

Youth Sexual Violence Prevention

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"The need to reach younger populations fuels the momentum to adapt and design programs for sexual violence prevention work with youth. While more attention and research have been placed on college women as a group identified as at higher risk of sexual violence victimization, by the time youth enter high school they have already been exposed to a range of experiences related to both sexual activity and sexual violence."

Applied Research papers synthesize and interpret current research on violence against women, offering a review of the literature and implications for policy and practice.

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The risk of sexual violence begins early in life. Despite this, sexual violence prevention efforts have largely focused on college-age students. The need to reach younger populations fuels the momentum to adapt and design programs for sexual violence prevention work with youth. While more attention and research have been placed on college women as a group identified as at higher risk of sexual violence victimization, by the time youth enter high school they have already been exposed to a range of experiences related to both sexual activity and sexual violence. The most recent *Youth Risk Behavior Survey (YRBS)*, an annual nationwide school-based survey monitoring health risk behaviors by the Centers for Disease Control and Prevention (CDC, n.d.), found that in 2011, nearly half of students in grades 9-12 reported that they had engaged in sexual intercourse, with 33.7 percent having reported sexual activity within the three months prior to the survey (CDC, 2012). Not all adolescent sexual experiences are positive or consensual. Strategies to prevent sexual violence among adolescents have tended to focus on programs that can be delivered in a high school setting and this article is focused on prevention of sexual violence among high school aged adolescents (ages 14-17). The paper will explore the rates and consequences of sexual violence victimization and perpetration among adolescents. We will highlight recent trends in violence prevention strategies to address adolescent sexual violence. Finally, the paper will outline major prevention strategies currently being employed using example programs to illustrate the types of responses used in practice settings.

Adolescent Sexual Violence Victimization

Adolescents may be exposed to many types of sexual violence. Adolescents can be victims of sexual assault, sexual harassment, unwanted sexting, exhibitionism, sexual and reproductive coercion, stalking, contact and touching by adults. In addition, adolescents can be victims of sexual exploitation such as exposure to sexualized images of other children and youth, explicit pornography, and forced prostitution. Perpetrators of the violence may be adults or peers.

According to the CDC, 8 percent of high school students in the 2011 YBRS national survey reported they had been forced to have sexual intercourse. The rate of forced sexual intercourse was higher among girls (12%) than boys (3.2%), and higher among students who identified as Black (8.6%) or Hispanic (8.2%) than students who identified as White (7.4%) (CDC, 2012). By age 17, lifetime prevalence of sexual victimization for children is 9.8 percent (Finkelhor, 2009).

Teen dating violence can include physical, emotional, and sexual violence. While we know that according to the CDC (2012), 9.4 percent of students reported that they had been hit, slapped, or physically hurt on purpose by a dating partner, we do not have adequate information on how prevalent forced sexual intercourse and other behaviors related to sexual violence are within teen dating relationships. Students who are Black (12.2%) and Hispanic (12.1%) reported higher rates of dating violence than students who identify as White (7.4%) (CDC, 2012).

National prevalence of sexual assault among adolescents who are gay, lesbian, bisexual, or transgender are not known. However, in a study including 132 lesbian, gay, and bisexual adolescents ages 13-22, Freedner and colleagues (2002) found that 13.9 percent of gay boys and 14.3 percent of bisexual boys had experienced sexual violence. The same study found that 14.5 percent of lesbian girls and 21.9 percent of bisexual girls had experienced sexual violence. In addition, the 2009 National School Climate Survey found that LGBT students are at particular risk for in-school harassment. In this study of over 6,200 children in grades K-12, 85 percent of students reported being verbally harassed in school because of their sexual orientation and 64 percent were verbally harassed because of their gender expression (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010).

Howard and Wang (2005) found connections between rape and other mental and physical health consequences. Among 13,601 adolescents in grades

9-12 who were surveyed in the Youth Risk Behavior Survey in 2001, students who reported forced sexual intercourse were at increased risk compared to those who did not report forced sexual intercourse for the following:

- binge drinking
- contemplated or attempted suicide
- heavy smoking
- feelings of sadness or hopelessness
- engaging in sexual intercourse with multiple partners
- unprotected sex, and
- physical dating violence victimization (see Howard & Wang, 2005; Howard, Wang, & Yan, 2007 for differences in risk profiles for girls and boys).

In addition, rape can result in a number of immediate health concerns such as unintended pregnancy, increased risk of sexually transmitted infections, and unhealthy weight control (Decker, Silverman, & Raj, 2005; Silverman, Raj, Mucci, & Hathaway, 2001).

