A wooden mannequin is shown from the waist up, holding a stop sign in its right hand. The mannequin is made of dark wood and has a simple, rounded head. The stop sign is octagonal with a white border and the word "STOP" in white capital letters on a dark background. The background is plain white.

Revolution

a periodic journal for those working
to stop sexual and domestic violence

In this edition:

**Stopping it before it starts:
preventing sexual and domestic violence**

Volume 2: Spring 2007



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**“When you invite
people to think,
you are inviting
revolution”**

Ivone Gebara,
Brazilian philosopher
and theologian ecofeminist



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Correction

The Winter 2006 Edition of Revolution incorrectly identified Alice Twining as president of the Board of Directors of Virginians Against Domestic Violence (VADV) 1999-2004. We should have identified Janett Forte as Board President of VADV from January 2003 until transformation into the Action Alliance in 2004. We appreciate both Janett's and Alice's steady leadership during the Transformation process. Our apologies for the error.

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the Virginia Department of Criminal Justice Services, and the Family Violence Prevention Services Act.

Investing in Prevention

By Jeanine Beiber, Ruth Micklem, & Kristi VanAudenhove, Alliance Co-Directors

Imagine, if you will, a place where

In a local high school, the community's Sexual Violence Prevention Coordinator is exploring with students the value of healthy interpersonal relationships. Yesterday a Gender Box activity invited students to consider the link between gender roles and sexual violence. Today students are actively engaged with the presenter in discussion about sexual consent. Tomorrow students will participate in "active bystander" exercises in which they will be encouraged to challenge their peers' unhealthy behaviors in relationships.

A Sheriff's Department is participating in a partnership in which a community event culminated in a Dad's Walk with 250 community members celebrating the powerful role of fathers in promoting healthy relationships in their children; all Sheriff's Department employees signed a Healthy Relationships Pledge; and a sergeant is designing a training program for deputies, utilizing the Toolkit for Men and the work of activist/author Rus Funk. Following the training, a mentorship program will be implemented in which deputies will serve as healthy relationship role models and conduct community presentations that challenge gender norms and sexist attitudes toward women.

Another community is working toward the goal of implementing change in church policy by recognizing Healthy Relationship Churches. Ministers deliver healthy relationships sermons twice annually in these churches and youth groups provide similar focus at their gatherings. Both men's and women's church groups host yearly healthy relationships programs and a parent retreat with that same focus is offered. Incentives to participate include a toolkit with resources such as a *Love, All That and More* curriculum, and a large hanging banner.

The place is Virginia and these are examples of sexual and domestic violence primary prevention initiatives taking place here. With great hope we offer in this second issue of *Revolution* a focus on primary prevention and the potential it has for empowering

people to act as agents of change. As you read, you are offered an opportunity to gain clarity about the concept of primary prevention and to learn about the role of the Alliance's new Empowerment Evaluator in helping communities achieve prevention goals. Join Gayle Stringer as she takes a look at the early activist roots of our national movement, explores the route that was taken to provide victim care, and leads us back to our evolving understanding of the link between safe communities and lasting social change.

In supporting the commitment of resources to this work, we are delighted to announce that Governor Tim Kaine has issued an Executive Order, establishing a Commission on Sexual Violence that will "improve the treatment of crime victims with emphasis on the Commonwealth's efforts to prevent and respond to sexual violence." We encourage you to follow the work of the Commission, and to take opportunities to explain to Commission members the importance of investing in prevention. We will post regular updates on our website at www.vsdvalliance.org.



Full Circle

Social change to individual interventions ...and back

The Continuing Journey of Interpersonal Violence Prevention

By Gayle M. Stringer, MA



The '60s and 70's were an era of revolutionary change. At first the change in women's lives began in community. They created for themselves a safe place to meet, to speak freely, and to break a silence long in keeping. They spoke of interpersonal violence in ways previously unheard publicly. The long silence was broken quietly, in the safety of those early spaces...and a remarkable thing happened. People who had been victimized came forward, needing help, finally seeing others who would safely hear them. Thus began a period of remarkable social change.

The Early Movement: Changing the Culture

Before this time there was a pervasive silence from victims of rape and domestic violence. The early activists broke silence, spoke out insistently and worked to prevent such abuses from occurring. They said, "No more, never again." What the earliest pioneers of the anti-rape and domestic violence movements did was quite revolutionary. They examined their experiences and began to meet others who had faced similar experiences. "Why is this happening to so many of us?" they wondered. These activists searched behind the immediate manifestations of interpersonal violence to try to discover the underlying social conditions that supported it. They didn't look to victims to determine what was wrong with them; they looked at the values of the society in which they were living, believing that something was amiss in the larger culture. They found a general tolerance of sexual and domestic violence in their communities. There were few, if any, community sanctions against perpetrators of sexual and/or domestic violence. Social norms that supported male superiority and entitlement (including sexual entitlement) were firmly in place. Males assumed an access to sexual activity unless it was actively, sometimes strenuously, denied. There was a high tolerance of all forms of violence and, predictably, weak laws and policies related to gender equity. No one worked for prevention of interpersonal violence; it was never spoken about and rarely acknowledged. Change was needed. In crediting

these founding mothers, historians later wrote “...the construction of this condition (sexual coercion) as a social problem is a relatively recent consequence of activist efforts and ideological shifts.”¹

These pioneers developed new ways of applying the available resources to the newly identified conditions that promoted violence. The strategic application of resources resulted in tangible and long-lasting benefits to the community over the years. Sexual and domestic violence became more commonly discussed in both the academic and popular media with the publication of seminal works, such as Susan Brownmiller’s *Against Our Will* (1975) and *Battered Wives* by Del Miller (1976). These and other early activists realized that social change could be created when people marshaled power from within their communities and created alliances with other community members, including men. Mobilized in this way, they could bring new and existing resources to address these conditions.

Community awareness was changed forever. The focus on the larger community, and a commitment to preventing sexual and domestic violence emerged with strength and energy. The new activism included Speak Outs to honor the voices of women who had been victimized by sexual and domestic violence. In some places, and over time, legislators and policy makers heard and were pressed to action. In 1974, Michigan passed the first rape shield law in the United States. Two years later, Nebraska made marital rape a crime. Congress passed the Rape Control Act (1975) and later the Domestic Violence Prevention Services Act (1979). The growing awareness and legislative changes paved the way for more accurate police reporting of sexual and domestic violence, and suddenly the rates of criminal reports rose exponentially.²

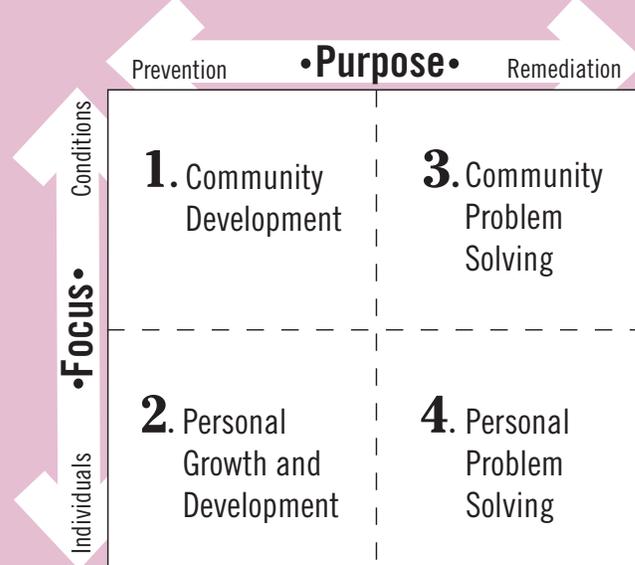
The Compass Shifts

As a result of these changes, the need for remediation was more and more immediate. Victims needed services. Soon, that need overwhelmed the assembled resources. Hotlines opened, and rape crisis centers and domestic violence shelters began to provide services to victims. The focus shifted from changing society and the contemporary culture to helping the injured individual.

With his Arenas of Human Service Activity, William Lofquist³ has posited that a predictable pattern of development occurs when a new need for human services emerges. Each quadrant reflects an array of human service activities. He identified them as either prevention or remediation in nature and individual or community in focus (see figure 1).

When the focus of sexual and domestic violence activists shifted to helping individuals heal and recover, they engaged in raising awareness (fig 1, quadrant 3) and worked on educating the community about the

Arenas of Human Service Activity



Quadrant 1) Is preventative in aim and addresses the conditions existing within any community that support interpersonal violence. Much of the work is meant to influence organizations and institutions addressing policy and norms. Part of primary prevention.

Quadrant 2) Describes personal growth and skill building important for individuals. Can be preventative in nature, or educational. Secondary prevention of this sort aims to reduce individual risk.

Quadrant 3) Includes community-level problem solving activities. Communities are often galvanized to act by problematic events. These are what Lofquist calls “opportunities for action”. Many prevention programs tend to identify and focus on indicators of symptoms (i.e., fights, sexual harassment complaints, violence, etc.)⁴. These are clearly remedial activities which look at specific emerging problems and try to prevent them from happening again (secondary and tertiary prevention). When the problem subsides, many times the remedial activity subsides as well. The strategies are designed to address an immediate problem but they do not address the conditions which allow the problem to exist.

