on an awareness and information sharing level?

## Resource list?

**Interagency referral?**

[illegible]

## Expanding Existing Programming

In what specific ways are you utilizing networks to expand what prevention work you are already doing well, or to assist others to maintain or extend what they are doing well?

[illegible]

## Co-creating in Partnership

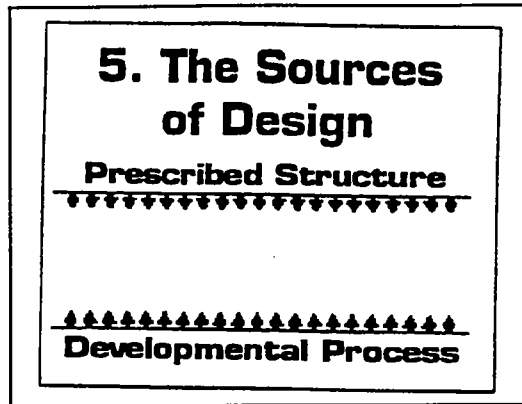
**In what specific ways are you working with others in your network to create new ways of doing prevention work?**

[illegible]

## Sources of Design

from Lofquist

What forces are at work to shape the way you do prevention?



## Prescribed Forces

List prevention funding sources

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What does your mission statement say about prevention?

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What traditions, attitudes or conventions of your agency influence the ways that you provide prevention services?

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List any rules or regulations about which you know that govern your prevention activities.

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Other?

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## **Developmental Process**

**What developmental  
processes influence the  
way you do prevention  
work?**

Is there a present concern about a crisis?

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Describe the community's desire to promote change.

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List the needs / opportunities that are recognized.

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How does local ownership show itself?

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Who shows strong leadership?

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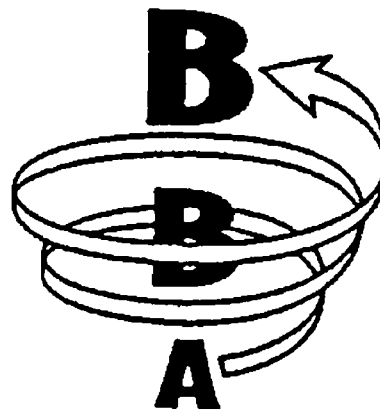
## Planning Strategy

**A = Present reality**

**B = Near future and  
more distant future  
reality**

**➡ = Action steps to  
move from the present  
reality to the future  
reality**

# 6. The Planning of Strategy



Lofquist uses this symbol to remind planners of the process of planning and change. Future reality becomes present reality as goals are accomplished and changes are made. That is the platform from which yet another new reality is envisioned.

Lofquist has created many tools to gauge community readiness, practical help for creating condition statements (condition A and condition B), opinion surveys and others. A more thorough reading of his work will, undoubtedly, serve as a springboard for your own thinking about useful tools you have seen, ideas you wish to create.

## High-Impact Planning

Barry M. Kibel, Ph.D.

## High-Impact Planning Mobilizing the Whole Village



Another perspective on prevention planning is reflected in work by Barry M. Kibel, Ph.D. (*for more detail see High-Impact Planning -- Mobilizing the Whole Village, presentation abstract found in Module I*)

High-Impact Planning is a highly structured process with well-defined activities. It is characterized by a rapid process, emotionally engaging, activity promoting style. The process itself aims to capture the spirit and passion of community members and then break tasks into small, reasonably easily completed units. In this way progress is regularly experienced, accomplishment is noted and community members do not burn out during the change process.

The general elements of this planning process are listed on the following page. Each of these elements has various exercises described by Kibel to facilitate the accomplishment of the step. The overall flow of the process will be clear from the steps listed.