Adolescent Sexual Violence Perpetration

While national data on sexual violence victimization has been collected for decades, less is known about rates and prevalence of sexual violence perpetration among adolescents. While we do not have national prevalence rates of adolescent sexual violence perpetration, we do know factors that increase the risk that a person will perpetrate sexual violence. A comprehensive list of risk and protective factors that increase the likelihood of perpetration of sexual violence has been compiled by the Centers for Disease Control and Prevention (CDC, 2009). Several of these risk factors have been explored in studies of adolescent sexual behavior and sexual violence. For instance, individuals who engage in alcohol and drug use, have a childhood history of sexual and physical abuse, or witness family violence as a child are at greater risk of perpetrating sexual violence than those who do not (CDC, 2009; Jewkes, Sen, & Garcia-Moreno, 2002). Surveys of adolescent risk behaviors suggest that 21.6 percent of currently sexually active high school students used drugs or alcohol prior to sexual intercourse

(CDC, 2010). In another study, Seto and Lalumiere (2010) compared male adolescent sexual offenders to non-offenders and found that the offenders had significantly higher rates of exposure to sexual violence and sexual abuse, as well as exposure to other forms of abuse or neglect.

Trends in Developing Youth Sexual Violence Prevention Strategies

Three trends have influenced the development of prevention strategies to address sexual violence among adolescents. **First, efforts have shifted toward the development and testing of primary prevention strategies.** Primary prevention addresses violence before it occurs, preventing the initial victimization or perpetration. Secondary prevention includes strategies for dealing with the immediate and short-term consequences of victimization or perpetration. Tertiary prevention includes long-term strategies to address victimization or perpetration of violence that has occurred (CDC, 2004). This trend of focusing on PRIMARY prevention strategies reflects a concerted effort to engage in strategies that stop violence before it starts. The goal of trying to decrease the likelihood that sexual violence occurs in the first place is therefore influencing the types of prevention programming that are currently being developed (discussed in the Prevention Strategies section below).

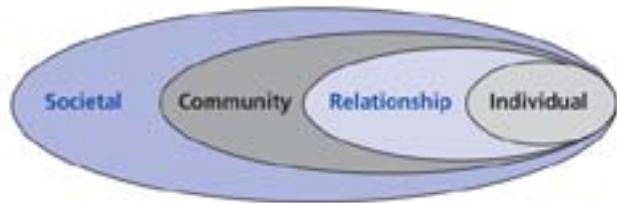
The second trend is a focus on the primary prevention of perpetration of sexual violence.

This represents a major shift in the development of prevention strategies in the field of sexual violence. Historically, intervention and prevention efforts have focused on education and safety promotion for potential victims. For adolescents, these programs have generally taken the form of one-time awareness programs and risk reduction activities. While these presentations can be effective at changing attitudes and behaviors of potential victims (Anderson et al., 1998), research has indicated they have not been effective at preventing sexual violence (Giddycz et al. 2001). While most of what we understand about sexual violence prevalence is related to

victimization, Dewalt (2008) notes that more recently, the focus of sexual violence prevention efforts for adolescents has turned toward changing social norms that contribute to the violence. Adopting this type of primary prevention focus leads to strategies that target decreased perpetration and promotes a culture that does not allow sexual violence in order for the violence to be stopped before it occurs.

The third trend is a push to develop comprehensive prevention strategies. Public health models suggest that we identify factors that contribute to sexual violence not only at the individual level, but also across the many social areas—or social ecology—in youth's lives, as illustrated in Figure 1 below.

Figure 1. Ecological model for understanding



(Dahlberg & Krug, 2002, p. 12)

This ecological model suggests addressing risk and protective factors across our social ecology to prevent sexual violence. There are four levels to the socio-ecological model, indicating the four levels at which change must occur for prevention to be effective. At the individual level, strategies are designed to change individual knowledge, attitudes, and behaviors. At the relationship level, strategies are designed to target an individual's behavior in his or her relationships so that individuals behave appropriately in their close personal relationships. Strategies designed to promote healthy dating relationships might occur at this level. At the community level, strategies are designed to influence the settings or environments where individuals spend time. For instance, adolescents spend a significant portion of their time in schools. Targeting changes

in the school setting can create an environment in which violence will not be accepted. At the societal level, strategies target change across communities to promote wide scale social change. A detailed discussion of the application of the socio-ecological model to the problem of sexual violence can be found from the CDC (2004). Examples of prevention strategies that address various levels of the social ecology are discussed in the Prevention Strategies section below.

Nation and colleagues (2003) identified nine principles or characteristics that are associated with effective prevention programs, including programs designed to address risky sexual behavior and sexual violence. Effective sexual violence prevention programs for adolescents need to include these principles:

1. Comprehensive approaches that reach all levels of the social ecology;
2. Varied teaching methods that use multiple approaches to engage youth;
3. Enough exposure to the prevention program or approaches to be effective;
4. Prevention based on theories of change that are grounded in relevant research;
5. Exposure to positive relationships;
6. Developmentally appropriate elements;
7. Socio-culturally relevant elements for the particular audience;
8. Prevention goals are measurable through evaluation; and
9. Delivered by well-trained staff.

Nation et al. (2005) provide detailed examples of the application of each of the principles in designing a prevention strategy. Currently there is no one sexual violence prevention strategy that meets all nine prevention principles and influences outcomes on all four levels of the social ecology. However, recent efforts to develop strategies at the local, state, and national level have become increasingly more comprehensive. The following is a sample of strategies currently being used and evaluated.

