

Primary Prevention Electronic Newsletter

October 2006

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Texas Association Against Sexual Assault

Over the last month or so, I've been surveying crisis center EDs about primary prevention. So far, I've talked to almost half of you, and I have already learned so much from those conversations. I will continue to make these contacts, but in the meantime, I wanted to begin sending out these e-newsletters. We will be sending these out periodically to help programs get resources and information in addition to the trainings that we are offering. There have been some very common concerns expressed in the phone surveys, and I hope to address some of those in these newsletters. This first newsletter will be sent to the RCC listserv as well as to the individuals who are coordinating the prevention efforts of the centers with whom I have already spoken. Please feel free to forward it to anyone who might benefit from the information. As always, feel free to contact me with questions.

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Included in this E-Newsletter

- How is Primary Prevention Different than Risk Reduction and Awareness Education?
- Where's the Primary Prevention Curriculum?
- What's Expected of Us? Community Workgroups and the Process of Primary Prevention

How is Primary Prevention Different than Risk Reduction and Awareness Education?

Many of the programs I've spoken with have voiced concerns about the differences between primary prevention and the outreach/awareness education programs they've done as well as how primary prevention is different than risk reduction programs. In the sexual violence field, we have called many different approaches "prevention" that are not considered *primary prevention* under this model. To some people, this will be an entirely new way of looking at preventing sexual violence.

Primary Prevention

If I had to describe primary prevention of sexual violence in one sentence, this is what I would say, "Primary prevention is stopping sexual violence before it occurs by engaging in strategic, long-term, comprehensive initiatives that address the risk and protective factors related to perpetration, victimization, and bystander behaviors." True primary prevention focuses not only on individuals but also on the community and societal factors that increase the risk for sexual assault and utilizes strategies that focus on the good of the whole, and not on individuals.

Risk Reduction

Risk reduction programs focus on helping individuals gain skills to reduce their risk of being victims of sexual violence and changing behavior that might put them at risk. These programs focus on the dynamics of sexual assault (e.g., the methods of slipping someone a drug to facilitate a sexual assault) to show individuals how they can avoid those situations.

Examples of these programs:

- Self-defense
- Watch your drink campaigns
- WHO CARES
- Yellow Dyno
- Good Touch/Bad Touch
- Internet Safety Classes
- Rape whistles
- Recognizing perpetrators

Why isn't this primary prevention?

Although risk reduction programs have some benefit for helping increase an *individual's* safety in certain situations, these programs are not primary prevention. First of all, they are not focused on addressing the root causes or the risk factors of sexual violence; they are focused on the dynamics of sexual violence. They make the potential victim responsible for their own safety without making the community responsible for changing the factors that lead to sexual violence and without helping potential perpetrators change. For example, if a person has been exposed to a program focused on risk reduction for drug facilitated sexual assaults, they might know to watch their drink, not accept open drinks or drinks from strangers, and keep an eye on their friends. These tactics may help reduce the likelihood that someone at the party can slip a drug into their drink and sexually assault them; however, a person who is looking to commit a drug facilitated sexual assault that night would be likely to target someone else. The probability of **any** sexual assault being committed has not necessarily changed.

Primary prevention helps the community to take ownership of the problem of sexual violence and seeks to change the conditions as well as the behaviors that lead to sexual violence. In theory, using the above example, successful primary prevention would result in fewer individuals seeking to commit a drug-facilitated sexual assault

Awareness/Outreach Education

Many of the community education and school-based programs crisis centers offer have presentations that focus on the dynamics of sexual violence, what to do if you've been assaulted, how to help a friend who has been assaulted, and where someone can access services.

Why isn't this primary prevention?

Again, these are important presentations and we still want people to know the basics about sexual violence and how to access services. In fact, it is important for communities to understand that sexual violence is a problem before they can move into true primary prevention initiatives. However, telling people about sexual assault and the impact it has on victims cannot by itself change attitudes, behaviors and norms about sexual violence. More comprehensive initiatives are required to move from general awareness to primary prevention. An example of the difference: Youth education programs that operate on principals of primary prevention would be more long-term than one presentation and would include content related to risk

factors. For example, a program might help students to examine gender socialization, the media's portrayal of sexual violence, and teaching skills to be active bystanders in situations of sexual harassment and bullying.

Where's the Primary Prevention Curriculum?

The simplest answer to this is that there isn't one. There also might never be one. Yes, there are certain education programs that operate from curricula that are primary prevention-based, and these can be very useful components of a comprehensive primary prevention initiative. However, as I will talk about below, there really isn't a "cookie cutter" approach that will be effective for every community. Every community needs something different in terms of prevention, so one curriculum won't be able to fit all of those needs.

What's Expected of Us?