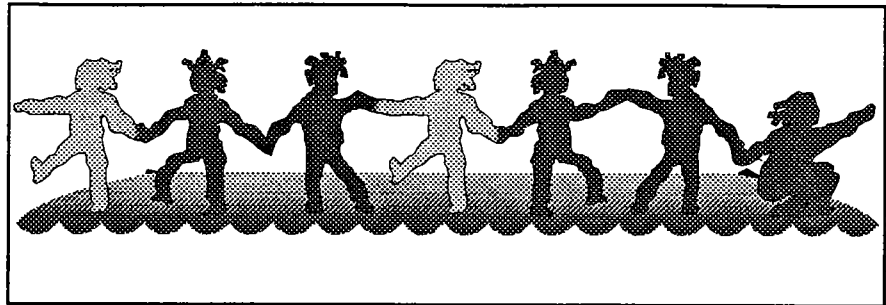
Step	Purpose
<b>Compose a New Reality Declaration</b>	Through consensus determine a clear, inspiring statement of what the community will be like when the issue of sexual violence is fully resolved
<b>Establish Milestones</b>	Determine short - term milestones, middle-term milestones and long-term milestones that will mark the transformation needed to move the community toward the goal.
<b>Brainstorm All Options</b>	Identify the varieties of options available and map their likely contribution toward the desired transformation
<b>Explore Holographic Options</b>	Expand your viewpoints, think multi-dimensionally, to explore creative and imaginative strategies and then fuse into action strategies.
<b>Convert the Action Strategies to Chunks</b>	Convert each action strategy into small tasks that the community participants can easily handle without burnout.
<b>Produce Action Script for Each Strategy</b>	Detail each stepstone into roles to be played and associated time lines.
<b>Cast the Roles</b>	Assign individuals and organizations to various roles

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## **Prevention's Missing Link: Health Realization**

**Jack Pransky, M.S.**

## **Health Realization Transformation from the Inside - Out**



Jack Pransky, M.S. promotes the idea that many prevention strategies serve important and functional purposes. They are, he posits, incomplete in helping to create the kind of change which prevention planners desire. Community development strategies are important in transforming the community, but if the individual is not transformed, the change will not be successful. He emphasizes the connection between the way one thinks about oneself and the environment and the way one behaves in community. For real community transformation to occur, transformation in the way an individual thinks about her/himself must be promoted.

Change from the inside-out focuses on improving well-being. In order to make prevention planning more complete, include elements or strategies in your programming which will help people to:

- ✓ learn how to access the vast resource of health and well-being inside them they will be less likely to seek fulfillment from outside sources or committing acts of violence or disruption
- ✓ understand how their own thinking leads them into destructive or other patterns of behavior that are not in their long-term best interests they will be less likely to engage in those behaviors
- ✓ understand how their low moods trick them into thinking that things look worse than they are, and how to make adjustments in their low moods, they will be less likely to make decisions they and others will regret later.



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## Pransky, continued

- ✓ understand how their beliefs program them into thinking that the way they are seeing things looks like "reality," and how that "reality" is different for everyone, and changes at different times they will be less inclined to take what they see so seriously, and will experience less defensiveness and fewer fights.
- ✓ understand that by disengaging, stepping back, and clearing the head or quieting the mind they can access their wisdom and common sense they will make decisions that guide them away from problems and toward well-being, and live lives of less stress.  
*(From Prevention's Missing Link: Health Realization, Jack Pransky, M.S., with George Pransky, Ph.D. in Module I)*

**Module III**

# *Collaboration*

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**Collaboration**

## **Networking and Collaboration in Prevention Planning and Implementation**

A social change approach to prevention cannot happen in a vacuum. Collaboration in the planning and implementation process is imperative to a community development model. With the aid of the "Networking" tool in Module II the process of identifying existing alliances and working partnerships has begun. In this module continued identification and recruitment of partners and collaborators will be the focus. This module is a resource containing practical tips for holding meetings, seeking help from other organizations, working with the media and others.