Prevention Strategies

To date, there is not an established list of tested, proven, evidence-based strategies to prevent youth sexual violence or sexual violence in any target population (see Morrison, Hardinson, Mathew, & O'Neil, 2004 for a detailed review of and methodology for reviewing evidence-based strategies). Without a solid list of evidence-based strategies, program developers and researchers have been working to apply lessons learned in other prevention fields to the prevention of sexual violence among adolescents to create programs and strategies that target various social levels (Casey & Lindhorst, 2009). The list below provides a review of some of the major strategies that are currently being used to prevent sexual violence among adolescents.

Promoting Healthy Relationship Skills

A number of programs have been developed to teach adolescents norms and behaviors that affect the relationship level of the socio-ecological model. By teaching teens how to engage in respectful dating relationships, it is believed that they will have a basis for nonviolent interactions. *Safe Dates* is recognized as the sole program to have demonstrated evidence of preventing sexual violence among adolescents. The program is designed to teach adolescents healthy dating behaviors including establishing healthy norms associated with dating and conflict management skills while decreasing gender stereotyping. Among 1,700 eighth and ninth graders, sexual violence perpetration decreased by 60 percent in 14 rural eastern North Carolina schools receiving the *Safe Dates* program one month after program participation (Foshee, Bauman, Arriaga, Helms, Koch, & Linder, 1998). However, in a follow-up study, there was no difference in sexual violence perpetration rates one year after program delivery between intervention and control schools (Foshee, Bauman, Greene, Koch, Linder, & MacDougal, 2000). However, more recent research has suggested that there is a decrease in sexual violence perpetration in follow up surveys after the program is delivered. In a four year follow up study of 460 adolescents in 10 of the original 14

schools, Foshee and colleagues (2004) did find a significant reduction in sexual violence perpetration when comparing students who received the program to students who did not. To address concerns that there is not consistency among follow up studies on follow-up program effects, the program has been expanded to include *Respect Works*, which involves three additional components including school policy development, reinforcement of student learning, and strategies to engage student leaders. *Respect Works* with *Safe Dates* has a reported reduction of sexual and teen dating violence between 56-92 percent (Hazeldon Foundation, 2011).

Engaging Bystanders

Bystander intervention programs are based on the recognition that everyone is exposed to actions that promote accepting violence through social norms. In addition, many people witness actions that are potentially or actually violent. Bystander intervention strategies are aimed at teaching and engaging students in how to take action to prevent sexual violence when opportunities arise. Bystander prevention programs, which vary in their recruitment and training strategies, can have an impact on multiple levels of the social ecology. One example, *Mentors in Violence Prevention (MVP)* was first developed for college populations but has since been adapted to adolescents in high school. Evaluation of MVP with select college student populations, such as fraternity and sorority members (*Mentors in Violence Prevention*, n.d.; Cissner, 2009), found a reduction in attitudes that promote violence post training. When the MVP program was conducted with both male and female high school students, 244 trained students from nine schools demonstrated lower endorsement of sexist attitudes and decreased acceptance of gender violence when compared with 65 students from two schools who did not receive the training. Follow-up studies of the MVP program delivered to the high school population which would demonstrate long term effectiveness are not available.

Two programs, *Bringing in The Bystander* (Banyard, Plante, & Moynihan, 2005) and *Green Dot* (Coker, et al., 2011) have evaluated the impact of their

bystander intervention programs on college students of both genders and found an increase in the number of times students engaged in active bystander behaviors after attending the program. Active bystander behaviors are defined as behaviors in which a person intervenes in a situation that can lead to sexual violence (reactive bystander behaviors) or takes an action that promotes social norms that do not accept violence (proactive bystander behaviors). Examples of reactive behaviors include safely helping a person in danger of sexual violence or telling an authority figure when a dangerous situation is developing or occurring. Examples of proactive behaviors included having conversations with peers or others on issues related to sexual violence that promote safety and respect or creating a skit on issues related to violence. In a sample of 389 college students randomly placed in either an intervention or control group, Banyard, Plante, and Moynihan (2007) found that those college students who received the intervention were more likely to engage in bystander behaviors. Trained students continued to be more likely to engage in these behaviors two months after the intervention. Coker and colleagues (2011) also found that in a sample of 2,504 college-age students, those who were trained were more likely to engage in active bystander behaviors compared to students who had not received training. In their study, an increase in engaging in active bystander behaviors was found in students that received either a speech or a longer training. Students who received the full training reported engaging in the greatest number bystander behaviors. Follow up studies after intervention are not available. The *Green Dot* program is being replicated in an evaluation involving 26 high schools; however, study findings were not available at the time of this publication.