Quadrant 4) Contains individually focused remedial activities, such as therapy and support of individuals. This is, at most, tertiary prevention.

conditions that they had identified. They trained medical personnel, criminal justice personnel and school personnel, church and work groups, PTAs and others trying to solve the problem of interpersonal violence. Secondary prevention was initiated here, and their efforts were so successful that more and more victims came forward.

Victims of sexual and domestic violence needed service and advocacy (fig 1, quadrant 4). Advocates began working on tertiary prevention, which took the

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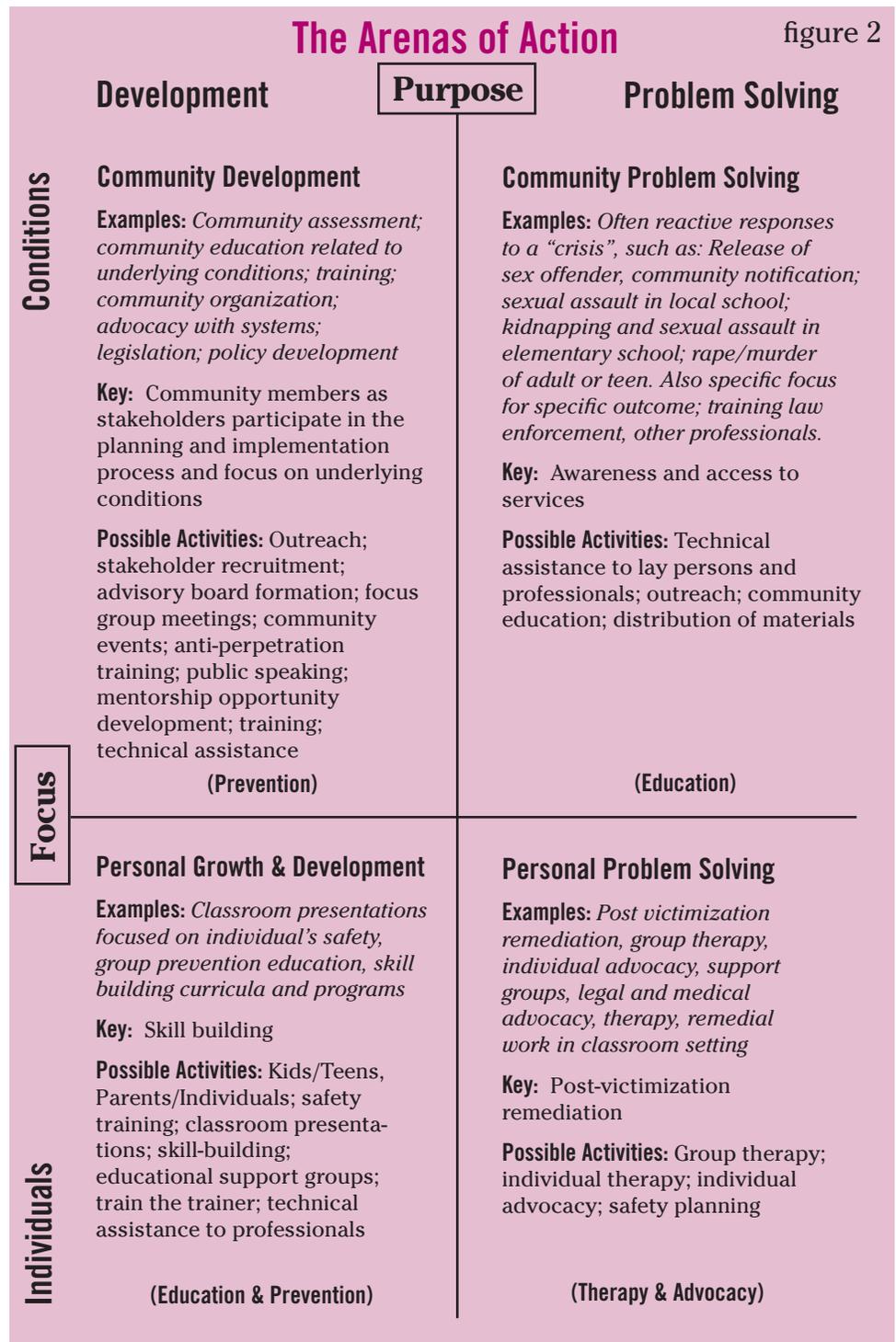
form of personal problem solving, rather than community problem solving. Rape crisis centers and domestic violence shelters grew up in all regions of the country. As a result of victims' great need for remedial interventions, more resources (both human and financial) were made available for advocacy and therapy, at the expense of resources for prevention activities. As more people who had been victimized spoke out, a differentiation in the types of assault became delineated. First, rape victims came forward, and soon both primary and secondary victims of child sexual abuse, adult survivors of child sexual abuse, and children in families where domestic violence was a very real experience followed suit. They required intervention and remediation as well.

Advocacy and therapy experiences focused almost exclusively on the individual. It was a logical and predictable development that education about the issues (fig 1, quadrant 2) would result in a need for more services and programs. Adding to their already full agendas, advocates and educators collaborated to develop classroom prevention programs to build skills for recognizing and resisting child abuse and dating violence. Community groups continued to receive presentations designed to raise awareness of these issues, but much of the focus was on school age children and youth, building skills of self-protection and resistance.

An adaptation of Lofquist's Arenas of Action shows examples of the sort of strategies that are utilized in each arena, i.e. education, prevention, and remediation⁵ (figure 2). The effectiveness of any strategy may be more or less relevant in various cultural, ethnic and racial communities. The movements to end sexual and domestic violence have learned that one size does not fit all.

While financial support for domestic violence and crisis service increased, sexual assault education and prevention funding eroded, and was inconsistently provided across the country. It seemed that confusion about the relationship

between "sex" and "sexual assault", societal attitudes about sex and sexuality, and the inability to differentiate consent from coercion continued. Rather than understanding that sexual coercion was an act of violence, many people could not understand that the very nature of the coercive experience was, in fact, "assault". There was greater consensus for the ideas that "no one deserves to be hurt", as in the case of domestic violence, but there was not yet universal agreement that forcing someone to have sexual contact



was, in fact, sexual assault. This is an attitudinal obstacle faced by sexual violence advocates and activists even today. More funding, however, became available for the treatment and prevention of child sexual abuse.

Full Circle

It became clear, eventually, that there would never be enough remediation. And placing all of the responsibility for avoiding the actions of a perpetrator on the potential victims was unrealistic and unfair. The approach was placing too much responsibility on individuals. However important it was that victims were now being treated with support and therapy, and programming was being developed to train those potential victims to resist or avoid victimization, the methodology had become unbalanced. The original vision of community responsibility and care was being overshadowed by a focus on individuals. The attention to the underlying conditions supporting the interpersonal violence had diminished.

Through the years there has been a persistent reluctance to engage in a discussion of the causal factors of sexual violence by some segments of the society. Writers like Frederick Storaska, Katie Roiphe, Elizabeth Loftus and others have spoken and written copiously about “falsely recovered memories”, or positing the premise that victims make up these stories of abuse and assault and persecute those they accuse. Progress was not made without backlash.

In recent years the movement has made yet another shift, restoring more balance to the strategies of both prevention and remediation. While maintaining tertiary and secondary prevention as important components of their programs, sexual and domestic violence victim advocates have begun to re-examine and even embrace activism and social change as central tenets to the work, returning to the movement’s original vision. There is a newly energized focus on primary prevention, providing prevention work and social change before an assault occurs, working with the general population of persons at risk of becoming perpetrators, instead of victims. This has occasioned a revisiting of decisions about working with men as allies.

Prevention of sexual and domestic violence today is based on much the same philosophy as at the inception of the movement; the work has come full circle back to



social change. As members of the movement realize again that there will never be enough treatment and support for all of the victims that are being created every day, it will become more clear than ever that primary prevention is critical and, together, we must make serious social change. Society, and the communities that comprise it, must commit both the resources and the will to create safe, healthy communities.



“The original vision of community responsibility and care was being overshadowed by a focus on individuals. The attention to the underlying conditions supporting the interpersonal violence had diminished.”

Notes:

¹Chasteen, Amy (Apr. 2001) *Constructing Rape: Feminism, Change, and Women’s Everyday Understandings of Sexual Assault. Sociological Spectrum*

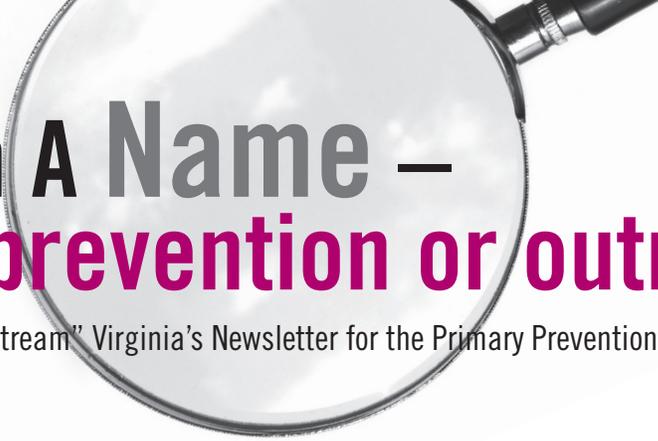
²Martin, Del (1976). *Battered Wives*. New York: Pocket Books

³Lofquist, William (1983) *Discovering the Meaning of Prevention*. Tucson: AYD Publication

⁴Stringer, Gayle (1999) *Community Development and Sexual Violence Prevention: Creating Partnerships for Social Change*. Olympia: WCSAP

⁵Stringer, Gayle. *Ibid*.