### **Contents**

<i>Evaluating Your Own Community Partnerships</i>
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<i>Organizational Resources</i>
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<i>Meeting Tips</i>
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<i>Media Tips</i>
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**Evaluate Sexual  
Violence  
Prevention  
Collaboration in  
Your Community**

**Identify Natural Allies**

**Human Services  
Organizations**

<i>Human Services Organizations</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	

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**Educators**

<i>Educators</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	

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**Law Enforcement**

<i>Law Enforcement</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	

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**Media**

<i>Media</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	

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**Religious  
Organizations**

<i>Religious Organizations</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	



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**Community  
Activists**

<i>Community Activists</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	

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**Ethnic Community  
Representatives**

<i>Ethnic Community Representatives</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	

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## Government Representation

<i>Government Representation</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	

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## Business Representation

<i>Business Representation</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	

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**Service  
Organizations**

<i>Service Organizations</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	

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**Teen and / or  
Teen Groups**

<i>Teens and / or Teen Groups</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	

**Others?**

**Is there anyone missing  
in your overall  
assessment?**

**Are their other  
individuals or groups  
you should be including?**

<i>Other Individuals or Groups?</i>	
<b>Who are you actively working with?</b>	
<b>Who do you know who would be a natural ally?</b>	
<b>Who do you know about who might have an interest in prevention?</b>	
<b>Who is missing?</b>	

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## **Organizational Resources**

There are a number of state and national organizations who have prevention as at least a part of their mission. These are sources of materials, expertise, research and referral to others who are doing prevention work. As with all resource lists, it is current at a fixed point in time. Accuracy will suffer with the passing of time, however with some persistence, if these organizations continue in existence, they should not be difficult to locate.

**Call or write for information...**

**Center for the Study and Prevention of Violence**  
University of Colorado at Boulder IBS #9  
Campus Box 442  
Boulder, Colorado 80309

**Get on the internet and read about other programs and other models...**

**National Network of Violence Prevention Practitioners**  
55 Chapel Street  
Newton, MA 02158  
(617) 969-7100

**Ask for technical assistance...**

**Partnership Against Violence Network (PAVNET)**  
An Internet Resource  
Guides about how to use PAVNET can be obtained from \NCJRS  
Box 6000  
Rockville, MD 20849  
Internet address: [pavnet.esusda.gov](http://pavnet.esusda.gov)

**Bounce your good ideas off off someone else in the field...**

**President's Crime Prevention Council**  
736 Jackson Place, N.W.  
Washington, DC 20503

**Get a much more complete list of resources from PAVNET...**

**Washington Coalition of Sexual Assault Programs,**  
Technical Assistance Resource Center  
110 E. 5th Ave.  
Olympia, WA 98501  
(360) 754-7583

**Washington Prevention Professionals**  
c/o WSSAC  
12729 NE 20th Suite #18  
Bellevue, WA 98005



## Meeting Tips

## Values and Strategies for Meeting Facilitators

It is helpful for facilitators to articulate for themselves the values and the parameters to which s/he wants to hold when anticipating a meeting with other partners in the prevention planning process. As the facilitator of the meeting you have an opportunity to help the group articulate their shared values as you determine with each other the behavioral norms for meeting times.

### Values

**Some of the values you might discover...**

Respect  
Mutuality  
Honesty  
Commitment to prevention

### Tasks

**Some tasks for the group before the meeting content is discussed:**

Determine together ahead of time how decisions will be made  
(consensus? majority? other)

Determine how the agenda is set. How can members bring items to be discussed?

Set norms / rules for the meeting

### Norms

**Some of the meeting norms which might result from the values you espouse:**

*There will be many more and likely very different values, tasks and norms. These serve only as examples.*

Speak one at a time so that all person have an equal chance to be heard

Speak loudly / clearly so that you can be heard

When making a proposal, make it concrete and complete

Speak up when you need more information, clarification or if you have noticed that the process has become bogged down for some reason

## **Facilitation**

### **Some Thoughts for the Facilitator**

#### **Before the Meeting**

##### **Prepare the physical space**

- make sure there is adequate space for your group
- arrange the chairs and tables
- write the prepared agenda where it is visible to the group, allow room for additions