Youth Development

Broadly, youth development programs are those that promote activities designed and led by youth. Youth development programs may have a specific focus on sexual violence prevention or a larger agenda of promoting a range of outcomes, but all focus on the empowerment of youth to create solutions

to the issues they face. A wide body of literature suggests that age appropriate assets that youth need to thrive can be identified and built at each stage of their development. Important developmental assets for adolescents have been identified by the Search Institute (n.d.). Review of research on building these developmental assets suggests that the combination of building assets and engaging youth in risk reduction may be more effective together to reduce risky adolescent behaviors, including risky sexual behaviors (Scales, 1999). Hamilton (2006) highlights the connection between youth development and prevention strategies. By using youth development activities as a prevention strategy, Hamilton argues that you can build the assets youth need to reduce risk or enhance protective factors.

Youth development strategies and activities may affect different levels of the socio-ecology depending on the outcomes they are targeted to influence. The Colorado Anti-Violence Program, for instance, is an organization whose mission is to eliminate violence within the lesbian, gay, bisexual, transgender, and queer communities in the state. The *Branching Seedz of Resistance* project is a youth-led initiative using a youth-development model, with the goal of empowering individual youth to take action (www.coavp.org/youthorganizing.html), thus influencing the individual level of the social ecology. The Assets Coming Together (ACT) for Youth, an initiative of the New York State Department of Health and Partners for Children, is an example of a youth development strategy aimed at the community level. Its purpose is to fund community-led projects that promote both youth development and improved health outcomes for youth. Multiple communities across the state mobilized to design and create youth development initiatives that are now producing a variety of outcomes, including prevention of violence and risky sexual behaviors (Carter, et al., 2006; Riser, Mesler, Tallon, & Birkhead, 2006).

Policy Development

Efforts to create or amend policy to promote the prevention of sexual violence are focused on change at the community and societal levels of the socio-

ecological model. One example is the 2008 *Guide to Addressing Teen Dating and Sexual Violence in a School Setting* by the Crime and Violence Prevention Center of the California Attorney General's Office (Peace Over Violence, 2008); the guide outlines elements necessary to promote a safe environment, including components of school policies that promote the prevention of sexual violence.

Basile (2003), who has examined strategies to promote societal level policies to prevent sexual violence, advocates greater use of the public health perspective as a framework for developing policies that affect all four levels of the socio-ecological model. By increasing attention to addressing social policy as a violence prevention strategy, Basile argues that we can address the social roots of sexual violence. GLSEN (Gay, Lesbian, and Straight Education Network) has developed a set of strategies for engaging policy makers, educators, and community leaders to address homophobic harassment and anti-LGBT bias in schools. In addition to advocating for involvement, they equip leaders with resources such as educator guides, access to website information, and materials to start a campaign (<http://glsen.org/cgi-bin/iowa/all/what/index.html>). Depending on policies or strategies adopted, policy makers and educators can influence multiple levels of the social ecology to prevent homophobic harassment.

Selecting Primary Prevention Strategies to Implement

With no clear path of evidence-based strategies that influence all social levels, Dewalt (2008) suggests the use of community readiness assessments to match primary prevention strategies to the specific needs of communities that will implement them. Community readiness assessments measure the extent to which a community is prepared to take action on an issue by exploring the culture and resources that the community currently has to address the defined problem (Plested, Thurman, & Jumper, 2006). Trying to identify the factors that can adequately describe whether a community will act on an issue

like sexual violence can be difficult. Measures that provide a reliable way to score the level of readiness a community has to act can make the process easier (Dewalt, 2008; Sliwa, et al., 2011). By using a community readiness strategy, it is possible to assess the level of buy-in that community stakeholders have in solving the problem. In addition, it allows the community to assess the resources that it has that can be put to strategy implementation, assess what resources will be needed to ensure successful implementation, and assess how available strategies might need to be adapted to address local culture. Assessing adaptation to local culture is particularly critical as most available prevention programs have not been evaluated for their effectiveness in meeting different sets of community needs and in preventing violence among diverse adolescent populations. In addition to community readiness, other factors must be addressed when selecting sexual violence prevention strategies for adolescents. These factors include gaining access to adolescents to deliver programming, ensuring sexual violence programs respond to the multiple levels of oppression that adolescents face, and engaging in adequate evaluation of strategies when implemented. Each will be discussed briefly below.

Gaining Access to Student Settings to Deliver Comprehensive Prevention Programming

Because many sexual violence prevention programs are developed in the college setting and then later adapted to adolescent populations, the issue of setting can often be overlooked. Schools are popular settings for prevention programming for adolescents because students spend a large segment of their time in school and it tends to be the most common place where peer-to-peer sexual violence occurs (Young, Grey, & Boyd, 2009). However, getting enough time to engage in comprehensive programming may be difficult to achieve within a school day. Additionally, youth commonly use after school hours or weekend time to engage in personal and extracurricular activities. With so many time restrictions, it may be tempting to leave out program components – which, in turn, can limit the desired outcomes and decrease the likelihood that the program will be effective in preventing violence. Practitioners must seek settings

where they can deliver prevention programming that is able to meet the principles set out by Nation and colleagues (2003) of having sufficient dosage to be comprehensive. Some strategies to avoid delivering a curriculum without needed components have been to engage teachers and coaches who can deliver content as issues arise (see Berkowitz, n.d.) and to explore community-based organizations as alternative settings for prevention programming (Morrison, 2004).