Gayle M. Stringer, M.A., is a consultant who has worked in the field of sexual assault prevention, advocacy and treatment for over twenty-five years during which time she has written and trained extensively on issues related to sexual violence, its prevention and treatment, community development and social change work. She is also a licensed Mental Health Counselor in Washington in private practice.



What's In A Name – Primary prevention or outreach?

(Reprinted from “Moving Upstream” Virginia’s Newsletter for the Primary Prevention of Sexual Violence, June 2005)

By Brad Perry, MA

In our work, sometimes efforts that are described as **primary** sexual violence prevention, are in fact not primary prevention. The purpose of this article is not to imply that any of the initiatives described herein are ineffective or not worth pursuing. Rather, as local sexual and domestic violence agencies become increasingly interested in adding primary sexual violence prevention work to their missions, this article is meant to act as a buffer against common misconceptions about these strategies.

Categorizing a particular initiative (or aspect of an initiative) as either consistent or inconsistent with primary prevention can be based on several factors, such as **content** (does the initiative attempt to change the factors underlying sexual violence?), **sustainability** (does the initiative attempt to change people in an enduring manner?), and/or **reach** (does the initiative address all levels of the social ecology for a particular setting?). In my experience, misconceptions about primary sexual violence prevention most often involve outreach efforts being mistaken for primary prevention efforts. This article will attempt to more clearly contrast and define these efforts.

Perhaps the most common misconception is the assumption that any kind of community/youth education is synonymous with primary prevention. While many valuable primary sexual violence prevention initiatives do involve educational sessions (particularly with youth in a school setting), it is largely the content and intent of these sessions that makes them consistent with a primary prevention approach, not the fact that the information is delivered through an educational presentation to students. For example, imagine that a health teacher in a local school wants you to speak to a class of 30 9th-graders for an hour over an entire school-week (5 sessions) about any set of sexual violence topics you deem appropriate. There are so many different aspects to the topic of sexual violence that you could present in an infinite variety of formats over those 5 days. However, for the sake of clearly illustrating a point, pretend that you

have narrowed it down to two possible agendas (see below).

The content for the first mock agenda exhibits a strong emphasis on what is commonly referred to as “outreach” education. Typically, the goal of outreach education is to make people aware of the scope and impact of sexual violence, as well as what to do if they or someone they know is a victim of sexual violence.

Mock Agenda: Outreach Education

Day 1: Define sexual violence and discuss statistics (including the fact that most sexual violence is committed by someone the victim knows); Highlight agency services and contact information

Day 2: Class activity on the impact of sexual violence (e.g., physical, emotional, and behavioral)

Day 3: Discuss how teens can reduce their risk for being sexually assaulted (e.g., recognizing warning signs of an abusive partner, using the buddy system, self-defense tips, etc.)

Day 4: Presentation on “date rape drugs” (e.g., alcohol, Rohypnol, GHB, Ketamine, etc.)

Day 5: Presentation about where a teen can go if they have survived sexual violence / how to support a friend who has survived sexual violence; Highlight agency services and contact information

The content for the second mock agenda demonstrates an approach that is consistent with primary prevention. Typically, the goal of sexual violence education from a primary prevention framework is to impact individual knowledge, attitudes, and behaviors that correspond to the root causes of sexual violence. Specifically, this education usually seeks to provide individuals with: 1) Insight on how and why we all behave in ways that perpetuate sexual violence, and 2) Inspiration, tools, and

incentives for thinking critically about our worldview/behavior (as it pertains to sexual violence), treating others with respect and dignity, and becoming an “ally” in ending sexual violence.

Mock Agenda: Primary Prevention Education

Day 1: Class activity on the definition of sexual violence (e.g., “Harmful – not harmful” continuum exercise)

Day 2: Class activities on the context of sexual violence Part 1 (e.g., MVP’s “Mars/Venus” exercise, Gender box activities with a follow-up discussion on the relationship between gender-roles and sexual violence)

Day 3: Class activities on the context of sexual violence Part 2

Day 4: Class activities/discussions about sexual consent and healthy/unhealthy relationships

Day 5: Skill-building activity on how to “walk the walk” (e.g., Men Can Stop Rape’s “Visible Allies” information; “active bystander” exercises from MVP and others); Review of Days 1-5

Again, for the purposes of providing a clear contrast, these agendas are at extreme ends of a community/youth education content continuum. The content in the first mock agenda contains information that is useful in the aftermath of sexual assault, as well as some information about how to “stay safe”. The content in the second mock agenda focuses on motivating people to examine/change the factors that cause people to be victimized in the first place.

I should note that these mock agendas are not meant to be prescriptive – I am in no way implying that these formats or the example activities/exercises are “correct”. The mock agendas and examples are only intended to be illustrative. In practice, it would be irresponsible to provide only primary prevention content in your educational sessions. That is, information about local victim service agencies should always be included, even if only briefly, since any discussion of sexual violence could raise issues for victims in attendance.

I also want to note that it is entirely understandable why those of us who come from a sexual assault crisis background might mistake outreach education for primary prevention education. Community/youth education is often the only major undertaking of a sexual assault crisis center not directly related to serving victims. Also, as previously mentioned, many primary prevention initiatives include a prominent education component. Thus, it makes sense that we would assume that any time one of us goes to a school to present, we must be doing primary prevention work. However, as the above example demonstrates, primary sexual violence prevention education is in fact far more distinct. Additionally, while the nature of content is a defining

element of primary sexual violence prevention education, other factors such as, “dosage,” – the number and length of educational sessions – relevance to the audience, and the fit and progression of new content in relation to previous content also figure prominently into this definition. Furthermore, a truly comprehensive primary prevention approach would also be characterized by its sustainability and how well it impacts all levels of the social ecology (see “Moving Upstream”, March 2005 for more information).

Media campaigns are another type of initiative often mistaken for a primary prevention activity, regardless of the content of the campaign’s message. Similar to the confusion about community/youth education, the content and corresponding intent of a media campaign’s message is an important clue in determining whether or not it is consistent with a primary prevention approach. For example, the two hypothetical 60-second televised public service announcements, or “PSAs”, (below) about sexual violence could have entirely distinct goals.

Outreach PSA

In this example, the objective of the PSA is to raise awareness about the prevalence of sexual violence, inspire hope in survivors of sexual violence, and advertise the services and contact information for sexual assault crisis services. It might show several survivors telling their stories, provide some alarming statistics, and end with a voice-over/text telling the audience how and where to find help. The primary audiences of this PSA are survivors of sexual violence and their loved-ones; the expectation being that survivors will then be more likely to seek services. A more general goal is to inform everyone about the scope and impact of sexual violence.

Primary Prevention PSA

In this example, the objective of the PSA is to challenge a belief or a norm that perpetuates sexual violence (e.g., “Real men’ should be entitled to have sex with anyone they want anytime they want it”). This TV spot might show a couple kissing, one of whom is a man. Before they get “hot and heavy,” he stops and asks if it’s OK if they share more, and makes it totally clear that his partner’s decision will be respected with no strings attached. Text appears on the screen saying, “Respect is sexy”. The primary audience of this PSA is men - particularly young men - and the hope is that they will see an alternative to the belief about how a “real man” is supposed to act in a sexual encounter, and begin to change their behavior accordingly. Ideally, the PSA would also provoke conversation about the harm of the belief itself, and thus begin to dismantle the norms supporting such beliefs.

The differences between these examples should be fairly evident. The basic difference is that the first PSA seeks to impact/increase the number of survivors coming forward

continued on page 20

Prevention Snapshots:

the efforts of two local DELTA projects, and how their hard work has paid off

The Action Alliance is one of only 14 state coalitions to receive funding from the Centers for Disease Control and Prevention (CDC) for the DELTA Project (Domestic Violence Prevention Enhancement and Leadership Through Alliances).

The purpose of DELTA is to build capacity in communities to prevent intimate partner violence. Through this funding the Action Alliance provides subgrants, coaching, and training to coordinated community response teams across Virginia. Read on to learn about how DELTA is making a difference.

Primary Prevention in Newport News:

DELTA Project in the Sheriff's Department

By Jenny Scherer,
DELTA Coordinator for Newport News

Shortly after taking office in January, Newport News Sheriff Gabe Morgan agreed to implement the DELTA Project in the Sheriff's Office. The Sheriff's Department recognized the benefits of establishing a prevention program that would enhance community partnerships, educate deputies, and ultimately reduce the level of domestic violence on the Peninsula.