#### **During the Meeting**

##### **When the meeting begins**

- begin the meeting on time
- end the meeting on time
- establish brainstorming guidelines which make clear that all ideas are welcome, decisions about what to include will be made later
- encourage and make room for those who haven't participated
- maintain an open and pleasant atmosphere

#### **At the Closure of the Meeting**

##### **When the meeting ends**

- summarize decisions / issues to consider
- thank participants for coming and contributing
- if appropriate, set next meeting (time, location, agenda items)

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## Media Tips

## Getting Your Message Out

Getting your information to the public can be accomplished in many ways. One way is working with the many types of media active in your community. Regional and community print media, various radio formats, television community programming, public access television are all possible avenues through which your group can inform and shape public opinion. Through the media the community is able to hear about and participate in your prevention work.

### Form a Media Advisory Group

Invite representatives of the media to participate in an advisory group. Make your invitation compelling, the information about your planned planning process or project thorough and be clear about what you want them to do. Willing advisors who will help you evaluate your press packet, help you with access to community programming or write an article about your group are an invaluable resource.

### Create a Press Packet

- Write a **press release** about your project.
  - ✓ Answer the 5 W questions: who, what, when, where, why
  - ✓ Include quotable quotes from community members, planning group members and "experts" which can be used as is.
- Assemble a **fact sheet on the issue**. Include statistics with proper citations. Statistics only have meaning if you know where they come from.
- Write a **fact sheet about your program** and how it addresses the issue.
- Include a page of **contact names and telephone numbers**. Remember all those who are collaborating on the project.
- Include collected **statements of support** from community leaders, business partners, etc.
- **Distribute** the press kit to reporters either at a media event or delivered in person. Follow up, offer to answer questions, invite them to a meeting.

## **Hold a Press Conference**

Schedule your press conference for early in the day and early in the week

Arrange the room so that everyone and their equipment can be accommodated - The room should be large

Arrange the front of the room with a table and chairs for those scheduled to speak, a podium if desired, a backdrop with your agency name or the group project name and logo on it

Arrange chairs in rows for reporters

Have a sign-in table at the entrance door so that you know who was represented and the person to contact for follow up

To select speakers:

- articulate spokespersons

- represent the diversity of your group in the group of speakers

- include leaders from communities / constituencies represented

First speaker should thank people for coming and present key messages

Ask reporters to hold questions until all speakers have finished

Include a list of speakers, their affiliations and their telephone numbers in the press kit you have created

Keep speakers' statements very brief (4 - 5 minutes)

Give lots of quotable quotes

Through all of your speakers, deliver your identified message over and over

## **Show Appreciation**

Follow up with reporters, offer to answer questions, correct any inaccuracies, send thank you's

Send clips with a cover letter to funders, partners in the project

**Module IV**

*Social  
Marketing*

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**Marketing  
Prevention  
Services**

**Social Marketing  
The Basics**

**Contents**

*Social Marketing: The Basics*

*Social Marketing Reference List*

## Marketing Prevention Services

### Social Marketing The Basics

As providers of prevention education services we make an effort to reach and serve various defined populations. These populations may be schools, communities, teens aged 12 - 16, service providers, counties or one of many other definable groups. The recipients of our prevention work hear of potential services in many ways. Often people are informed of services by one to one contacts, letters of introduction, telephone solicitation or other methods for which there are time and/or resources.

In order to provide consistent service to those whom we would like to reach, we need to market our ideas and services. We can learn important techniques and strategies from the world of commercial marketing to apply to our social change concerns. We can move from relying on our best intuition or hunches about ways to reach our populations to a sound theoretical base.

The field of social marketing had its beginning in 1971 when Philip Kotler defined social marketing as:

*"Social Marketing is a strategy for changing behavior. It combines the best elements of traditional approaches to social change in an integrated planning and action framework and utilizes advances in communication technology and marketing skills."*

Philip Kotler and Eduardo L. Roberto  
Social Marketing: Strategies for Changing Public  
Behavior

In order to determine effective strategies, prevention providers

- ✓ need to understand the behavior of their audiences (consumers)
- ✓ must be responsive to the needs, preferences, lifestyles of the consumer audience

Almost all program designs are based on audience research. Only through knowing a target audience can a program planner understand

Philip Kotler &  
Eduardo L. Roberto

what motivates the choices of those whose beliefs or behaviors the program desires to affect.