Connecting Sexual Violence Prevention Strategies to Multiple Levels of Oppression

Sociological theory suggests that many forms of oppression intersect (see Kelly, 2011). This intersection forms layers of disadvantage and leads to social problems, including sexual violence. Experiencing multiple levels of oppression can increase the risk of sexual violence. Therefore, to engage in meaningful and effective programming, prevention strategies must be designed for the multiple identities of the program participants. In addition, they must address the layers of oppression that participants experience that heighten their vulnerability to sexual violence (Cermele & DiLorenzo, 2010; Crenshaw, 1997; Kelly, 2011). Some factors related to oppression to consider include race and ethnicity, class, sexual orientation, gender, age, and ability. Responding to the multiple identities and types of oppression a group of adolescents has experienced in any one prevention program can be difficult and remains a challenge to program adapters and developers. Greater emphasis should be placed on several areas. These include more research on the connection between layers of oppression and sexual violence among adolescents, targeted effort to engage in adaptation of strategies to respond to the types of oppression that the intended program recipients have experienced, and designing evaluation strategies to test the impact that programs have on students who experience different types of oppression.

Capacity to Evaluate Outcomes

While there are many promising programs designed to prevent perpetration of sexual violence, there are few programs that have been evaluated well enough

to be considered evidence-based. This increases the need for practitioners to engage in evaluation of their prevention programs as they are being implemented to determine if they are achieving desired outcomes. Many of the programs presented in this paper, for instance, were developed and evaluated for college age populations and then adapted to be delivered to adolescents. Rigorous evaluation of the effectiveness of those adaptations must be tested. In addition, programs that focus on prevention of sexual violence in LGBT populations are important to follow and evaluate. Despite the evidence that most LGBT students experience sexual harassment in school (Diaz, Greytak, & Kosciw, 2008), few published or documented prevention programs address homophobic harassment (Stein & Mennemeier 2011).

Since few programs are evaluated for their effectiveness among different adolescent groups, it is critical that programs - even those with some research indicating that they are promising or effective - are evaluated as they are adapted to meet the needs of local communities and diverse populations.

Often programs struggle with lack of adequate funding, time, or expertise to conduct robust evaluations that answer whether or not their program is creating change on the social level that they are trying to affect. Many programs and states are engaging in a strategy known as empowerment evaluation, defined as "...the use of evaluation concepts, techniques, and findings to foster improvement and self-determination" (Fetterman, 1996, p.4). This strategy is used to build effective partnerships among community partners, practitioners, evaluators, and universities, as well as to evaluate the effectiveness of the sexual violence prevention programs. There are ten principles of empowerment evaluation, which include:

1. Improvement
2. Community Ownership
3. Inclusion
4. Democratic Participation
5. Social Justice

6. Community Knowledge
7. Evidence-based strategies
8. Capacity Building
9. Organizational Learning
10. Accountability

By engaging in empowerment evaluation, practitioners work together with evaluators to design an evaluation that is able to answer questions that meet community needs and are relevant to the local culture (Wandersman et al. 2005).

Conclusion

Given that rates of sexual violence among adolescents have not decreased over the past decade (CDC, 2012), a long-standing need to engage in prevention programming to reduce the likelihood that it occurs continues to exist. The increased focus on the adaptation and development of sexual violence prevention programming seems to suggest that the movement to end sexual violence is turning greater attention toward meeting this challenge.

There are hopeful signs that growing emphasis is being placed on designing and evaluating comprehensive strategies to prevent sexual violence among individuals, in relationships and across communities. The application of the socio-ecological model to design strategies that target prevention outcomes at specific levels of the social ecology is a step toward becoming more precise about the types of changes we expect to see when programs are implemented. Greater emphasis on the use of the prevention principles outlined by Nation and colleagues (2003) tells us that practitioners are responding to research that suggests sexual violence prevention can only be attained by programming that goes beyond one-time awareness presentations. The attention that some programs are placing on youth development strategies demonstrates a commitment to include youth in finding effective solutions to the problem. In addition, program developers are placing greater emphasis on developing school and community policies that support prevention activities (Basile, 2003; Hazeldon Foundation, 2011).

Evaluation of sexual violence prevention programs is beginning to go beyond measuring whether programs are changing attitudes of adolescents toward sexual violence. Instead, a greater emphasis is being placed on evaluating whether programs create behavior change (see Banyard et al., 2005; Coker et. al. 2011; Foshee et al, 2004). This is a critical development in building a base of knowledge about whether programs are making long-term changes. Greater emphasis needs to be placed on evaluating the long-term effects programs have in preventing adolescent sexual violence. In addition, evaluations of sexual violence programs tend to be limited to evaluations of small samples, making it difficult to know whether they are effective across communities and diverse groups of adolescents. Researchers and practitioners are still working to develop a list of sexual violence strategies with enough evidence to suggest that they are effective at preventing sexual violence among adolescents. Greater use of frameworks such as empowerment evaluation (Wandersman et al., 2005) may be instrumental in continuing to build stronger relationships between evaluators, practitioners, and the communities and adolescents they work with to increase opportunities to strengthen evaluation efforts.