The DELTA project established an annual Healthy Relationships Month in Newport News, which was launched in June 2006. The highlight of the month was the Dad's Walk to celebrate the powerful influence fathers have in promoting healthy relationships in their children. A Healthy Relationships Month proclamation was drafted by the Newport News Domestic Violence Taskforce (NNDVT). Mayor Joe Frank read the proclamation at the event, declaring June as Healthy Relationships Month in the city of Newport News. Key speakers at the Dad's Walk included Sheriff Gabe Morgan and Commonwealth's Attorney Howard Gwynn. The opening address concluded with Major Frank, Sheriff Morgan, and Howard Gwynn leading approximately 250 men, women, and children in the walk. In addition to participating in the Dad's Walk, dads were encouraged to join their children in the numerous activities and games intended to strengthen their relationship. The event concluded with a raffle and closing remarks by members from the NNDVT.

Currently, the Newport News Sheriff's Office is operating on three levels of the social ecology model (societal, community, and individual levels). With the societal level of the prevention plan having been successfully implemented, the project is focusing on the individual and community level strategies. The Healthy Relationship Pledge has been adopted by the Sheriff's Office, and all employees, including deputies, have signed the Pledge. Sergeant Jerri Smith is designing a training program for deputies based on the Family Violence Prevention Fund's *Toolkit for Men* and Rus Erving Funk's book *Reaching Men: Strategies for Preventing Sexist Attitudes, Behaviors, and Violence*.

Once the deputies complete the training program, Sheriff Morgan will institute the fourth level of the prevention plan (the relationship strategy) by implementing a mentorship program where deputies will serve as "healthy relationship mentors" to new recruits. In addition to acting as mentors within the Sheriff's Office, deputies will serve as role models within the community. The ultimate goal of the mentorship program will have deputies serving as mentors and conducting presentations within the community to challenge gender norms and sexist attitudes.

Winchester DELTA

Path to Prevention

By Lavenda Denney, Interim Delta Coordinator

The Winchester DELTA project is a collaboration between The Shelter for Abused Women and the local Council Against Domestic Violence and Sexual Assault in Winchester. Essentially, The Council wanted to plant the seeds of healthy relationships with the help of community members. It was determined that a partnership with the faith community would bring the most powerful influence on our population. Faith communities in our area are an integral part of family life. The project set out to bridge a gap between two major resources (the faith community and The Council Against Domestic Violence and Sexual Assault) and create a safer, healthier, more peaceful environment for all families.

The initial stages of the DELTA project took two years of strategic planning. During this time committees met regularly to receive training on primary prevention. We invited new allies to the table, especially those in the faith community. We developed surveys and sent them to local churches so that we could learn what people identified as the cause of domestic violence. Through feedback from adolescents in the faith community we learned that the contributing factors to intimate partner violence were:

- unequal role division between boys and girls;
- acceptance of unequal gender norms and stereotypes,
- confusion about acceptable vs. unacceptable behavior;
- engaging in unhealthy behaviors modeled to them as children.

Once project coordinators had this information, community leaders were able to determine that in our community, domestic violence was a learned behavior. In an effort to prevent violence from starting, the DELTA project focused on implementing primary prevention strategies on four different levels to teach healthy behaviors. During the third year of the project, the plan was implemented.

Individual Level

We offered educational workshops and activities for adolescents in the faith community. These activities examined gender norms and stereotypes, and promoted the development of healthy relationships. We focused on teaching communication skills and personal responsibility. To assist with this goal, committee members teamed up with local churches. Pastors at each church utilized a new innovative faith based curriculum, *Love, All That and More*, to teach youth about the importance of modeling healthy behaviors. The youth were given bracelets and flashlights with the slogan, *Love is Patient, Love is Kind*. The workshops also included free food and door prizes! Post-tests indicate that 100% of the participants determined that it takes love, communication, and respect to make a relationship work.

Relationship Level

Committee members partnered with representatives from the Coalition of Parrish Nurses. Nurses met with parents of adolescents to teach them the importance of modeling respectful behaviors. They worked with the parents one on one or in group sessions to discuss good communication skills and how to handle stressful situations in the presence of their children. In this part of the project, parents in the faith community learned how their behavior influences their children and that modeling healthy behavior will increase the chances that their children will desire healthy relationships. Many of the parents who participated in this level of the project had adolescent children who also participated in the individual level. This was an added and unforeseen benefit to the program in that both parent and child received the same information, affecting the entire family unit.

Community Level

We led presentations on the importance of modeling healthy relationships for the local Coalition of Parrish Nurses. The presentations focused on training the nurses on how to train parents to be healthy role models for their children. Following the training, the nurses revised their own training manual to include a section on helping families learn about healthy relationships. This revision is now a mandatory part of Parrish Nurse training.

Societal Level

The goal was to implement a change in church policy encouraging the addition of monthly sermons and/or workshops for parents and adolescents focusing on promoting healthy relationship skills. The committee developed the concept of inviting local churches to be Healthy Relationship Churches. We created an invitation flyer, and plan to distribute it to every church in the city limits. Healthy Relationship Churches are churches that employ the following prevention strategies:

1. Pastor preaches a sermon on healthy relationship skills twice a year;
2. Youth group focuses on healthy relationships twice a year;
3. Women's organization hosts a program on healthy relationships once a year;
4. Men's group hosts one program a year on healthy relationships; and
5. The church offers a parents retreat once a year on an aspect of healthy relationships.

We also offered resource incentives to the first 5 churches who signed up. The start-up kit, valued at \$500, included: the *Love, All That and More* curriculum, a DVD on how churches can prevent domestic violence, a book on men's role in preventing violence against women, incentives (pens, mints, bracelets, and flashlights) that promote the *Love is Patient, Love is Kind* message and a full sized banner for the church to hang proclaiming "WE ARE A HEALTHY RELATIONSHIP CHURCH". All participating churches will receive a framed certificate recognizing their commitment to the project.



Creating a foundation for prevention work

Bring your community together for pie and coffee

By Kristi VanAudenhove

Preventing sexual and intimate partner violence takes a community-wide effort. The roots of both of these forms of violence are so deeply entwined in our communities—and in our cultures—that no single individual or single agency will be successful in creating change that significantly reduces the level of violence.

Many communities have formed groups of agencies and individuals who share a commitment to improving the response to sexual and/or intimate partner violence. Sexual Assault Response Teams (SARTs) and Coordinated Community Response Teams (CCRs) are two examples. These groups come together as a result of the demand for intervention services. Their goals are often to make sure that every victim receives services and every perpetrator is held accountable—recognizing that no single individual or agency can do this for the entire community.

When communities come together to focus on primary prevention, new challenges emerge. Those who join the effort are driven by a desire to dramatically reduce the level of sexual and domestic violence. Their goal is often to reduce opportunities for sexual and intimate partner violence to be “successfully” perpetrated. Groups focus on activities such as improving neighborhood lighting, providing escort services for women on college campuses, teaching vulnerable populations self defense classes, or helping young people to identify the signs that a relationship is abusive.

These activities may eliminate particular opportunities for sexual or intimate partner violence, but taken in sum over the last 30 years they have not had a substantial impact on the overall prevalence of either sexual or intimate partner violence. Why? Perhaps they don’t reach deep enough into the root causes of the violence.

Examining the Root Causes of Violence

If we want to reach deeper and have a chance of decreasing the level of sexual and intimate partner violence in our communities, we have to work together to address its significant causes. Effective prevention planning in a community starts with building a consensus on the causes of sexual and intimate partner violence based on evidence that is clear to the community.

One challenge to this planning is the complexity of the causes of sexual and domestic violence. If you envision the “root causes” as actual tree roots, and if you also visualize the roots of healthy relationships and sexual relations as being part of the same tree, you can imagine how these roots intertwine as they spread under and influence the growth of our tree (our communities). You can also begin to understand that the work is not just about eliminating the bad roots—it is also about nurturing and strengthening the good roots.

So here is where the pie and coffee come in. Bring together the people in your community who are concerned about ending sexual and/or intimate partner violence. It may be your existing SART (Sexual Assault Response Team) or CCR (Community Coordinated Response Team). It may be a different group. Think about inviting anyone who shares your vision of a healthier community—schools, Y’s, Boys and Girls Clubs, the softball league, the band boosters, free clinics, substance abuse prevention educators, your local health department and community services board.

Creating a “Causal Pie”

Serve some pie and coffee and work together on a “Causal Pie.” First talk about—*really talk about*—what each of you believes to be the most significant root causes of sexual and intimate partner violence. Push yourselves to keep digging deeper—if your first thought is that the root of the violence is a lack of self esteem on the part of victims, think about where that comes from? Is there something about most victims that contributes to low self esteem? Where do they get their messages about what is valuable? Who is available in their lives to contribute to positive or negative self esteem? This type of questioning will help to lead you from the surface to the “roots.”