There are essential social marketing ingredients that enable behavioral change and lead to healthier lifestyles and outcomes. Listed here as an overview, each will be discussed more completely later in this module. They are as follows:

## Tools and Techniques of Social Marketing

### About the population to be served:

- ✓ Segmenting the population
- ✓ Profiling the population
- ✓ Targeting the population

*To get to know a population well, a planner might utilize focus groups; 8 - 12 people with characteristics you are targeting. Lead a focused discussion with these people and solicit feedback.*

### About the products or services:

- ✓ Planning
- ✓ Designing
- ✓ Positioning
- ✓ Testing
- ✓ Refining

### About the larger community:

- ✓ Mobilizing community action
- ✓ Shaping Policy

Elements of a social marketing campaign might include some of the following: TV spots, radio spots; Print ads; Community events; Community education; Poster contests; Product give-aways; Classes; Hotline availability, etc.

There are many examples of successful social marketing campaigns, both large and small. Kotler and Roberto describe one such program in their text, *Social Marketing, Strategies for Changing Public Behavior*. (1989, Free Press) The campaign they describe is *Sesame Street*. This program started as a particular, one-year social marketing campaign.



Joan Ganz Cooney was concerned about what she called the "vicious cycle of poverty" represented by the lack of decent education for poor or "disadvantaged" people. She envisioned a particular approach which she wanted to test to address this larger social concern.

## **Objectives and Target Audience**

Her initial objectives were to promote individual and cultural growth and foster awareness of cultural and ethnic group differences. Her target audience was disadvantaged pre-schoolers.

## **Product**

Her product was a television series of one hour shows. They were to be fast moving, filled with action, teaching skills and demonstrating cultural diversity.

For 18 months they pre-tested each show with the following criteria:  
Did it hold the attention of the audience?  
Were there learning effects?

## **Product Distribution**

In order to distribute the program effectively, CPB made shows available to as much of the nation as had public broadcasting available to them. (75% of American homes) It would be shown on school days during times the children were at home or at pre-school.

## **Personal Communication**

A unique feature of the campaign was the element of personal communication. Home visits were undertaken to encourage viewership. Promotional materials were distributed (buttons, balloons, magazines); monthly visits and phone calls followed up; Home visits were accomplished by neighbors recruited for the purpose; Home visitors reached 2/3 of surveyed households in the evaluation study.

Many studies have since been done showing the efficacy of this type of early childhood education. Sesame street, originally a one-year campaign, has turned into an institution educating millions of pre-schoolers every year.

Many social change campaigns have utilized the elements of social marketing. Some are well-known and others are very consumer and population specific. Following are some issues and examples which have used social marketing strategies:

Friends Don't Let Friends Drink and Drive

"Kick AIDS '88", featuring Pele

Stanford's Heart Disease Prevention Program

Sweden's Campaign to Change Rules of the Road (from driving on the left to driving on the right)

Issues such as safe sex, HIV/ AIDS , teen pregnancy, substance abuse, teen suicide and many other concerns have all been addressed by social marketing campaigns.

## **Social Marketing: A Look At the Steps**

There are seven definable and sequential steps to applying the techniques of social marketing to a social change campaign. Each step builds on the foundation of the previous step. New information may cause a planner to reassess a previous step, to refine the information and the plan.

### **Step One: Definition**

The first step is to define the problem to be addressed. It is critical to understand the problem through the point of view of the audience. (consumers) There are many factors which influence the way any particular audience construes the issue such as, culture, history, and economic situation. One must gather data to help in understanding the barriers to addressing the particular problem, and the benefits to the consumer of addressing it.