Finally, these challenges are underscored by the reality that garnering the resources to staff and fund prevention efforts is difficult. In addition, when the resources are in place, challenges remain in gaining access to youth to deliver prevention strategies that are comprehensive in nature. Despite these challenges, there is a growing body of literature to suggest that practitioners and researchers are getting better at partnering to prevent adolescent sexual violence.

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References

- Anderson, L. A., Stoelb, M. P., Duggan, P., Hieger, B., Kling, K. H., & Payne, J. P. (1998). The effectiveness of two types of rape prevention programs in changing the rape supportive attitudes of college students. *Journal of College Student Development*, 39, 131-142.
- Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2005). *Rape prevention through bystander education: Bringing a broader community perspective to sexual violence prevention*. Retrieved from the National Criminal Justice Reference Service: <https://www.ncjrs.gov/pdffiles1/nij/grants/208701.pdf>
- Basile, K. C. (2003). Implications of public health for policy on sexual violence. *Annals of the New York Academic of Science*, 989, 446-463. doi:10.1111/j.1749-6632.2003.tb07325.x
- Berkowitz, A.D. (n.d.). *The social norms approach to violence prevention*. Retrieved from http://vawnet.org/Assoc_Files_VAWnet/SocialNorms.pdf
- Carter, T. P., Spitalny, K. C., Marsh, N. R., Eaton, N., Herrick, S. A., & Riser, M. H. (2006). Comprehensive statewide approach to improve youth outcomes: Experience of the State Youth Development Team. *Journal of Public Health Management and Practice*, 12(Suppl. 6), S32-S40.
- Casey, E. A., & Lindhorst, T. P. (2009). Toward a multi-level, ecological approach to the primary prevention of sexual assault: Prevention in peer and community contexts. *Trauma, Violence, and Abuse*, 10, 91-114. doi:10.1177/1524838009334129
- Cerméle, J., & DiLorenzo, J. C. (2010). Women's experiences of violence differ: Feminism is not just about patriarchy and intersectionality is not just about oppression. *Psychology of Women Quarterly*, 34, 558-563. doi: 10.1111/j.1471-6402.2010.01606.x

Cissner, A. B. (2009). *Evaluating the Mentors in Violence Prevention program: Preventing gender violence on a college campus*. Retrieved from the Center for Court Innovation: http://www.courtinnovation.org/sites/default/files/MVP_evaluation.pdf

Coker, A. L., Cook-Craig, P. G., Williams, C. M., Fisher, B. S., Clear, E. R., Hegge, L. M., & Garcia, L. S. (2011). Evaluation of Green Dot: An Active Bystander Intervention to Reduce Sexual Violence on College Campuses. *Violence Against Women, 16*, 777-796. doi:10.1177/1077801211410264

Colorado Anti-Violence Program. (n.d.). Retrieved from <http://www.coavp.org/youthorganizing.html>

Crenshaw, K. (1997). Intersectionality and identity politics: Learning from violence against women of color. In M. L. Shanley & U. Narayan (Eds.), *Reconstructing political theory: Feminist perspectives* (pp.1198-1213). University Park, PA: Pennsylvania State University Press.

Dahlberg, L. L., & Krug, E. G. (2002). Violence—A global health problem. In E. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), World report on violence and health (1-22). Retrieved from the World Health Organization: http://whqlibdoc.who.int/publications/2002/9241545615_chap1_eng.pdf

Decker, M., Silverman, J., & Raj, A. (2005). Dating violence and sexually transmitted disease/HIV testing and diagnosis among adolescent females. *Pediatrics, 116*, 272-276. doi:10.1542/peds.2005-0194

DeWalt, T. A. (2008) Primary prevention of sexual violence against adolescents and the Community Readiness Model. *Graduate Journal of Counseling Psychology, 1*(1), 26-49.

Fetterman, D. M. (1996). Empowerment evaluation. In D. M. Fetterman, S. J. Kaftarian, & A. Wandersman (Eds.) *Empowerment evaluation: Knowledge and tools for self-assessment & accountability* (pp. 3-46). Thousand Oaks: Sage Publications.