Once you have a list of root causes out on the table (or up on the newsprint!), spend some time building consensus on what the entire group believes to be the most significant root causes. As you have this discussion, take time out to search for evidence. Suppose, for example, that someone in your group feels that a root cause of sexual violence is mental illness. Some members of the group are skeptical, but others share their experiences with cases where mental illness was definitely a factor. Search out the evidence that can support or refute this belief—what does the academic literature say? Is there data in the community about the number of sexual assaults perpetrated by people with

“[Many well-intentioned community efforts] taken in sum over the last 30 years have not had a substantial impact on the overall prevalence of sexual or intimate partner violence. Why? Perhaps they don’t reach deep enough into the root causes of the violence.”

mental illness? Talk with professionals in the mental health field and in the local Sexual Assault Crisis Center about their experiences. Then come back together and consider the evidence as you try to reach consensus. In this case, the group might decide that while there is some evidence of a link between certain psychiatric disorders and the perpetration of sexual violence, those cases seem to be exceptions and not the rule, and as a result, mental illness would not be on the groups list of significant root causes of sexual violence.

Someone else in the group might assert that a root cause of sexual violence is peer pressure amongst young men to view sex as a “thing” they should “get” from women. As the group talks this through, members may point out that this pressure is compounded when there is a lack of respect for women. Members of the group may raise questions about how much sexual violence is perpetrated by young men against women. A review of the research on sexual violence, the data on sexual assaults in the community and discussions with young men, young women, sexual assault advocates and professionals who serve youth might lead the group to a consensus on believing that this peer pressure amongst young men is a significant contributor to sexual violence.

The group is then challenged to look deeper for the source of this peer pressure. What are the messages young men get from the media about what it means to be a man? How are they learning to value (or devalue) young women? What are the lessons they are being taught about sexuality—theirs and others’—and who is teaching those lessons? These and other challenging questions will lead the group deeper and deeper into the “roots.”

Once consensus on significant causes is complete, the next step is to create a causal pie. Imagine that the sum of the causes of sexual violence leads to 100% of the sexual violence that is perpetrated. This 100% is represented by a round “pie.”

The group then assigns a “weight” to each of the significant causes, and that “weight” is interpreted in the “Causal Pie” that is created. For example, if your community group came to consensus that there are 8

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significant root causes of intimate partner violence that are supported by evidence and they are each equal contributors, your causal pie would show eight equal sections:



An example of a “causal pie” that represents 8 different contributors to sexual violence, all of equal influence.

If your group came to consensus that there were really 3 significant causes, and one is supported to a much greater extent by the evidence, then your community “Causal Pie” might look like this:



An example of a “causal pie” representing 3 contributors to sexual violence with varying degrees of influence.

Using the “Causal Pie” to Inform Your Prevention Work

What do you do with this pie? As your community allocates resources for primary prevention, try to reflect on your consensus about root causes. As you consider prevention strategies, start with the most significant contributors and consider both the risk and protective factors associated with that root cause. Risk factors are those factors in the community that support the unhealthy roots. Protective factors are those that help the healthy roots to thrive, making it more difficult for the unhealthy roots to find nourishment. Going back to the example of peer pressure amongst young men, prevention strategies that focus on risk factors might include addressing media messages that link sexual conquest and the objectification of women with “manliness.” Prevention strategies that focus on protective factors might include supporting positive peer relationships that promote healthy dating relationships and healthy, consensual sexual relationships.

Because the scientific evidence about the causes of sexual and intimate partner violence is still being refined, each community’s “Causal Pie” is likely to look very different—and each will make a valuable contribution to the field of prevention. Over time, as more communities engage in laying an evidence-based foundation for prevention work and we have the opportunity to measure the impact, we will learn more precisely what works—and what doesn’t. In the meantime, creating a causal pie together promotes critical thinking about why we do what we do. Generally speaking, a good thing!



Kristi VanAudenhove is Co-Director of the Action Alliance, was previously Co-Director of Virginians Against Domestic Violence for twelve years, and has been involved in the movement(s) to end sexual and domestic violence for over 25 years.

A few words of thanks...

Many thanks to those at the Centers for Disease Control and Prevention who envisioned the DELTA and EMPOWER projects, teaching the value of evidence-based prevention planning to sexual and intimate partner violence prevention projects across the country; the Native American Advocates Against Violence in Virginia for sharing the imagery of a tree and the potential for preventing violence against women that lies within Native culture; and the Sexual and Domestic Violence agencies in Virginia dedicated to the prevention of sexual and intimate partner violence through the DELTA project, Rape Prevention Education projects, and many other initiatives over the years.

Rape Prevention and Education (RPE) in Virginia

By Jayne Flowers, MA, CSE

The Virginia Department of Health (VDH) – Division of Injury and Violence Prevention (DIVP) is working with fifteen sexual assault crisis centers or dual sexual assault/domestic violence service agencies throughout Virginia to develop and implement sexual assault primary prevention programs. Funding for this opportunity is provided to VDH from the Centers for Disease Control and Prevention’s (CDC) Rape Prevention and Education (RPE) program. In 2005, the contractors participated in a competitive Request for Proposal (RFP) process.

Both the CDC and VDH are focusing on the primary prevention of sexual violence. This may be broadly defined as education or programs that are provided to a population before violence occurs. Primary prevention focuses on changing the underlying factors that allow, support, or encourage undesirable outcomes such as the perpetration of sexual violence.

Over the past two decades, many other behavioral issues such as substance abuse or teenage pregnancy have been addressed via a primary prevention approach. However, most sexual violence prevention efforts have been focused on increasing community awareness of the issue and/or risk reduction strategies for potential victims. While both of these approaches are needed, neither approach addressed the ability of a group, community, or society to actually reduce or eliminate sexual violence. Only in the past several years has primary prevention come to the forefront as a necessary component of sexual violence prevention work.

Fifteen agencies are currently contracted with DIVP to provide primary prevention services (see box). Each agency has agreed to complete between one and eight primary prevention projects. There is a great variety in the types of projects that are funded by RPE. A number of agencies, such as SAVVI, Project Hope, and Arlington County provide peer education programs. CAFV is also involved in peer education and is using the RELATE Project materials

(revised) that were developed in 2001 with funding from VDH. SARA uses theatre as the medium for its peer educators to reach other youth.

Many of the agencies provide curriculum-based educational projects. Some have chosen a curriculum that was purchased for implementation in their community. “Safe Dates” was selected by LCSJ and the Warren County Council. The Shelter for Abused Women is using both the “Teen Relationship Workbook” and “Love, All That and More.” CASA has taken primary prevention efforts to preschool children and their parents with “Care For Kids.” On the other end of the spectrum, The Haven is providing primary prevention education for incarcerated males, using “Building Strong Relationships.” Some centers have developed their own curriculum or are in the process of doing so. The Women’s Resource Center is revising their PEACELINE curriculum for sixth through twelfth grades to provide a primary prevention focus. Project Horizon developed Discover New Horizons for pre-school through

twelfth grades. Safehome Systems is also implementing Discover New Horizons. The Family Resource Center recently developed a Primary Prevention Education Program for preschool through high school. Crisis Line is working with their local Girl Scout leaders to develop a curriculum for Power Girls, a week-long day camp for middle school age girls.

For more information about any of the projects, please contact the appropriate contractor. By sharing ideas, success stories, curricula, peer activities, and enthusiasm for primary prevention, Virginia can be a leader in changing the climate of acceptance that surrounds many violent acts. Any organization - sexual or domestic violence agency, school, faith-based organization, youth club, recre-

ational group – can use many of the concepts, activities, or curricula that are noted above to provide a consistent message in our communities about the importance of developing and maintaining healthy relationships while eliminating sexual or other types of interpersonal violence.



Jayne Flowers has been with the Virginia Department of Health/Division of Injury and Violence Prevention as a Sexual and Domestic Violence Prevention Specialist since 2004. She has also managed state contracts with local agencies in the area of domestic violence services and teen pregnancy prevention programs. She may be contacted at 804-864-7735 or jayne.flowers@vdh.virginia.gov.

Participating agencies:

Arlington County Dept. of Human Services
Citizens Against Family Violence (CAFV)
Citizens Against Sexual Assault (CASA)
Crisis Line of Central Virginia
Family Resource Center
The Haven Shelter and Services
Loudoun Citizens for Social Justice (LCSJ)
Project Horizon
Quin Rivers Agency/Project Hope
Safehome Systems
Sexual Assault Resource Agency (SARA)
Sexual Assault Victim’s Volunteer Initiative (SAVVI)
The Shelter for Abused Women
Warren County Council on Domestic Violence
Women’s Resource Center



“Please Describe How This Program Will Prevent You From Committing Sexual Assault”

Challenges in evaluating outcomes for primary sexual violence prevention programs.

By Brad Perry, MA

NOTE: In this article there are frequent references to primary sexual violence prevention programs in the discussion of how traditional outcome evaluation approaches have been applied to sexual violence work. It should be acknowledged that these traditional outcome evaluation approaches have also been applied to sexual violence educational programming of all types – not just programming consistent with a primary prevention approach. Also, to truly create sustainable change, primary sexual violence prevention initiatives should engage multiple levels of the social ecology, thus involving more than singularly educational programming which typically functions on the individual level. However, since sexual violence prevention outcome evaluation has been historically applied almost entirely to programming, and since programming is still likely to be a vital piece of any primary sexual violence prevention initiative, this article will maintain its focus there.