### **Step Two: Conducting an Audience Needs Analysis**

This step is designed to get a clear picture of the community in which the program will be implemented. Identification of key community groups and an analysis of the target audiences preferences and concerns must be performed. This may be done in many ways. Critical to the success of programs is the participation of the community (audience) itself in identifying their own needs.

Formal needs assessments, paper and pencil tasks, can be undertaken. Personal interviews, focus groups and surveys can be very effective. Placing the interviewer in places likely to encounter a cross section of the population to be served is a good strategy. For example, teens aged 16 to 18 might be found in the local shopping mall. Mothers of young children might be found at the laundromat or Parent Teacher meetings at a local school.

A needs analysis can determine what, in the view of the audience, is

needed. It can also help the planners discover barriers the audience experiences to utilizing a service, or adopting a behavior.

The most important benefit of this step is that the planners tap into the wisdom of the population they are desiring to serve. Assumptions are not made about what would be "good for" the target audience or what "might work" when "applied" to the target audience. This ensures a respectful, collaborative approach to change. Without this step, a planned and applied plan will likely not have the desired benefits.

### **Step Three: Segmenting the Audience**

After assessing the community, the planner must answer "Who must act to solve the problem?"

To do this, the planner must segment the audience, first by identifying meaningful subgroups. For example, in an adolescent population subgroups might include:

- age groups
- family structure
- peer group membership
- developmental stage

The members of these subgroups are more like each other than members of other groups. They share behavioral, motivational and cultural characteristics which may be identified. This information is relevant to program planners because the program must be compatible with these target demographics, including cultural and religious traditions of the group.

### **Step Four: Setting Goals and Objectives**

Next is setting program goals and objectives. They must be realistic and reflect a positive direction. Successful programs will ensure cultural relevance.

Set goals and objectives by answering these questions:

- a) who is the audience?
  - the community
  - teens
  - donors
  - media
  - policy makers
  - board of directors
  - other?
- b) what is the advocated behavior?
- c) when will the message be disseminated?
- d) how will the campaign be implemented?

## **Step Five: Analyzing Communications Channels**

The delivery of the determined message may be accomplished in many ways. Electronic and print media, posters, direct presentations, community events, theater presentations, puppet shows and interpersonal communication are some of the avenues through which messages are delivered. Most target audiences have channels with which they are more likely to come into contact. Some channels are more perceived to be more reliable or trustworthy than others. Therefore it is critical to determine which channels work best for a given target audience. Consider the following four elements in deciding which communication channel or channels to use:

### **Contact**

#### *Contact*

Where is the audience? Where do they go for information? Where do they spend their leisure time?

People are not out looking for messages. Therefore, the determined message needs to be placed where the target audience is likely to run across it without expending extra energy.

Local media outlets have very specific information about the demographics of their consumers. More general information is available in texts and papers. For example, M.L. Ray, in *Advertising and Communication Management* (Prentice Hall, 1982) presents a table of gross comparisons of mass communication media. From this table it is possible to determine that young adults get more information from radio and magazines than they do from newspapers. Logically, placing an article in a newspaper would be less likely to reach young adults than utilizing the local popular radio station.

### **Influence & Importance**

#### *Influence & Importance*

Who does the target audience listen to? What media is considered more trustworthy? Radio talk shows? Television public service programming? The daily newspaper? The small community newspaper? Preaching from the pulpit?

Understanding which channel and which message deliverers are credible to the consumer will enhance the success of the campaign. Creative collaboration is key.

## Relevance

### *Relevance*

Is the target audience being directly addressed? Are they being taken seriously? Treated with respect? Are the messages relevant to their lives? Are the methods of delivery consistent with their values?

Attitude or behavioral change doesn't happen all at once. It happens in a developmental way. Messages appropriate to raising awareness about an issue are not necessarily relevant to or likely to produce immediate change. Awareness of the target audiences developmental stage in the change process will correlate an appropriately relevant message to the target audience.