Finkelhor, D., Turner, H., Ormrod, R., Hamby, S. & Kracke, K. (2009). *Children's exposure to violence: A comprehensive national survey* (NCJ 227744). Washington, DC: U.S. Department of Justice, Office of Justice Programs. Retrieved from Office of Juvenile Justice and Delinquency Prevention: <http://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf>

Foshee, V. A., Bauman, K. E., Arraiga, X. B., Helms, R. W., Koch, G. G., & Linder, G.F. (1998). An evaluation of Safe Dates, and adolescent dating violence prevention program. *American Journal of Public Health, 88*, 45-50. doi:10.2105/AJPH.88.1.45

Foshee, V. A., Bauman, K. E., Greene, W. F., Koch, G. G., Linder, G. F., & MacDougal J. E. (2000). The Safe Dates program: 1-year follow up results. *American Journal of Public Health 90*, 1619-1622. doi:10.2105/AJPH.90.10.1619

Foshee, V. A., Bauman, K. E., Ennett, S., Linder, G. F., Benefield, T., & Suchindran, C. (2004). Assessing the long-term effects of the Safe Dates program and a booster in prevention and reducing adolescent dating violence victimization and perpetration. *American Journal of Public Health, 94*, 619-624.

Freedner, N., Freed, L. H., Yang, Y. W., & Austin, S. B. (2002). Dating violence among gay, lesbian and bisexual adolescents: Results from a community survey. *Journal of Adolescent Health, 31*, 469-474.

Gidycz, C. A., Layman, M. J., Rich, C. L., Crothers, M., Gylys, J., Matorin, A., et al. (2001). An evaluation of an acquaintance rape prevention program: Impact on attitudes, sexual aggression, and sexual victimization. *Journal of Interpersonal Violence, 16*, 1120-1138.

Hamilton, S. F. (2006). Youth development and prevention. *Journal of Public Health Management and Practice, 12*(Suppl. 6), S7-S9.

Hazeldon Foundation (2011). *Respect works: A four step approach to preventing dating violence*. Retrieved from http://www.violencepreventionworks.org/public/safe_dates.page

Howard, D. E., & Wang, M. Q. (2005). Psychosocial correlates of U.S. adolescents who report a history of forced sexual intercourse. *Journal of Adolescent Health, 36*, 372-379. doi:10.1016/j.jadohealth.2004.07.007

Howard, D. E., Wang, M. Q., & Yan, F. (2007). Prevalence and psychosocial correlates of forced sexual intercourse among U.S. high school students. *Adolescence, 42*, 629-643.

Jewkes, R., Sen, P., & Garcia-Moreno, C. (2002). Sexual violence. In E. Krug, L. L. Dahlberg, J. A. Mercy, A. B. Zwi, & R. Lozano (Eds.), *World report on violence and health* (148-182). Retrieved from the World Health Organization: http://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf

Kelly, U. A. (2011). Theories of intimate partner violence: From blaming the victim to acting against injustice: Intersectionality as an analytic framework. *Advances in Nursing Science, 34*(3), E29-51.

Kosciw, J.G., Greytak, E. A., Diaz, E. M., & Bartkiewicz, M. J. (2010). *2009 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.

Mentors in Violence Prevention (n.d.). *MVP high school evaluation report 2001-2002*. Retrieved April 6, 2012 from http://www.mvnpnational.org/?page_id=275

Morrison, S., Hardinson, J., Mathew, A., & O'Neil, J. (2004). *An evidence-based review of sexual assault prevention intervention programs*. Retrieved from the National Criminal Justice Reference Service: <https://www.ncjrs.gov/pdffiles1/nij/grants/207262.pdf>

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American*

Psychologist, 58, 449-456. doi:10.1037/0003-066X.58.6-7.449

Nation, M., Keener, D., Wandersman, A., & DuBois, D. (2005). *Applying the principles of prevention: What do prevention practitioners need to know about what works?* Retrieved from http://www.mentoring.org/downloads/mentoring_4.pdf

Peace Over Violence (2008). *A guide to addressing teen dating and sexual violence in a school setting*. Retrieved from http://peaceoverviolence.org/media/downloadables/ca_tdv_a_guide_to_addressing_teen_dating_violence_adaoe.pdf

Plested, B. A., Edwards, R. W., & Jumper-Thurman, P. (2006). *Community readiness: A handbook for successful change*. Retrieved from Colorado State University: <http://triethniccenter.colostate.edu/CRhandbookcopy.htm>

Riser, M. H., Mesler, K., Tallon, T. C., & Birkhead, G. S. (2006). New York State's "Assets Coming Together (ACT) for Youth": A statewide approach effects community change. *Journal of Public Health Management Practice, 12*(Suppl. 6), S41-S47. Retrieved from http://www.health.ny.gov/community/youth/development/docs/jphmp_s041-s047.pdf

Scales, P.C. (1999). Reducing risks and building developmental assets: Essential actions for promoting adolescent health. *Journal of School Health, 69*, 113-119.