The word “evaluation” evokes anxiety in many of us, perhaps because it is often synonymous with “judgment”. While it is true that traditional evaluation approaches sometimes seem to be detached accountings of where something falls either into a “success” or “failure” category, evaluation can also be viewed as a broader and far less rigid concept. In some sense, we all conduct constant evaluation in our everyday lives. We continuously weigh the pros and cons of countless factors, determining which choices hold the most value to us, eventually committing to a particular path only to then ask ourselves again if we made the best decision. Of course, evaluations of our programs are much more formalized, focused, and objective than these everyday appraisals, but it is important to recognize that evaluation – as a general concept – is more a part of us than we might initially think.

Those of us who do primary sexual violence prevention work are perhaps most familiar with process evaluation and outcome evaluation. Outcome evaluation is what most people think of when they hear the term “program evaluation”. Outcome evaluation is, by nature, oriented toward the “bottom-line” of whether or not a program is successful in accomplishing what it set out to do. Thus, it is not surprising that a person implementing a program aimed at impacting something as insurmountable as sexual violence would become anxious when asked to conduct an outcome evaluation.

The challenge of evaluating the impact of primary sexual violence prevention programs has been addressed by breaking the issue down into more manageable “chunks”. Experts have determined that sexual violence is able to exist because of certain contributing factors such as: rigid gender roles; attitudes/norms that deny, minimize, or justify sexual violence; and attitudes/norms that cast coercion and violence as acceptable means to an end, etc. Instruments that measure the extent to which these factors are present in a given individual (e.g., the various “rape myth acceptance” scales, “internalized sexism” inventories, measures of willingness to use aggression, etc.) have become important tools for evaluating the outcomes of primary prevention programs.

A Brief History of Primary Prevention Outcome Evaluation in Virginia

In Virginia, the method for evaluating the outcomes of sexual violence education efforts, including Primary Sexual Violence Prevention Programs (PSVPPs), has followed a traditional “pre-test/post-test” model. A group of individuals are given a questionnaire that is often adapted from, or similar to, an established evaluation instrument. This instrument is used to assess their knowledge, attitudes, and/or behavioral intent on a factor relevant to sexual violence. The group is then exposed to the program, and assessed again using the same measure at the program’s conclusion. Any change in the group’s knowledge, attitudes, and/or behavioral intent on this factor is inferred to be attributable to the program. A change in the desired

direction is considered to be a successful step toward preventing sexual violence. [Note: This method of outcome evaluation typically focuses solely on individual factors, as opposed to assessing factors at all levels of the social ecology, such as relationship, community, and societal levels].

Primary sexual violence prevention programs in Virginia receiving Rape Prevention & Education (RPE) funding have recently begun using a standardized and more refined outcome evaluation instrument. While this change helps to address the inconsistencies between different programs’ evaluation tools, it is not able to address the larger methodological challenges inherent in applying a traditional outcome evaluation approach to primary sexual violence prevention work.

Challenges to Traditional Outcome Evaluation of Primary Sexual Violence Prevention Programs

The most fundamental difficulty in evaluating outcomes for these programs is the complexity involved in determining whether or not sexual violence occurs in any given situation. The central question always seems to be, “How will we ever know for sure if our efforts worked?” That is, we cannot “get inside” a person’s mind to see if they choose to refrain from committing an act of sexual violence. The social stigma against admitting such an internal dialogue - assuming such a choice was even conscious - would prevent most people from being honest on any self-report measure. Moreover, how could we ever know if a person’s choice to not perpetrate was the direct result of the program in which they participated? It is perhaps impossible to establish a direct and immediate connection between prevention programs and the true outcome we want to be able to measure: the occurrence/non-occurrence of sexual violence.

It is because of this fundamental challenge that we are relegated to assessing a prevention program’s impact on factors thought to be strongly correlated with the perpetration of sexual violence. While this technique can be useful (and is certainly better than nothing), it also has limitations. These factors are defined and categorized differently by different researchers, often leading to inconsistent measurement tools. For example, see the 1999 article about “rape myth acceptance” by Diana Payne and her colleagues in the *Journal of Research in Personality* for a detailed description of the erratic evolution of this well-known factor associated with the perpetration of sexual violence.

Another challenge to measuring factors correlated with sexual violence relates to the academic setting in which these instruments are usually developed. The goal of any given researcher in this context is to measure a given factor as precisely as possible, so the instruments they develop tend to be lengthy and at an advanced reading level. However, most people doing frontline primary sexual violence prevention work cannot practically administer a questionnaire that takes more than 5-10 minutes to complete and is higher than a 6th grade reading level. Prevention programs often take place in time-constrained events, such as classrooms, youth groups, and after-school programs,

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and include persons of various academic abilities. Thus, the instrument has to be modified, which consequentially compromises its integrity. Modified measures of sexual violence factors can still be useful tools to determine whether or not a program made an impact, since the modified instrument probably still assesses some approximation of a given factor. However, there is no longer a valid link between the modified instrument and the empirical evidence (e.g., research studies) that shows it actually measures the factor it purports to measure.

A similar challenge that also involves the actual delivery of a program is a phenomenon called “The Hawthorne Effect.” The Hawthorne Effect shows that participants in a program can determine how the leader wants them to react, and subsequently behave differently because of this knowledge. Any type of program that seeks to change the attitudes and behaviors of participants is going to exude “demand characteristics” – the cues that convey the program’s intent. Examples of demand characteristics in prevention programs might include a facilitator giving more attention to responses that espouse non-violence or gender-equity, the manner in which scenarios, fact sheets, and/or questionnaires are worded to elicit a certain kind of reaction, or even just the fact that the facilitator comes from a sexual assault crisis center. Determining the intent of the program to any degree can cause some participants to skew their answers on an outcome evaluation instrument either toward or away from that intent. Regardless of the direction of the skew, the responses are artificial and thus invalid.

Finally, there are practical challenges in evaluating prevention program outcomes. For example, if we wanted to use a rigorous outcome evaluation design, we would find 2 schools that are geographically isolated and matched on all relevant demographic data. The students at both schools would all complete pre-tests. During the same time frame, one school would be randomly assigned to participate in prevention programming while the other school would participate in some other unrelated programming, or not participate in anything. The group not receiving the prevention programming is called the control group. The students at both schools would then complete post-tests (identical, or matched, to the pre-test). The evaluator can then analyze the data to determine whether or not the school receiving the programming showed a significantly greater improvement on their “tests” than the control group. The presence of the matched control group is important because it provides a point of reference for comparison, helping to isolate the effects of the prevention program from the numerous other life experiences of the students. However, the time, expense, and expertise required to undertake such a rigorous evaluation is far too great for most local groups conducting prevention programming.

Conclusion and Promising Future Directions

All of the challenges to outcome evaluation discussed so far can be traced back to traditional outcome evaluation’s roots in experimental design. In scientific experiments, it is crucial that researchers devise methods to minimize or eliminate any “confounds” (“outside” factors, or factors other than

those being manipulated by the researcher) that could create artificial results. This need to “control” for confounds is why scientific research is usually conducted in the highly constrained conditions of a laboratory rather than in the field. However, when we want to know whether or not a program is working in the field, we hit an impasse because the only methods purported to be objective enough to make such an assessment originate from this highly controlled realm of experimental design. The objectivity stressed in traditional outcome evaluation seems far more exacting than is necessary for the goal of ensuring that a program is as effective as it can be. Primary sexual violence prevention programs would be well-served by an evaluation approach that stressed “functional objectivity” instead of “laboratory objectivity”.

This concept of functional objectivity does not mean ignoring important issues like demand characteristics or assessment tool development/selection. Nor does it mean avoiding actually collecting outcome data and only checking to see whether or not the implementation process went well. Rather, it does mean asking the people directly involved in the development and implementation of a given program what they need to know in order to optimize the program’s effectiveness, and weighing these responses in the larger balance of evaluation concerns. It means measuring outcome variables in the field as cleanly as possible, knowing that laboratory conditions will never be achieved, but valuing the resulting data for what information it can provide. Incorporating the idea of functional objectivity into a program evaluation plan also means providing constant feedback rather than detached observation. For example, the traditional outcome evaluation approach for prevention programs can be simplified into, 1) teasing out specific factors, 2) figuring out how to measure them in a reliable and valid manner, and 3) doing so to determine whether or not a program had any impact on these factors. But rather than waiting until the prevention program is finished to determine whether or not it made an impact, perhaps our evaluation approach should more closely resemble the functional and continuous evaluation we all conduct in our everyday lives.

If we reframe our main goal for prevention program evaluation as “ensuring the best possible program at all stages” rather than “determining whether or not the program ‘worked’ (after the program concludes),” then perhaps these programs will be able to get a richer array of information to optimize their impact. The application of empowerment evaluation to prevention programs offers some promise to this end. The article by Beth Leftwich describes how an empowerment evaluation approach can benefit prevention programs.