The Importance of Process

Many of you have suggested frustration with what you see as very vague specifications regarding what you must do in relation to primary prevention in light of this shift. The need for structure and parameters is highly understandable; it is often much easier to operate with clear guidelines. However, the nature of primary prevention almost requires such vague direction. Here's why: Primary prevention efforts are meant to be specific to one community. In order to set our efforts up for success, they must be tailored to the conditions and demographics of the target community. Communities are all different from one another and what will be effective in one community may not be effective or appropriate for another community. Therefore, a uniform set of guidelines would not work. Communities need to engage in their own process to decide what direction they will go with prevention.

Beyond that, there is a lack of research on primary prevention initiatives. Many of you have already heard me or someone else from TAASA say, "We know a lot more about what doesn't work than about what does work." By allowing communities to design their own prevention initiatives and evaluate them, we have the opportunity to learn a lot in the next few years. That being said, there are process models that offer guidance in strategically planning for prevention efforts. Other communities have engaged in this process and are sharing the information in order to help others.

So, if we say that primary prevention really is community-specific and community-driven, what exactly will be expected of you right now? Now is the time for you to begin recruiting and meeting with community members. In other words, **you do not have to implement a primary prevention program right away**. I know that a lot of you are scrambling to find a curriculum or model program so that you can put it in place tomorrow. That is what we are all used to doing, but it isn't necessary this time – at least not at this point. What's expected is that you will spend time engaging your community in the process of assessing your community (for risk and protective factors and current prevention efforts) and designing primary prevention strategies based on the information you gather.

So, what should these community workgroups look like?

Again, that will depend on what your community looks like, and how you define community. If you look "community" up in the dictionary, there are a variety of different definitions. A community can be a group of

people bound to a certain geographic region (such as a city or county) or based on common political or social interests. It can even be the whole of society. How will you define community for the purpose of your prevention efforts? Many of your centers have large service areas. Although in the long run, we'd love to see primary prevention efforts in every area of Texas, that may not be feasible at this point. Start small and strategically; choose one town or city that you serve or even one neighborhood in that city.

That being said, it's important for your workgroup to be **representative** of the demographics of your community (age, race/ethnicity, gender, sexual orientation, socio-economic status, etc.). We want to make sure that the community at-large has a voice in the planning and implementation of prevention initiatives because sexual violence impacts them and prevention will also impact them. Besides that, they have knowledge and resources that will be beneficial to the process. The people that you bring to the table do not necessarily need to be organizational leaders; other members of the community who are impacted by these issues or have influence within the community will also be very helpful for prevention efforts

These are some questions to keep in mind when identifying potential partners:

- Who is already doing prevention work? (in any area)
- Who has access to populations you have trouble targeting and/or resources that will be helpful for primary prevention efforts?
- Who are the holders of knowledge, influence, and/or power within various sectors of the community?
- Who has a stake in sexual violence prevention?
- Who wants to be involved?

A Local Example:

The Panhandle Crisis Center in Perryton has started meeting with various community and civic groups in their area to talk about sexual violence prevention. During these meetings, they are trying to get an idea of what people in their community think causes/contributes to sexual violence and what ideas they have for preventing it. In order to do this, they are trying to "take a back seat" in the meetings and give the groups ample time to brainstorm and discuss the issues. They are explaining the ecological model to these groups and allowing the members to talk about the risk factors that they see in the community as they fit into that model. After the meetings, the staff are compiling detailed notes and are going to have someone who has done focus groups tabulate the data so that they can pick up themes. Afterward, they will go back to the same groups to get feedback on the next steps of the process. They are really interested in seeing what the community knows, thinks, and needs with regard to these issues.

Resources

General Info

[An Introduction to Community Development Community Development and Sexual Violence Prevention](#)

The community development model describes the steps that a community group might take in the planning of strategic primary prevention efforts, from identifying stakeholders to plan implementation and evaluation.

Sample Community Plans

[Alameda County](#)

For some population-specific examples from the Washington Coalition of Sexual Assault Programs:

[Homeless Youth](#) (pdf)

[Gay Men in Rural Communities](#) (.pdf)

Upcoming TAASA Primary Prevention Trainings

November 6, 2006, 9:00 AM – 5:00 PM

Panhandle Regional Planning Commission

415 W 8th Ave

Amarillo, Texas 79101.

Please RSVP to me by October 31.

January 18, 2006, 9:00 AM – 5:00 PM

Tucker Hall, St. Peter's Episcopal Church.

320 St, Peter's Street

Kerrville, TX 78028

Please RSVP to me by January 11

February 15, 2006, 9:00 AM – 5:00 PM

Mujeres Unidas Office

511 N. Cynthia

McAllen, TX 78501

Please RSVP to me by February 7