Search Institute (1997). 40 developmental assets for adolescents (ages 12-18). Retrieved from <http://www.search-institute.org/system/files/40AssetsList.pdf>

Seto, M. C., & Lalumiere, M. L. (2010). What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. *Psychological Bulletin, 136*, 526-575. doi:10.1037/a0019700 Retrieved from <http://www.apa.org/pubs/journals/releases/bul-136-4-526.pdf>

Silverman, J. G., Raj, A., Mucci, L. A., & Hathaway, J. E. (2001). Dating violence against adolescent girls and associated substance use, unhealthy weight control, sexual risk behavior, pregnancy, and suicidality. *JAMA*, 286, 572-579. doi:10.1001/jama.286.5.572

Sliwa, S., Goldberg, J. P., Clark, V., Collins, J., Edwards, R., Hyatt, R. R., Junot, B., Nahar, E., Nelson, M. E., Tovar, A., & Economos, C. D. (2011). Using the community readiness model to select communities for a community-wide obesity prevention intervention. *Preventing Chronic Disease*, 8, A150, 1-9.

Stein, N.D., & Mennemeier, K.A.. (2011 October). *Addressing the gendered dimensions of harassment and bullying: What domestic and sexual violence advocates need to know*. Harrisburg, PA: The National Resource Center on Domestic Violence & The National Sexual Violence Resource Center; at <http://www.vawnet.org>

US Department of Health and Human Services, Centers for Disease Control and Prevention [CDC] (n.d.) Youth risk behavior surveillance system (YRBSS). Retrieved from <http://www.cdc.gov/healthyyouth/yrbs/index.htm>

US Department of Health and Human Services, Centers for Disease Control and Prevention [CDC]. (2009). Sexual violence; Risk and protective factors. Retrieved from <http://www.cdc.gov/ViolencePrevention/sexualviolence/riskprotectivefactors.html>

US Department of Health and Human Services, Centers for Disease Control and Prevention [CDC]. (2012). Youth Risk Behavior Surveillance United States, 2011. *Morbidity and Mortality Weekly Report Surveillance Summaries*, 61(SS-104). Retrieved from <http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>

Wandersman, A., Snell-Johns, J., Lentz, B., Fetterman, D. M., Keener, D. C., Livet, M., Imm, P. S., & Flaspohler, P. (2005). The principles of empowerment evaluation. In D. M. Fetterman, & A. Wandersman (Eds.) *Empowerment evaluation principles in practice* (pp. 27-41). New York: The Guilford Press.

Young, A. M., Grey, M., & Boyd, C. J. (2009). Adolescents' experiences of sexual assault by peers: Prevalence and nature of victimization occurring within and outside of school. *Journal of Youth and Adolescence*, 38, 1072-1083. doi:10.1007/s10964-008-9363-y

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In Brief: Youth Sexual Violence Prevention

Patricia Cook-Craig in consultation with Mitru Ciarlante

The risk of sexual violence begins early in life but prevention efforts have largely focused on college-age students. To reach younger populations, many practitioners have worked adapt and design programs for sexual violence prevention work with youth.

Scope and Prevalence of Youth Sexual Violence: According to national studies, eight percent of high school students in a national survey reported they had been forced to have sexual intercourse (CDC, 2012). Rates were higher for girls than for boys, and for Black and Hispanic youth than for White youth (CDC 2012). LGBTQ youth may be at increased risk for experiencing sexual violence, particularly homophobic sexual harassment (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010). Another major concern and motivation for prevention efforts is that sexual violence against youth can have significant short and long term health consequences (Decker, Silverman, & Raj, 2005; Howard & Wang, 2005; Silverman, Raj, Mucci, & Hathaway, 2001).

Trends in Developing Youth Sexual Violence Prevention Strategies: Three trends have influenced the development of prevention strategies to address sexual violence among youth.

1. Efforts have shifted toward the development and testing of **primary prevention strategies**.
2. Focus within prevention strategies has shifted to the **primary prevention of perpetration** of sexual violence.
3. There has been a push to develop **comprehensive prevention strategies** that address each level of the social ecology.

Common Strategies in Youth Prevention Work: Several common strategies have surfaced in prevention programs aimed at youth. One example is programming that promotes *healthy relationship skill development*. Another common strategy involves working to build skills youth can use in a bystander situation. Acting as *engaged bystanders* provides youth the opportunity to intervene in both reactive and proactive ways to disrupt violent actions and behaviors. A third strategy discussed involved a general approach to youth development, building resiliency and protective factors through youth empowerment. Finally, *policy development* in spaces that youth commonly inhabit serves as a top-down approach to youth sexual violence prevention.

Selecting Primary Prevention Strategies to Implement: There are several factors to consider when beginning prevention work with youth. Some research suggests that assessing community readiness for your program is a valuable first step in planning your strategies. Other factors to consider include: how you will gain access to adolescents to deliver programming; how you will address the multiple levels of oppression that adolescents face within your program, and how you will evaluate your strategies after they are implemented. Finding the resources needed to staff and fund prevention efforts are also a major concern or barrier to taking on this work. Building collaborative partnerships with community members, allied organizations, and researchers may help in meeting some of these planning needs.

See the full Applied Research paper: Cook-Craig, P. (September, 2012). *Youth Sexual Violence Prevention*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence. Available at: <http://www.vawnet.org>

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