Brad Perry is the Sexual Violence Prevention Coordinator at the Action Alliance. In this capacity, he works with VSDVAA member programs in Virginia to implement sexual violence prevention initiatives in their local communities, and edits the Action Alliance’s “Moving Upstream” primary sexual violence prevention newsletter.

Empowerment Evaluation and Primary Prevention Programs

By Beth Leftwich, MPH

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hile traditional evaluation models intend to assess program effectiveness in terms of success or failure, empowerment evaluation places a stronger emphasis on program improvement. This model asserts that evaluation be a part of a program from its inception and focus on the continual improvement of a program. Empowerment evaluation aims to improve program implementation by providing tools for planning, implementation, and self-evaluation. Evaluation becomes an everyday part of program management.

Empowerment evaluation is guided by ten principles: improvement, community ownership, inclusion, democratic participation, social justice, evidence-based practice, community knowledge, capacity building, organizational learning, and accountability. These principles are the backbone of empowerment evaluation. They are used to design the evaluation and describe the dynamics of the empowerment evaluation model with regard to relationships, roles, power distribution, ownership, and social justice.

While it is distinct in many ways, empowerment evaluation is not completely disconnected from traditional models of evaluation. Empowerment evaluation relies on the tools and techniques of traditional evaluation models; however, those tools and techniques are disseminated to the program's stakeholders. For example, while an external facilitator is useful in empowerment evaluation, an organization/community ultimately owns the evaluation and needs to determine for itself what combination of tools and techniques make the most sense. The stakeholders are responsible for determining the outcomes of interest and

the best methods for assessing those outcomes. An external facilitator, or empowerment evaluator, acts as a critical friend for an organization by providing knowledge of these tools and suggestions for implementation.

What it Means to Have an Empowerment Evaluation Coordinator on Staff

In February 2006, the Alliance hired an Empowerment Evaluation Coordinator. This full-time position is funded through two federal prevention projects: DELTA, an intimate partner violence prevention project and RPE (Rape Prevention Education), a sexual violence prevention project. Both originate in the Centers for Disease Control and Prevention (CDC) with Rape Prevention Education funding flowing through the Virginia Department of Health. Having a full-time staff person with evaluation training will allow the Alliance to provide a "critical friend" to agencies and/or communities working on prevention at the local level.

More than twenty communities in Virginia are participating in either RPE or DELTA. The communities are not only planning and implementing strategies for the primary prevention of intimate partner violence and sexual violence, they are also being asked to evaluate these strategies. Evaluation can be a daunting task for many. The empowerment evaluation model was chosen to try to alleviate that anxiety and help local communities re-conceptualize evaluation as a tool for empowerment. "Did we do what we said we were going to do?" and "Did our project do what we wanted it to do?" are two questions that we often do not ask ourselves. The DELTA project provides the unique

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opportunity to be able to do that without fear of losing funding or the anxiety of having to meet unobtainable goals and outcomes that were developed for them by someone else. The empowerment evaluation coordinator will be able to help facilitate this process by bringing evaluation tools and techniques to each community, and by providing an outside perspective.

While the goal is to demystify evaluation, we must acknowledge that evaluation can in fact be challenging, particularly when evaluating prevention work. Evaluation often measures changes in a person's behavior, attitude, or knowledge following some type of program or intervention. In many areas of our work this is appropriate and effective. Through simple tools such as pre- and post-tests we can reasonably gauge the effectiveness of a sexual violence education program on raising awareness of sexual violence. It becomes a little more complicated, however, when we try to gauge the effectiveness of an in-school sexual violence prevention program. A pre- and post-test could reveal an individual's belief of his/her intent to perpetrate sexual violence in the future. Unfortunately, that is a rather limiting measurement. It will not tell us if that person actually does refrain from committing sexual violence during his/her lifetime. Furthermore, even if we followed this person for a lifetime to determine whether or not they perpetrate sexual violence, we will not know necessarily that it was the program that prevented that person from doing so.

Instead of trying to determine if a specific activity prevented an individual from perpetrating sexual or intimate partner violence, we will focus more on building the capacity to do so. Primary prevention is a new approach for many of us in the field and we must learn from each other and take one step at a time. The CDC has joined with 14 state coalitions to increase prevention capacity at the state and local level to include appropriate and effective evaluation strategies and build the infrastructure to sustain prevention work.

How Empowerment Evaluation Will Benefit Domestic and Sexual Violence Programs

Empowerment evaluation is beneficial for domestic and sexual violence programs because it provides an opportunity for all stakeholders to commit to understanding the impact of their work while also recognizing that each community is unique and has varying needs and resources. A distinguishing characteristic of empowerment evaluation from traditional models is its acknowledgment and respect for people's ability to create knowledge about, and solutions to, their own experiences.

Some criticism—or perhaps skepticism—surrounds empowerment evaluation. In contrast to traditional evaluation models that prefer an external evaluator to insure objectivity, empowerment evaluation values community involvement and the presence of an evaluator who is invested in the success of the program. Empowerment evaluation, however, is not exempt from objectivity. It is imperative that the community remain objective about their work in order to truly understand what is going on. This model gives sexual and intimate partner violence

service providers the opportunity to do so in an unthreatening manner. The community is able to focus their evaluation on utility, relevance and practicality and not merely the success or failure of their program. The findings are not used to determine if a program should continue, but instead how a program can be improved. Empowerment evaluation does not assume that success is implementing the perfect program and that the program will run itself perfectly. Empowerment evaluation allows the community to remain open to continuing feedback and the opportunity to adjust the program accordingly.

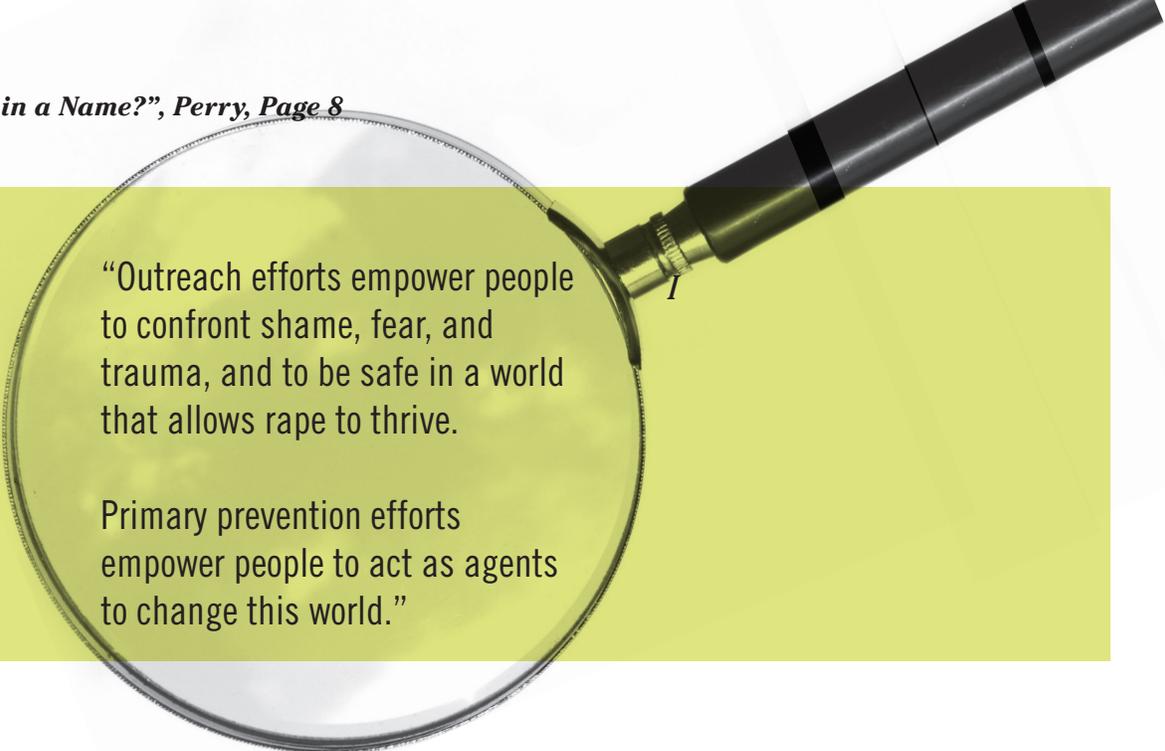
At the foundation of this process is a solid relationship. As a “critical friend,” the empowerment evaluation coordinator must know the community she is working with. Likewise, the community members will have to know the evaluator— what she is or is not capable of, when to bring her in for technical assistance, etc. There must be a level of trust between the two. The community must trust the evaluator in order to openly and honestly share the story of where they have been and where they want to go. The evaluation coordinator must trust that the community owns the project and has bought-in to the principles of empowerment evaluation.

Empowerment evaluation is a philosophy; putting its ten principles into practice will vary from community to community. The empowerment evaluation coordinator can work with each community to help them determine if they have sufficiently embodied each principle. For example, practicing “inclusion” may take more effort for some communities than others. A community may have longstanding working relationships with what they deem to be a diverse group of people. As we learn more about prevention work and what it entails, the empowerment evaluation coordinator and the active community members may want to reexamine that group of people. Perhaps through a community profile and an open discussion they may determine that there are people missing from the table. Some communities may be more ready than others to invite new people to the group. As a critical friend, the empowerment evaluation coordinator must facilitate this process while balancing the other principles of empowerment evaluation. She must remain respectful of the community's ownership of the evaluation while also maintaining a critical eye of fully achieving each principle.