## Step Six: Defining Market Strategy

There are four standard considerations which combine to make up a market strategy. A fifth is added by some as an important community development consideration. These are most often identified as the four (or five) "P's", product definition, price, promotion, place and politics/policy of the community.

## Product Definition

Defining the product means determining the tangible product, knowledge, attitudes or behavior which you want the audience to adopt. For commercial marketing it is easy to see the product definition. A particular toy, for example, or potato chip or soda. A social marketing campaign often is promoting an idea, an attitude or a behavior. Defining the product involves determining what action must be taken by the target audience.

## Price

Pricing a soda is one thing. Trying to determine the price of a behavioral or attitudinal change is more difficult. A careful needs analysis with the target audience in step four is critical to being able to determine what the barriers or social costs will be to the consumer. Naming the price involves understanding what the target audience must give up to gain the benefit of the product. Why would the audience adopt the behavior and what are the barriers to the outcome or change?

## Promotion

Based on the target audiences needs, values and motives, promotion is the means for persuading the target audience that the product is worth the price. It will tell the target audience about the details of the product and be persuasive about the advantages of adopting the product.

## **Place**

Place is related to how the message is disseminated. Where or how the audience receives the product. It also concerns itself with where the audience is located and to the degree assessable, the state of mind of the target audience. Step five, analyzing communications channels, is helpful here. If you have already determined the most effective type of communication channel you can make your efforts with that medium. The methods will vary according to the information you have about your target audience and what you have determined will best influence them. You may choose electronic or print media, billboards, community programs, theater or puppet presentations, or personal communication, for example.

## **The added "P" Politics/Policy of the Community**

Some social marketing theorists add a fifth "P", politics/policy of the community. This speaks to the importance of community involvement in making social change. The situation analysis here focuses on the community, not individuals. It provides an opportunity for collaboration and buy-in by involving the community early in assessing the situation and their own needs. The process is an educational opportunity for all involved parties. This "P" stresses the importance of authentic collaboration, encouraging both traditional and non-traditional partnerships. The more inclusive the community, the more creative the opportunity for change.

## **Step Seven: Developing Process and Outcome Evaluation**

Evaluation is the method by which effectiveness is assessed. Effectiveness may well mean different things to different people. Diverse communities may have differing ideas about what success actually is. However, with such evaluation the effectiveness of the program in affecting beliefs, attitudes and/or behaviors of the target audience is measured. The program evaluation should be conceived during the planning phase of the project. The evaluation is actually conducted later in the life of the program. The type of evaluation to be conducted and the rigor with which it can be done is dependent on many things. Time, money, privacy policies, for example, are all issues which have an impact on the evaluation process.

There are four types of evaluation to be considered when assessing the success of a social marketing program. Some or all of them can be used depending on the limitations mentioned above.

## **Formative Evaluation**

Formative evaluation is an assessment of the materials / message one is promoting. It is designed to test the strengths and weaknesses of the material, information, or program before it is presented to the target audience. The pre-test of materials or program provides a feedback loop for adjustments in the program before it begins.

## **Process Evaluation**

Process evaluation reviews the tasks of implementing the program. This type of evaluation essentially asks the questions "Did you do what you said you were going to do the way you said you would do it?"

## **Outcome Evaluation**

Outcome evaluation gathers information about knowledge, attitude or behavioral changes. Often knowledge pre-tests and post-tests are given and changes noted. Attitudes and behaviors can also be observed or self-reported. This type of evaluation attempts to measure the result of the application of the program to the target audience. It will answer the question "In what ways is the target audience different as a result of the program?"

## **Impact Evaluation**

Impact evaluation is the longest term, most difficult and expensive to conduct. It measures the long-term outcomes of the program and most clearly identifies the extent to which the program affected the target population.

Evaluation is the foundation upon which the success of social marketing campaigns rest. This is the method by which the question "Did we make a difference?" is answered.

Social marketing is a remarkable discipline which can be used as a tool for social change. This module has provided the basics, an overview of the concept of social marketing and a vocabulary from which to build. Following are many references which will more completely address each of the elements of social marketing.

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