The empowerment evaluation model is one that will allow us to continue building and expanding our work to eliminate intimate partner and sexual violence. Using this model, we may be able to better understand where we have been as a field and where we want to go. With an aim to reduce the anxiety surrounding evaluation, it may allow us to work together as we examine the strengths and limitations of our work through an honest and objective lens.



Beth Leftwich is the Empowerment Evaluation Coordinator at the Virginia Sexual & Domestic Violence Action Alliance. She joined the Alliance in February of 2006. Prior to this position, she worked at a dual program in Lancaster, Ohio, both as a legal advocate and as a coordinator for the community S.A.R.T.



"Outreach efforts empower people to confront shame, fear, and trauma, and to be safe in a world that allows rape to thrive.

Primary prevention efforts empower people to act as agents to change this world."

and seeking services from a sexual assault victim advocacy provider (an outreach goal), whereas the second PSA seeks to impact/decrease the likelihood of male perpetration of sexual violence (a primary prevention goal). The message of one type of PSA is not more valuable than the other. Both outreach and primary prevention media campaigns are relevant and helpful to our work – they are simply different. Like the community education mock agendas, these examples are not meant to be prescriptive. The content provided is only intended to be illustrative.

Similar to community/youth education, there are reasonable explanations as to why we might mistakenly view all media campaigns as primary prevention projects. Possibly because of the high-profile nature intrinsic to media campaigns, many comprehensive prevention initiatives are most well-known for this component of their larger approach (e.g., Men Can Stop Rape's "Strength Campaign", Family Violence Prevention Fund's "Coaching Boys To Men," CCASA's "Why Not Ask" posters). Other organizations have created memorable stand-alone media campaigns containing messages that encourage critical thinking about the underlying causes of sexual violence, and are thus consistent with primary prevention (e.g., LACAAW's "This is not an invitation to rape me" posters/PSAs, SHARPP's "Got Consent" posters). Thus, it is tempting to assume that any media campaign is synonymous with primary prevention. Even VAWnet, a project of the National Resource Center on Domestic Violence, makes this mistake in a document they released about primary prevention. The authors of the document erroneously state that primary prevention media campaigns, "...typically provide information regarding the warning signs of violence and community resources for victims...". Hopefully, the examples provided here will make it easier to recognize the difference between media campaigns with outreach objectives, and those with primary prevention objectives.

It should be noted that media campaigns should only be used as one component in a more comprehensive primary sexual violence prevention plan. A media campaign alone, without a larger effort aimed at impacting the underlying causes of sexual violence at all levels of the social ecology, cannot make a lasting impact. An effective primary sexual violence prevention media campaign would also be as concise as possible, creatively and memorably reinforcing the more complex concepts delivered through other avenues that allow interaction and more time for absorbing the message (e.g., educational sessions, community dialogues, etc.).

Primary prevention initiatives and outreach activities are both important elements of our work. A better understanding of their respective defining characteristics can clarify the purpose, planning, and implementation of such efforts. Primary prevention concepts and activities can be difficult to grasp since their application to the sexual violence field/movement is relatively recent. However, these concepts hopefully become clearer when contrasted with the concepts and activities related to outreach work. The essential goal of both primary prevention and outreach strategies is to empower people. Outreach efforts empower people to confront shame, fear, and trauma, and to be safe in a world that allows rape to thrive. Primary prevention efforts empower people to act as agents to change this world.



Brad Perry began working at Virginia Sexual & Domestic Violence Action Alliance in 1999. Originally serving as the Statewide Training Coordinator, Brad transitioned into the newly created position of Sexual Violence Prevention Coordinator in 2003. In this capacity, he works with the Action Alliance's member programs in Virginia to implement sexual violence prevention initiatives in their local communities. He currently sits on the Virginia Statewide Sexual Violence Prevention Advisory Board, the Virginia Teen Dating Violence Prevention Alliance, and is the editor of "Moving Upstream" primary sexual violence prevention newsletter.

One last thought...

Prevention is the most important form of victim services

By Gianna Gariglietti



Many people say they would like to live in a different world—a world free of sexual violence—but do not believe it is truly possible, do not believe it can be accomplished, do not believe they can make a difference. In the past, I probably was one of these people. I often said that although my agency provided a great number of victim services, what I was really interested in was prevention. And although that was true, I never actually believed in my heart that we could end sexual violence. All of that changed two years ago when I attended the presentation in Richmond by “Stop It Now!”. Sexual assault prevention finally seemed possible. The tools I have learned from Stop It Now! and the *Care for Kids* curriculum make it seem possible. I now believe this type of social change can happen because it makes much more sense than what we were doing.

Teaching children to say no or who is a safe adult to talk to, and teaching women self-defense and not to drink to excess and to protect each other when they go out are all great ideas, but they will not create social change and they are not truly victim serving. This type of “prevention” strategy means one is already a victim. This type of intervention puts the responsibility on the victim and has led to the victim-blaming society that we live in. If we could actually prevent people from being assaulted, we would ultimately serve victims by making sure they never are victims.

When we make all adults responsible for protecting children, for pointing out when they see questionable behavior in others, for educating their children about healthy sexuality, only then are we helping victims to the fullest extent. When we create an infrastructure capable of holding perpetrators accountable for their

actions and one that provides support in remaining free from re-offending, only then are we helping victims to the fullest extent. As much as I wanted to ignore sex offenders, as much as I wanted to not think about them as anything other than monsters, I now know that if I truly want to help victims I cannot ignore them. I have to understand them, I have to know how to talk to them, I have to know how to teach others to talk to them. Most sex offenders are not behind bars, they are in our communities and in our families and we cannot ignore them if we want to serve victims. While I am not suggesting that we serve offenders in our own agencies, I do believe it is our responsibility to know the resources that are available, and when there are none, it is our responsibility to work to make sure they are created.

24-hour hotlines, crisis counseling, and hospital and court accompaniment are all necessary reactions to sexual assault, and my agency will never stop providing these services, but preventing sexual violence is the ultimate victim service. We can change society. Prevention is exciting and we can do something to end sexual violence. I do believe.



Gianna Gariglietti has been the Executive Director at The Collins Center (formerly Citizens Against Sexual Assault) in Harrisonburg, Virginia since 2001. A counselor in private practice and a part-time faculty member at James Madison University, she has served on the Virginia Sexual Violence State Plan Advisory Board and the Virginia Stop It Now! Steering Committee. She recently received the Virginia Department of Criminal Justice Services' Victim Services Award in recognition for her assistance on the development of statewide Sexual Assault Response Team (SART) protocols.

Prevention in practice

The Action Alliance conducted a pilot launch of our newest prevention campaign in October 2006.

The Red Flag Campaign is Virginia's first statewide campaign to address dating violence on college campuses, and features a series of six double-sided posters, each addressing a different aspect of dating violence. The posters were created by college students, campus personnel, and victim advocates, with funding from the Verizon Foundation. Ten colleges participated in the pilot in October; the campaign will launch on Virginia campuses in October 2007.



He makes me think
I'm fat and stupid
and no one else
would want me

why are you
sticking with him?
you deserve better.

Put-downs, name-calling, and other degrading comments are **EMOTIONAL ABUSE**. When you see a **RED FLAG** in your friend's relationship, say something.

TheRedFlagCampaign.org



The **Art** of **Surviving** sexual violence

Stories of victimization and healing told by survivors of sexual violence through their own artwork and poetry.



Virginia Sexual and Domestic Violence

ACTIONALLIANCE

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Co-sponsors: Keller Williams Realty,
UVA Multicultural Issues Committee,
UVA Women's Center, Institute for
Violence and Survival, and Virginia
Foundation for the Humanities.



Exhibit Dates

March 2-April 30, 2007

Keller Williams Realty

300 Preston Avenue, Suite 500, Charlottesville
(in Citizen's Commonwealth Center building)

Lecture Series

Sexual Violence, Artistic Expression,
and Spirituality: Exploring the Connections

April 4 "The Spiritual Life of Survivors"

Roberta Culbertson, Ph.D.,
Director of Institute on Violence and Survival
Keller Williams Realty 300 Preston Ave. Suite 500
7pm-8:30pm

April 12 "Spiritual Sources of Violence and Peace"

Rachel Mann, Ph.D.,
Institute on Violence and Survival Lecturer
Sojourners UCC, 1017 Elliott Ave.
7pm-8:30pm

April 25 "The Healing Power of the Arts"

Marta Sanchez, poet, artist, activist
Minor Hall Auditorium, University of Virginia
8pm-9:30pm

April 26 "Sexual Violence and the Remaking of the Self"

Susan Brison, Ph.D.,
Dartmouth University Professor and author of
Aftermath: Violence and the Remaking of the Self.
University of Virginia Bookstore, Mezzanine
5:30pm-7pm



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